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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                                                      |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                               |
| 1a      | Name of plan<br>BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN I                                                                                                                                                                                                                                                                                                                      |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                                   |
| 1c      | Effective date of plan<br>01/01/1968                                                                                                                                                                                                                                                                                                                                                 |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BETH ISRAEL LAHEY HEALTH, INC.<br><br>SCHRAFFT'S CITY CENTER 4TH FLOOR<br>529 MAIN STREET, TAX DEPT.<br>CHARLESTOWN, MA 02129 |
| 2b      | Employer Identification Number (EIN)<br>83-2671600                                                                                                                                                                                                                                                                                                                                   |
| 2c      | Plan Sponsor's telephone number<br>617-278-8800                                                                                                                                                                                                                                                                                                                                      |
| 2d      | Business code (see instructions)<br>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. | 04/10/2025 | SUSAN HARRIS                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 14146                                                                                                                                                                                                                                                                                                                        |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 5470<br><b>6a(2)</b> 5443<br><b>6b</b> 3687<br><b>6c</b> 4797<br><b>6d</b> 13927<br><b>6e</b> 273<br><b>6f</b> 14200<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 25 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                              |

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

1A 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
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**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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN I                                                                  | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BETH ISRAEL LAHEY HEALTH, INC.                                | D Employer Identification Number (EIN)<br>83-2671600                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 07 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 671312564                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 725999988                 |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 3780                       | 335905582                 | 335905582                |
| b      | For terminated vested participants                                                                                                                                                               | 4944                       | 167573188                 | 167573188                |
| c      | For active participants                                                                                                                                                                          | 5511                       | 298086696                 | 299203269                |
| d      | Total                                                                                                                                                                                            | 14235                      | 801565466                 | 802682039                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.25 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 6170713                   |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 10399000                  |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 16569713                  |                          |

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

|                          |                                                                                                                                                                                                                                                        |                                                                                                                                                                              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>JENNIFER BURNS</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>75 ARLINGTON ST, FLOOR 2<br/>BOSTON, MA 02116</div> <div>Address of the firm</div> | <div>04/03/2025</div> <div>Date</div> <div>23-07363</div> <div>Most recent enrollment number</div> <div>617-638-3700</div> <div>Telephone number (including area code)</div> |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 36804779               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 22267529               |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 14537250               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.62</u> % .....                                                                                 | 0                     | 526248                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 15063498               |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 88.57 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 88.57 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.12 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2024                                                                               | 1233000                           | 0                               | 11/01/2023               | 0                                 | 14575                           |
| 07/12/2024                                                                               | 5600000                           | 0                               | 12/01/2023               | 0                                 | 6631                            |
| 03/14/2025                                                                               | 4600000                           | 0                               | 01/01/2024               | 0                                 | 20225                           |
| 08/01/2023                                                                               | 0                                 | 37764                           | 02/01/2024               | 0                                 | 12971                           |
| 09/01/2023                                                                               | 0                                 | 14530                           | 03/01/2024               | 0                                 | 20023                           |
| 10/01/2023                                                                               | 0                                 | 15103                           | 04/01/2024               | 0                                 | 27531                           |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 11433000                          | <b>18(c)</b> 182950             |

|                                                                                                                                      |                                                                     |          |
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| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |          |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | <b>19a</b>                                                          | 0        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b>                                                          | 0        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b>                                                          | 10712747 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |          |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |          |
| Liquidity shortfall as of end of quarter of this plan year                                                                           |                                                                     |          |
| (1) 1st                                                                                                                              | (2) 2nd                                                             | (3) 3rd  |
| 0                                                                                                                                    | 0                                                                   | 0        |
| (4) 4th                                                                                                                              | 0                                                                   |          |

**Part II Beginning of Year Carryover and Prefunding Balances**

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

**Part III Funding Percentages**

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

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 06/01/2024               | 0                                 | 13597                           |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             |                                   | <b>18(c)</b>                    |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |  |
|-------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> |  |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> |  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> |  |

**20** Quarterly contributions and liquidity shortfalls:

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

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                                                                                                                                                              |                        |                        |                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                                            |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 3                                                               |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 64                                                               |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                                            |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 16569713           |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 91745549            | 9140773            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 25710486           |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 15063498           | 15063498      |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 10646988           |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 10712747           |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 65759              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 65361              |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024 |                                                      |     |
| A Name of plan<br>BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN I                          | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BETH ISRAEL LAHEY HEALTH, INC.   | D Employer Identification Number (EIN)<br>83-2671600 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| CENTERBRIDGE CR PRTS TE, L.P.                                                                              |
| 80-0521543                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| DAVIDSON KEMPNER CAP MGT LP                                                                                |
| 13-3863161                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FARALLON CAPITAL INSTL PTNR LP                                                                             |
| 94-3106323                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| LUBERT-ADLER MANAGEMENT CO LP                                                                              |
| 2400 MARKET STREET<br>SUITE 301<br>PHILADELPHIA, PA 19103-3303                                             |

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

NORTHWOOD REAL ESTATE PARTNERS, LP

68-0658357

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

PATRON CAPITAL, LP IV

33 GLASSHOUSE STREET  
LONDON, UK W1B 5RT GB

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

RIVERWOOD CAPITAL MANAGEMENT LP

26-4649660

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

THE VANGUARD GROUP, INC.

23-1945930

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**(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

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**(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

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

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

WILLIS TOWERS WATSON LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 50               | NONE                                                                                              | 723148                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET GLOBAL ADVISORS

81-4017137

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 51               | NONE                                                                                              | 211794                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET BANK & TRUST

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 62 99            | NONE                                                                                              | 156174                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

BDO USA, P.C.

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 92304                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NEPC, LLC

26-1429809

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 50                  | NONE                                                                                              | 41020                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE LOOMIS SAYLES TRUST COMPANY

20-8080381

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 38118                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

BETH ISRAEL LAHEY HEALTH, INC.

83-2671600

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 14 50                         | PLAN SPONSOR                                                                                             | 15203                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ERNST & YOUNG LLP

34-6565596

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 14175                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

**Part I Service Provider Information (continued)**

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

|                                                                                                        |                                                             |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN I                               | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>BETH ISRAEL LAHEY HEALTH, INC. | <b>D</b> Employer Identification Number (EIN)<br>83-2671600 |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI ACWI INDEX NON-LE

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 84-3172952-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97957338 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NHIT STRATEGIC ALPHA TRUST

**b** Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-8080381-012 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7370974 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 R INDEX NON-LENDING

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 04-0025081-042 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL ASSET NL FUND

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-291 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19328116 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE INDEX CTF

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 04-6832069-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19960663 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 FLAGSHIP IN NL

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 04-0025081-004 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44861239 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET 20+ YR US TREAS ST IND

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-169 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30204596 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

|                                                                                         |                        |                                                                                                              |
|-----------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INT US CREDIT IND NL        |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 04-3508899-001                                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49979392 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE 100 HEDGED        |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 47-6972341-001                                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18945399 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET FTSE RAFI US 1000 IND       |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 06-6556853-001                                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31052708 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG US TREAS INDEX FD      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 03-0511227-001                                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74063590 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET 3-10 YR US TREAS INDEX      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 04-0025081-477                                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49966090 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NEPC US SMALL CAP EQUITY CIT             |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY                  |                        |                                                                                                              |
| <b>c</b> EIN-PN 86-6497312-003                                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20000000 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NEPC EMERGING MKTS EQUITY CIT            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY                  |                        |                                                                                                              |
| <b>c</b> EIN-PN 86-6497312-002                                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23000000 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NEPC GLOBAL EQUITY CIT                   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY                  |                        |                                                                                                              |
| <b>c</b> EIN-PN 86-6497312-001                                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40000000 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                        |                                                                                                              |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                        |                                                                                                              |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN I</b>                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BETH ISRAEL LAHEY HEALTH, INC.</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>83-2671600</b>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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  |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | <b>129458</b>         | <b>0</b>         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                  |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | <b>0</b>              | <b>10200000</b>  |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                  |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>    | <b>1871499</b>        | <b>373967</b>    |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | <b>17112390</b>       | <b>11896680</b>  |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                  |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                  |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                  |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                  |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                  |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | <b>46025669</b>       | <b>47640576</b>  |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                  |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                  |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                  |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | <b>277402827</b>      | <b>526690105</b> |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                  |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>   | <b>328769861</b>      | <b>91347452</b>  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>   |                       |                  |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                  |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 671311704             | 688148780       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 671311704             | 688148780       |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 11433000   |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 182950     |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 11615950  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 596606     |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 596606    |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 11412025   |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 11412025  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 166522     |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 1493917    |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | -1327395  |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | 3678249    |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 64572051  |
| (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) |            | -14259235 |
| c Other income .....                                                                            | 2c     |            | 385787    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 76674038  |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 50177044 |          |
| (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)  |          | 50177044 |
| f Corrective distributions (see instructions) .....                                  | 2f     |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          |          |
| h Interest expense .....                                                             | 2h     |          | 39177    |
| i Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  |          |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |          |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 106479   |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 290932   |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 156174   |          |
| (7) Actuarial fees .....                                                             | 2i(7)  | 723148   |          |
| (8) Legal fees .....                                                                 | 2i(8)  |          |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |          |          |
| (11) Other expenses .....                                                            | 2i(11) | 8344008  |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 9620741  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 59836962 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 16837076 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |          |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 534234.

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN I                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BETH ISRAEL LAHEY HEALTH, INC.                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>83-2671600                                            |

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): 04-3275867

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

285

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) 2023 v. 230707

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) .....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year .....

**15a**

**b** The corresponding number for the second preceding plan year .....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year .....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: 43.7 % Private Equity: 0.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 44.3 %

High-Yield Debt: 0.2 % Real Assets: 0.9 % Cash or Cash Equivalents: 1.8 % Other: 8.9 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



# **Beth Israel Lahey Health Defined Benefit Plan I**

**Financial Statements  
(and Supplemental Schedules)  
For the Years Ended June 30, 2024 and 2023**

# **Beth Israel Lahey Health Defined Benefit Plan I**

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Financial Statements (and Supplemental Schedules)  
For the Years Ended June 30, 2024 and 2023

# Beth Israel Lahey Health Defined Benefit Plan I

## Contents

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## Independent Auditor's Report

To the Plan Administrator  
Beth Israel Lahey Health Defined Benefit Plan I  
Boston, Massachusetts

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

We have performed audits of the financial statements of Beth Israel Lahey Health Defined Benefit Plan I (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of June 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### *Opinion*

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

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

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditor’s Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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 GAAP.

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 Schedules Required by ERISA***

The supplemental schedules of Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of June 30, 2024, and Form 5500 - Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

**BDO USA, P.C.**

April 9, 2025

## Financial Statements

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# Beth Israel Lahey Health Defined Benefit Plan I

## Statements of Net Assets Available for Benefits

(in thousands)

| June 30,                                 | 2024              | 2023              |
|------------------------------------------|-------------------|-------------------|
| <b>Assets:</b>                           |                   |                   |
| <b>Investments:</b>                      |                   |                   |
| Cash and cash equivalents                | \$ 11,897         | \$ 17,242         |
| Mutual fund investments                  | 91,348            | 328,769           |
| Common collective trusts                 | 526,690           | 277,403           |
| Private limited partnership investments  | 47,641            | 46,025            |
| <b>Total Investments</b>                 | <b>677,576</b>    | <b>669,439</b>    |
| <b>Receivable:</b>                       |                   |                   |
| Employer contribution receivable         | 10,200            | -                 |
| Accrued interest                         | 373               | 1,872             |
| <b>Total Receivables</b>                 | <b>10,573</b>     | <b>1,872</b>      |
| <b>Net Assets Available for Benefits</b> | <b>\$ 688,149</b> | <b>\$ 671,311</b> |

See accompanying notes to financial statements.

**Beth Israel Lahey Health Defined Benefit Plan I**  
**Statements of Changes in Net Assets Available for Benefits**

*(in thousands)*

| <i>Years ended June 30,</i>                   | <b>2024</b>   | <b>2023</b>     |
|-----------------------------------------------|---------------|-----------------|
| <b>Additions:</b>                             |               |                 |
| <b>Investment Income:</b>                     |               |                 |
| Interest and dividends income                 | \$ 12,183     | \$ 11,097       |
| Net appreciation in fair value of investments | 52,491        | 11,043          |
| <b>Total Investment Income</b>                | <b>64,674</b> | <b>22,140</b>   |
| <b>Other Income</b>                           | <b>376</b>    | <b>2,695</b>    |
| <b>Contributions:</b>                         |               |                 |
| Employer contributions                        | 11,433        | -               |
| Employee contribution                         | 183           | 219             |
| <b>Total Additions</b>                        | <b>76,666</b> | <b>25,054</b>   |
| <b>Deductions:</b>                            |               |                 |
| Benefits paid to participants                 | 50,177        | 51,860          |
| Administrative expenses                       | 9,651         | 10,853          |
| <b>Total Deductions</b>                       | <b>59,828</b> | <b>62,713</b>   |
| <b>Net Increase (Decrease)</b>                | <b>16,838</b> | <b>(37,659)</b> |
| <b>Net Assets Available for Benefits:</b>     |               |                 |
| Beginning of year                             | 671,311       | 708,970         |
| End of year                                   | \$ 688,149    | \$ 671,311      |

*See accompanying notes to financial statements.*

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

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(in thousands)

### 1. Organization

The Beth Israel Lahey Health system was formed on March 1, 2019, through the combination of the hospitals and other affiliates of three legacy health care systems based primarily in the Eastern Massachusetts market, including the former CareGroup health system, the former Lahey health system, and the Seacoast health system. These three combined legacy health systems and their affiliates are collectively referred to herein as “BILH” or the “System.”

BILH was formed by the creation of a new common parent corporation, Beth Israel Lahey Health, Inc. (the “Sole Member”), which became the direct or indirect controlling entity of the corporations constituting the System. The Sole Member’s corporate purpose is to further the common and unifying charitable health care mission of the legacy organizations to promote and improve the quality, and expand the scope and accessibility, of affordable health care and health-care related services for the communities they serve. Beth Israel Deaconess Medical Center, Milton Hospital, Northeast Hospital, Anna Jaques Hospital, and New England Baptist Hospital are hospitals that are included in the System.

Effective December 1, 2019, the Beth Israel Deaconess Medical Center Pension Plan (the “BIDMC Plan”), the Milton Hospital Pension Plan (the “Milton Plan”), and the Northeast Hospital Corporation Defined Benefit Pension Plan (the “Northeast Plan”) merged into the Anna Jaques Hospital Pension Plan (the “Anna Jaques Plan”), now referred to as “Beth Israel Lahey Health Defined Benefit Plan I,” “BILH Plan I,” or the “Plan,” and the sponsorship of the Plan was transferred to BILH. Each individual plan retained the responsibility to oversee the management of their portion of the assets of the newly formed BILH Plan I.

Effective September 1, 2020, BILH Plan I merged into the New England Baptist Hospital Plan (“NEB Plan”). The newly-formed plan retained the Beth Israel Lahey Health Defined Benefit Plan I name, and BILH remained as the plan sponsor; each entity retained responsibility to oversee the management of their portion of the assets.

### 2. Significant Accounting Policies

#### *Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting, in accordance with U.S. generally accepted accounting principles (“GAAP”).

#### *Use of Estimates*

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

#### *Investment Valuation and Income Recognition*

The Plan’s investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurement.

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

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(in thousands)

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

### ***Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits (Note 6) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees or their beneficiaries, and (c) beneficiaries of employees who have died. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Past service cost plus interest thereon is amortized over 10 years.

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative Expenses***

Certain administrative expenses, as defined in the Plan's agreement, are paid by the Plan. Other administrative expenses are paid by BILH and are excluded from these financial statements. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

### ***Subsequent Events***

For purposes of determining the effects of subsequent events on these financial statements, management has evaluated subsequent events through April 9, 2025, the date on which the financial statements were available to be issued.

## **3. Description of the Plan**

The Plan is a noncontributory defined benefit plan, which provides for pension and death benefits for certain employees of Beth Israel Lahey Health and its affiliates. The following descriptions of the component entity plans provide only general information. Participants should refer to the respective plan agreements for a complete description of the provisions. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 ("ERISA").

### ***BIDMC Plan***

Effective December 31, 2012, the plan benefits under the BIDMC Plan were frozen, and no new participants are allowed to enter the BIDMC Plan. The accrued benefits of all participants were determined as of December 31, 2012, and will not thereafter be increased by any service or compensation changes. Participants' accounts will continue to be credited for interest credits subsequent to December 31, 2012.

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

(in thousands)

Beth Israel Deaconess Medical Center (“BIDMC”) has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. As the Plan was frozen effective December 31, 2012, BIDMC’s present intention is to make annual contributions in amounts sufficient to fund the BIDMC Plan’s past service cost plus interest over a period of 10 years.

The BIDMC Plan includes a cash balance provision. Plan benefits are based on the annuitized value of a participant’s account, which consists of basic credits (determined on age, years of vesting service, and compensation) and interest credits thereon.

Employees with three or more years of service are entitled to annual pension benefits beginning at normal retirement age (65), in the event the participant is eligible for long-term disability or death equal to the annuitized value of a participant’s account, which consists of basic credits determined on age, years of vesting service, compensation, and interest credits. The credit ranges from 2% to 5% of base pay. The BIDMC Plan permits early retirement at a reduced level for employees attaining at least age 55 with 10 years of service. Retiring employees may elect to receive their pension benefits in the form of a single life annuity or actuarial equivalent (if married) or other optional forms of benefit including a lump-sum payment. Employees terminating before three years of vesting service are not eligible to receive a benefit. Employees terminating with at least three years of vesting service, but before attaining early retirement age, are entitled to a deferred benefit payable upon reaching retirement eligibility age.

### ***The Milton Plan***

The Milton Plan was established on January 1, 1976, and amended and restated January 1, 2009, to provide benefits to the Milton Hospital’s eligible employees (“participants”). Benefits under the Milton Plan are based on earnings and length of service and vest after five years of service. Employees became eligible when they reached age 21 and completed at least 1,000 hours of service during the 12-month period following their dates of hire, provided that they had not attained age 65.

Participants retiring at the normal retirement age of 65 and who have completed at least five years of credited service are entitled to a pension based upon the Milton Plan’s benefit formula. This formula takes into account years of credited service and the participant’s compensation. The Milton Plan permits early retirement to participants who have reached the age of 55 and have completed at least 10 years of vested service. Early retirees may elect to receive their vested accrued benefit commencing on their normal retirement date or an immediate pension equal to their vested accrued benefit actuarially reduced to reflect the early retirement. Participants may also elect to defer retirement and continue to work past the age of 65. If a participant elects to retire later than their normal retirement date, they shall be entitled to receive, commencing on their late retirement date, a monthly amount of retirement benefits determined by a formula based on compensation, years of service, and the social security taxable wage base. In the event a participant becomes disabled, the participant shall be eligible to receive a disability benefit equal to the participant’s vested accrued benefit, reduced by any workers’ compensation benefits. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

Additionally, if a participant dies before their annuity starting date, the participant’s surviving spouse shall be eligible for a qualified pre-retirement survivor annuity, provided that the participant

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

*(in thousands)*

has a vested accrued benefit. The normal form of benefit payment is a life annuity. Optional forms, including a joint-and-survivor annuity, are available on an actuarially equivalent basis. Participants retiring at age of 65 or later, who are married, are assumed to have elected the 66.66% joint-and-survivor option, unless they waive the option. The death benefit will be computed assuming that the participant had terminated on the date of death and had elected the 66.66% joint-and-survivor option. Under the joint-and-survivor option, the retirement benefits payable to the participant's spouse are equal to 66.66% of the benefits that would have been payable to the participant based on an actuarial equivalent of the normal form of benefit payment. Participants who are not married are not affected by this provision. Beneficiary benefits also include a one-time benefit payment of \$1,000.

An employee must have five years of service to be fully vested in pension benefits. If an employee has less than five years of service, the employee is not entitled to the pension benefits. However, all employees whose benefits were frozen are fully vested in pension benefits as of the date that their benefits were frozen.

### ***The Northeast Plan***

The Northeast Plan is administered by staff of Lahey Health Shared Services, Inc. The trustee of the Northeast Plan is Bank of America, N.A. ("Bank of America").

Effective January 1, 2003, the Northeast Plan added appendix C, the Cash Balance Plan ("Cash Balance Plan"). The Cash Balance Plan provides for the crediting of participating employees' individual accounts with a contribution based on eligible compensation, age, and years of service at the end of every year. This appendix of the Northeast Plan is automatically effective for all employees hired after January 1, 2003.

Employees hired before January 1, 2003, were allowed to make an irrevocable election to be covered under the Cash Balance Plan or continue to accrue benefits under the former appendix A, Beverly Plan ("Beverly Plan"), or appendix B, Addison Gilbert Plan ("Addison Gilbert Plan").

An employee becomes eligible for benefit participation in the Northeast Plan on the first annual participation date after attaining age 21 and the completion of six months of continuous employment, or on the January 1 or July 1 coinciding with or next following the date on which he or she attains age 21 and completes one year of eligible service. Effective January 1, 2008, benefits under the Northeast Plan vest 100% to eligible employees after three years (after five years, prior to January 1, 2008) of credited service to the hospital.

Effective January 1, 2011, a re-hired employee who previously benefited under the Beverly Plan or Addison Gilbert Plan will go into the Cash Balance Plan with no opening account balance (i.e., no conversion of prior benefit to lump sum). This employee would retain their prior benefit accrued as of their termination date and will earn a cash balance benefit for prospective service. A rehired employee who incurs a break in service (i.e., a termination period of at least one year) would not come back into the Northeast Plan until they again met the eligibility requirements (i.e., 12 months of employment with a least 1,000 hours). An employee who again meets the eligibility requirements would come back into the Northeast Plan retroactive to their rehire date.

Effective January 1, 2012, the Northeast Plan was amended to provide each participant in the Beverly Plan and the Addison Gilbert Plan with a one-time, irrevocable election opportunity prior to such date to continue to participate in such Beverly Plan or Addison Gilbert Plan, as applicable,

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

*(in thousands)*

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or to participate in the Cash Balance Plan. Each participant who elects to continue in the Beverly Plan or Addison Gilbert Plan and who has not attained age 62 as of January 1, 2012, shall be required to make mandatory employee contributions of 2% of eligible compensation. If no such election and authorization to deduct mandatory employee contributions from his or her compensation is made within the notice period provided by the Northeast Plan, the participant shall be deemed to have elected to participate in the Cash Balance Plan.

Effective September 1, 2014, the Northeast Plan was amended to adopt certain provisions as it relates to current employees that transfer employment to certain Lahey Health System related employers. Employees in the Beverly Plan and the Addison Gilbert Plan will continue to accrue benefits and have related earnings included in their pension benefits. Employees in the Cash Balance Plan will accrue benefits, including compensation credits, until December 31, 2014, and effective January 1, 2015, they will only accrue interest credit in the Cash Balance Plan. In addition, effective January 1, 2015, these employees will participate in the Lahey Clinic 403(b) Retirement Savings Plan.

Effective May 20, 2016, an individual who transfers to a new Lahey employer shall cease to be an eligible employee in the Northeast Plan on the date of transfer.

A participant will receive an annual compensation credit equal to a percentage of the total compensation received from the hospital during that year while participating in the plan. The compensation credit percentage from 2% to 4% depends upon the sum of the participant's age plus their complete years of employment with Northeast Hospital Corporation as of December 31 of the year. An annual interest credit is received every December 31 equal to a percentage of the balance in a participant's account as of the prior December 31.

The actual interest credit percentage for a specific plan year will be an interest rate published by the Federal Reserve which represents the average interest rate for 30-year US Treasury bonds for the month of December which precedes the specific plan year.

The normal retirement date is the first day of the month coincident with or following attainment of age 65. The annual benefit payable upon normal retirement is based upon a formula, which takes into account years of credited service, age, and the compensation level of the participant.

A participant who has completed five years or more of credited service and who has reached the age of 55 is entitled to elect an early retirement date and to receive a reduced benefit.

A participant may continue to work past age 65. In such a case, the benefit when the employee does retire will equal the higher of the individual's accrued benefits at their normal retirement date or the accrued benefit at their actual retirement date.

Participants who terminate their service with five or more years of vesting service, but have not attained the age of 55, will be entitled to a deferred vested benefit on their normal retirement date or, at their option, in a reduced amount prior to their normal retirement date, but subsequent to age 55 for participants in the Addison Gilbert Plan. Participants in the Beverly Plan and the Cash Balance Plan can start to receive benefits immediately, subject to a reduction in the benefit calculation.

The spouse of a deceased participant shall receive a monthly benefit equal to 50% of the benefit the participant would have received in the form of a 50% contingent annuity, provided the

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

(in thousands)

participant was vested. If the participant had not yet attained age 55 upon the date of death, his or her spouse shall begin to receive such benefit when the participant would have reached age 55. The Cash Balance Plan provides for a benefit equal to the value of the cash balance account regardless of vesting.

### ***The Anna Jaques Plan***

The Anna Jaques Plan provided benefits to all full-time employees of Anna Jaques Hospital. Effective October 1, 2004, any individual newly employed by Anna Jaques Hospital on or after October 1, 2004, or re-employed on or after October 1, 2004, shall be ineligible to participate in the Anna Jaques Plan, and any such individual will be ineligible to earn a year of eligibility service, except for individuals covered by a certain collective bargaining agreement. Effective October 1, 2006, the Anna Jaques Plan was frozen to all individuals who were covered by a collective bargaining agreement with the Massachusetts Nurses Association and first hired as an employee on or after October 1, 2006, or rehired as an employee on or after October 1, 2006. Effective October 1, 2006, no new employees are eligible to enter the Anna Jaques Plan. Employees must have had one year of service and be 21 years of age or older to be eligible for the Anna Jaques Plan.

Benefits are based on a percentage of the participant's earnings and the amount of the participant's credited years of service, beginning at normal retirement age 65. Participants are eligible for their plan benefit after terminating employment with vested rights. Participants become vested in the plan upon completion of five or more years of service or attainment of the normal retirement age (65). If participants terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Anna Jaques Hospital's contributions. Upon termination of employment, participants may receive their vested benefit in the form of a one-time lump-sum payment or a monthly annuity payable.

Participants may elect to defer payment of their benefit until a later date. The Anna Jaques Plan permits early retirement for those participants aged 55 to 64. The retirement benefit for those electing early retirement is reduced to reflect the commencement of benefits prior to the normal retirement age.

If a participant dies before their annuity starting date, the participant's surviving spouse shall be eligible for a qualified pre-retirement survivor annuity, provided that the participant has a vested accrued benefit and had been married for at least one year after becoming vested. Participants who become disabled are not eligible for any special considerations under the terms of the Anna Jaques Plan. A disabled participant receives benefits that are equal to the equivalent normal retirement benefit that had accumulated as of the date of the participant's disability. A reduced early retirement benefit may be provided to any disabled participant aged 55 or older provided the participant has five years or more of vested service.

### ***The New England Baptist Plan***

New England Baptist Hospital (the "Hospital") amended the New England Baptist Plan (the "NEB Plan"), effective February 10, 2010, to freeze participation. In no event on or after February 11, 2010, shall an individual who was not already a participant as of such date become a participant. Effective July 1, 2020, the plan year was changed to be July 1 to June 30.

The NEB Plan, a noncontributory defined benefit pension plan for the employees of the Hospital, was established on January 1, 1968, to provide benefits to the Hospital's eligible employees

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

*(in thousands)*

("participants"). An employee's participation in the NEB Plan began on the first day of the month after they became eligible. Employees became eligible when they reached age 21 and completed at least 1,000 hours of service during the 12-month period following their dates of hire.

Employees with five or more years of service with 1,000 hours per year are vested and entitled to annual pension benefits beginning at normal retirement age (65). The benefit is dependent upon the employee's age as of February 11, 2010, and years of benefit service as of September 30, 2009.

If the employee's age on their next birthday as of February 10, 2010, plus benefit service years as of September 30, 2009, multiplied by a factor of 1.5, equals 93 or greater, the employee is a 90% grandfathered employee and their accrued benefit will be equal to (a) 1.125% of their average annual compensation multiplied by benefit service years earned prior to October 1, 1989, plus (b) 0.63% of their average annual compensation multiplied by benefit service years earned on or after October 1, 1989, except that the accrued benefit shall not be less than the benefit accrued under the NEB Plan as of the day before February 11, 2010, based on benefit service years and average annual compensation through February 10, 2010. A participant's benefit service years in excess of 25 years are not considered in calculating their accrued pension benefits.

If the employee's age on their next birthday as of February 10, 2010, plus benefit service years as of September 30, 2009, multiplied by a factor of 1.5, equals less than 93, the employee is a 75% grandfathered employee and their accrued benefit will be equal to (a) 0.9375% of their average annual compensation multiplied by benefit service years earned prior to October 1, 1989, plus (b) 0.525% of their average annual compensation multiplied by benefit service years earned on or after October 1, 1989, except that the accrued benefit shall not be less than the benefit accrued under the NEB Plan as of the day before February 11, 2010, based on benefit service years and average annual compensation through February 10, 2010. A participant's benefit service years in excess of 25 years are not considered in calculating their accrued pension benefits.

For any unvested employee, the accrued benefit is determined and frozen as of February 10, 2010, based on benefit service years and average annual compensation through February 10, 2010, and no additional benefit shall accrue regardless of any service rendered or compensation earned after that date.

Average annual compensation is defined as the average of the highest five consecutive years of compensation out of the previous 10 calendar years preceding retirement, death, termination, or February 10, 2010. The NEB Plan permits early retirement at a reduced level for employees attaining at least age 55 with 10 years of service. The NEB Plan's normal form of retirement payment is a joint-and-survivor annuity or a single life annuity. A lump-sum is an optional form of payment that can be elected. Employees terminating before rendering five years of vesting service are not eligible to receive a benefit. Employees terminating with at least five years of vesting service, but before attaining early retirement age, are entitled to a deferred benefit payable upon reaching retirement eligibility age.

If an active employee dies, the surviving spouse is eligible to receive a benefit equal to what they would be entitled to assuming the employee elected a 50% joint-and-survivor annuity option. If the employee is retirement eligible at the time of death, the surviving spouse benefit is payable immediately. Otherwise, the surviving spouse benefit is payable at the date at which the employee would have reached retirement eligibility. The NEB Plan has no special disability benefit.

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

(in thousands)

An employee must have five years of service to be fully vested in pension benefits. If an employee has less than five years of service, the employee is not entitled to the pension benefits. However, all employees whose benefits were frozen are vested in their accrued pension benefits as of the date that their benefits were frozen.

### 4. Certified Investments

The plan administrator has elected the method of compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, State Street Bank & Trust ("State Street"), a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of June 30, 2024 and 2023, except for common/collective trust funds of \$90,371 and \$277,403 and limited partnerships of \$47,641 and \$46,025, respectively.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended June 30, 2024 and 2023, except for realized and unrealized gain of \$3,015 and \$30,286, respectively.
- Investment information included in the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of June 30, 2024, except for common/collective trust funds of \$90,371 and limited partnerships of \$47,641, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended June 30, 2024, as shown on the ERISA-required supplemental schedules.

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and in the ERISA-required supplemental schedules, including assessing whether the supplemental schedules are in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

### 5. 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 measurements) and the lowest priority to observable inputs (level 3 measurements).

The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification are described as follows:

|         |                                                                                                                                                                   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li></ul> |

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

(in thousands)

- 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;
- 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.

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

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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value as of June 30, 2024 and 2023. There were no changes in valuation methods during 2024 and 2023.

### ***Cash and Cash Equivalents***

Money market funds are valued at the net asset value ("NAV") reported by the financial institution.

### ***Mutual Fund Investments***

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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

### ***Common/Collective Trust***

Common/collective trusts ("CCT") are valued at the net asset value of units held. The NAV, as provided by the trustee of the CCTs, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the CCT less its liabilities. This practical expedient is not used when it is determined to be probable that the CCTs will sell for an amount different than the reported NAV. These are direct filing entities.

### ***Private Limited Partnerships***

Limited partnerships are valued at fair value as determined by the general partner of the limited partnerships and approved by the trustee. The NAV of the units held by the Plan at year-end is used as a practical expedient to measure fair value. This practical expedient is not used when it is determined to be probable that the limited partnership units will sell for an amount different than the reported NAV. The NAV is based on the fair value of the underlying assets of the limited partnership less its liabilities.

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

(in thousands)

The following table sets forth the Plan's financial assets that were accounted for at fair value on a recurring basis as of June 30, 2024. Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement:

| <i>June 30, 2024</i>                            | Level 1           | Level 2     | Level 3     | Total             |
|-------------------------------------------------|-------------------|-------------|-------------|-------------------|
| <b>Investments:</b>                             |                   |             |             |                   |
| Cash and cash equivalents                       | \$ 11,897         | \$ -        | \$ -        | \$ 11,897         |
| Mutual fund investments                         | 91,348            | -           | -           | 91,348            |
| Common collective trusts*                       | -                 | -           | -           | 526,690           |
| Private limited partnership investments at NAV* | -                 | -           | -           | 47,641            |
| <b>Total Assets at Fair Value</b>               | <b>\$ 103,245</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 677,576</b> |

The following table sets forth the Plan's financial assets that were accounted for at fair value on a recurring basis as of June 30, 2023. Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement:

| <i>June 30, 2023</i>                            | Level 1           | Level 2     | Level 3     | Total             |
|-------------------------------------------------|-------------------|-------------|-------------|-------------------|
| <b>Investments:</b>                             |                   |             |             |                   |
| Cash and cash equivalents                       | \$ 17,242         | \$ -        | \$ -        | \$ 17,242         |
| Mutual fund investments                         | 328,769           | -           | -           | 328,769           |
| Common collective trusts*                       | -                 | -           | -           | 277,403           |
| Private limited partnership investments at NAV* | -                 | -           | -           | 46,025            |
| <b>Total Assets at Fair Value</b>               | <b>\$ 346,011</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 669,439</b> |

\*Certain investments are measured at fair value using the NAV per share (or its equivalent) as a practical expedient for fair value and have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit the reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

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# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

(in thousands)

### Common/Collective Trusts

| <i>Investment Type</i>                               | <b>Fair Value<br/>2024</b> | <b>Fair Value<br/>2023</b> | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
|------------------------------------------------------|----------------------------|----------------------------|---------------------------------|---------------------------------|-------------------------------------|
| State Street MSCI ACWI Index Non-Lending Fund        | \$ 97,957                  | \$ 208,555                 | None                            | Daily                           | At any time                         |
| State Street MSCI EAFE Index CTF                     | 19,961                     | -                          | None                            | Daily                           | At any time                         |
| State Street S&P 500 Flagship Index Non-Lending Fund | 44,861                     | -                          | None                            | Daily                           | At any time                         |
| State Street 20+ Year U.S. Treasury Strips Index NL  | 30,205                     | -                          | None                            | Daily                           | At any time                         |
| State Street Intermediate U.S. Credit Index NL CM1S  | 49,979                     | -                          | None                            | Daily                           | At any time                         |
| State Street MSCI EAFE 100% Hedged to USD Index      | 18,945                     | -                          | None                            | Daily                           | At any time                         |
| State Street FTSE RAFI U.S. 1000 ETF NL CT           | 31,053                     | -                          | None                            | Daily                           | At any time                         |
| State Street Long U.S. Treasury Index Non-Lending    | 74,064                     | -                          | None                            | Daily                           | At any time                         |
| State Street 3-10 Year U.S. Treasury Index           | 49,966                     | -                          | None                            | Daily                           | At any time                         |
| State Street Real Asset Non-Lending Fund             | 19,328                     | 18,251                     | None                            | Daily                           | At any time                         |
| NEPC U.S. Small Cap Equity CIT                       | 20,000                     | -                          | None                            | Weekly/Daily                    | 5 Days                              |
| NEPC Emerging Markets Equity CIT                     | 23,000                     | -                          | None                            | Daily                           | 10 Days                             |
| NEPC Global Equity CIT                               | 40,000                     | -                          | None                            | Daily                           | 15 Days                             |
| Loomis Sayles Strategic Alpha Trust                  | 7,371                      | 6,745                      | None                            | Daily                           | 15 Days                             |

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# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

(in thousands)

### Limited Partnerships

| Investment Type                          | Fair Value<br>2024 | Fair Value<br>2023 | Unfunded<br>Commitments | Redemption<br>Frequency                        | Redemption<br>Notice Period     |
|------------------------------------------|--------------------|--------------------|-------------------------|------------------------------------------------|---------------------------------|
| Archipelago                              | \$ 29,705          | \$ 25,517          | None                    | Quarterly                                      | 45 days                         |
| Abrams Capital Partners II, L.P.         | 3,582              | 4,287              | None                    | December 31                                    | 25 months                       |
| Davidson Kempner                         | 3,964              | 3,645              | None                    | Quarterly                                      | 65 days                         |
| Northwood Real Estate Partners, L.P.     | 2,751              | 3,550              | 185,836                 | None                                           | None                            |
| JNE Fund L.P.                            | 1,710              | 2,308              | None                    | Quarterly                                      | 90 days                         |
| Heartwood Forestland Fund V, L.P.        | 1,082              | 1,037              | None                    | None                                           | None                            |
| Heartwood Forestland Side Fund V, L.P.   | 566                | 877                | None                    | None                                           | None                            |
| Heartwood Forestland REIT, LLC           | 230                | 522                | None                    | None                                           | None                            |
| Lion Point International                 | 1,111              | 517                | None                    | June 30 or December 31                         | 60 days                         |
| Farallon Capital Inst'l Partners, L.P.   | 428                | 514                | None                    | June 30 or December 31                         | At any time                     |
| Pitango Venture Capital Fund V, L.P.     | 517                | 505                | 29,579                  | None                                           | None                            |
| Dune Real Estate Parallel Fund II, L.P.  | 372                | 427                | None                    | None                                           | None                            |
| Dune Real Estate Parallel Fund I, L.P.   | 5                  | 8                  | None                    | None                                           | None                            |
| Riverwood Capital Partners, L.P.         | 315                | 389                | 43,749                  | None                                           | None                            |
| Lubert-Adler Real Estate VI, L.P.        | 179                | 305                | 112,085                 | None                                           | After two years                 |
| Centerbridge Credit Partners TE, L.P.    | 108                | 303                | None                    | Quarterly                                      | 12 months                       |
| Riva Capital Partners III, L.P.          | 239                | 284                | None                    | Time to Time                                   | At General Partner's discretion |
| Intersouth Partners VII, L.P.            | 282                | 284                | None                    | Any period when the NAV equals or exceeds 140% | None                            |
| Venture Investment Associates V, L.P.    | 261                | 251                | 30,000                  | None                                           | None                            |
| Patron Capital L.P. IV                   | 158                | 160                | None                    | None                                           | None                            |
| Patron Capital III Scotland, L.P.        | 18                 | 19                 | None                    | None                                           | None                            |
| Regiment Special Situations Fund V, L.P. | 54                 | 89                 | None                    | Time to time                                   | At General Partner's discretion |
| Sankaty Credit Opportunities IV, L.P.    | 2                  | 3                  | 314,900                 | January 1 or December 31                       | 90 days                         |
| Eton Park Overseas Fund Ltd.             | 1                  | 1                  | None                    | Time to Time                                   | At General Partner's discretion |
| Pomona Capital VII, L.P.                 | 1                  | 1                  | None                    | None                                           | None                            |

- Archipelago: in pursuing its investment objective and strategy, certain of the underlying strategies will utilize aggressive investment strategies to hedge positions, enhance return, or both. These strategies include the use of leverage, including margin borrowing and securities borrowing, long and short positions, commodities and futures, investing in exchange-traded and over-the-counter derivatives (including but not limited to futures, swaps, warrants, options, structured notes, forwards and other instruments on equities, and other derivative instruments), commodities, bonds, interest rates, credits, other fixed income, currencies, equities, indices and other baskets of securities, exchange-traded funds, real estate investment trusts, physical commodities, special purpose vehicles, convertible and non-convertible preferred and other debt securities, mortgage-backed and asset-backed securities, ash equivalent investments, other types of securities and financial

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

*(in thousands)*

instruments, investment funds and substantial leverage and notional exposure, writing options, private placements, and other aggressive instruments and strategies. Certain of the underlying strategies concentrate their investment programs in specific industries and sectors.

- Abrams Capital Partners II, L.P.'s purpose is to maximize long-term total returns while emphasizing preservation of capital. The partnership invests in investment securities and other assets and liabilities denominated in foreign currencies. It may also invest in financial futures contracts primarily to hedge against fluctuations in fair value. The partnership may enter into interest rate, total return, credit default, foreign exchange, and other swap agreements both to hedge exposure to certain risks and for investment purposes.
- Davidson Kempner is a multi-strategy fund with an event-driven focus, seeking to exploit situations in which announced or anticipated events create opportunities to invest in securities and other financial instruments at a discount to their exit values. The partnership effects this strategy primarily by investing in: (i) securities and financial instruments of issuers that are (or that the General Partner perceives to be) experiencing financial stress or distress or are overleveraged, are attempting to complete an out-of-court restructuring, are involved in a bankruptcy or similar proceeding, and/or are involved in substantial litigation, (ii) mergers and acquisitions (or "risk") arbitrage situations where issuers are the subject of announced or anticipated changes in corporate structure or control, such as tender or exchange offers, mergers, unsolicited merger proposals, spin-offs, split-offs, liquidations, and recapitalizations, (iii) convertible arbitrage situations that attempt to extract value from the options "embedded" in convertible securities when such options appear mispriced relative to similar stand-alone options, historical volatility levels, or other financial metrics, and (iv) performing corporate high-yields and investment-grade bonds, credit default swaps, and other debt that the General Partner believes are mispriced and have catalysts for credit improvement or deterioration. The partnership also invests in a long/short equities portfolio of securities that can be readily valued and that the General Partner believes trade at a discount or premium to the fair value of the underlying assets.
- Northwood Real Estate Partners, L.P. was formed for the purpose of making debt and equity investments in real estate and real estate related securities and businesses.
- JNE Fund L.P. is an opportunistic hedge fund focused primarily on making investments in European issuers and situations, but may also pursue investment opportunities involving other markets, including, without limitation, the United States, Canada, Australia, and Asia. The objective is to produce attractive risk-adjusted returns by capitalizing on mispriced investment opportunities. It seeks to achieve this objective by purchasing securities at a significant discount to appraised value. It also invests in complex and misunderstood situations involving financial restructurings, litigation claims, run-offs, and break-ups in addition to more straightforward undervalued equities and stressed credits.
- Heartwood Forestland Fund V, L.P.: the primary purpose of the partnership is to engage in the business of acquiring for investment a diversified portfolio of commercial forestlands to provide current income from the management and operations of such forestlands and to realize capital appreciation of the forestlands. The investment focus will be on naturally regenerating hardwood and softwood forestlands located in the United States.

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

*(in thousands)*

- Heartwood Forestland Side Fund V, L.P.: the primary purpose of the partnership is to engage in the business of acquiring for investment a diversified portfolio of commercial forestlands to provide current income from the management and operations of such forestlands and to realize capital appreciation of the forestlands. The investment focus will be on naturally regenerating hardwood and softwood forestlands located in the United States.
- Heartwood Forestland REIT, LLC (“Forestland REIT”) was formed on June 18, 2007, as a limited liability company under the laws of the state of North Carolina and commenced business operations on September 26, 2007. Forestland REIT is the sole limited partner of Heartwood Forestland Fund VI, Limited Partnership ( “Fund VI”), a North Carolina limited partnership, which functions as the primary transactional investment vehicle for Forestland REIT. Forestland REIT owns 99% of the partnership interest in Fund VI and Heartwood Forestland Advisors VI, LLC (“General Partner”) owns a 1% noncontrolling interest in Fund VI and serves as the General Partner of Fund VI. The primary purpose of Forestland REIT is the acquisition, holding, disposing of, and otherwise dealing with limited partnership interests in Fund VI. Forestland REIT invests primarily in diversified commercial forestlands.
- Lion Point International’s objective is to achieve long-term, absolute returns across market cycles. The fund may invest in all manner of securities, financial instruments and obligations, including but not limited to, equity and debt securities, bank debt, trade debt, sovereign debt, contractual and litigation claims, market and sector indices, and derivatives. The fund may invest in issuers domiciled within or outside of the United States.
- Farallon Capital Inst’l Partners, L.P. operates for the purpose of investing in and selling short securities and instruments, pursuant to the strategies set forth in its confidential offering memorandum (as it may be amended or supplemented from time to time).
- Pitango Venture Capital Fund V, L.P. invests in high-growth technology-oriented companies operating primarily in and/or related to Israel.
- Dune Real Estate Parallel Fund II, L.P. was formed for the purpose of making opportunistic investments in a broad range of real estate related assets, portfolios, joint ventures, operating companies, debt securities, and loans.
- Dune Real Estate Parallel Fund I, L.P. was formed for the purpose of making opportunistic investments in a broad range of real estate related assets, portfolios, joint ventures, operating companies, debt securities, and loans.
- Riverwood Capital Partners, L.P. primarily focuses on making investments in equity or equity-oriented securities of high-growth companies, primarily in the global technology, technology-enabled, and related growth industries.
- Lubert-Adler Real Estate VI, L.P. invests substantially all its assets through a master feeder structure in the Master Fund, an investment company that has the same investment objectives as the partnership.
- Centerbridge Credit Partners TE, L.P.’s principal investment objective is to achieve superior risk-adjusted returns through opportunistic investments across the credit spectrum. While the Investment Manager may, from time to time, acquire control positions in a portfolio

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

*(in thousands)*

company, the fund's principal investment objective does not involve controlling or influencing portfolio companies.

- Riva Capital Partners III, L.P.'s objective is to seek long-term capital appreciation, the pursuit of which may also generate current income, while minimizing risk of loss.
- Intersouth Partners VII, L.P. was formed to make venture capital investments in new and developing companies.
- Venture Investment Associates V, L.P. was formed for the purpose of making private equity investments.
- Patron Capital L.P. IV. was established to generate capital appreciation by investing in property, property related companies, or companies in which underlying investment value is linked to property assets, primarily in Europe.
- Patron Capital III Scotland, L.P. was established to generate capital appreciation by investing in real estate, assets-backed business, financial institutions, and related transactions, with a primary focus on Western and Central Europe.
- Regiment Special Situations Fund V, L.P. was formed for the purpose of making investments, either directly or indirectly, in companies through selective financing opportunities. The partnership's focus primarily includes lending on a senior-secured basis to companies for working capital, project financing, refinancing, and capital structure improvement. Other investments may include senior and subordinated or mezzanine indebtedness, both secured and unsecured, as well as short-term, interim, or bridge financings.
- Sankaty Credit Opportunities IV, L.P. invests substantially all of its net proceeds in Sankaty Credit Opportunities (Offshore Master) IV, L.P., a Cayman Islands exempted limited partnership, having the same investment objectives as the partnership.
- Eton Park Overseas Fund Ltd is under liquidation.
- Pomona Capital VII, L.P. was formed for the purpose of building a diversified portfolio of investments including venture capital, energy, buyout funds, and fund of funds through secondary market or direct purchases; securities of undervalued private and public companies; privately issued securities of public companies; and other alternative assets. Pomona Associates VII, L.P. is the partnership's general partner.

### 6. Accumulated Plan Benefits

An actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

(in thousands)

The accumulated plan benefit information as of the beginning of the plan year, as determined by the Plan's consulting actuaries, is as follows:

July 1, 2023

### Vested Benefits:

|                                           |    |         |
|-------------------------------------------|----|---------|
| Participants currently receiving payments | \$ | 587,146 |
| Other vested benefits                     |    | 155,234 |

|                           |  |              |
|---------------------------|--|--------------|
| <b>Nonvested Benefits</b> |  | <b>1,187</b> |
|---------------------------|--|--------------|

|                                                                   |           |                |
|-------------------------------------------------------------------|-----------|----------------|
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$</b> | <b>743,567</b> |
|-------------------------------------------------------------------|-----------|----------------|

The change in actuarial present value of accumulated plan benefits was as follows:

July 1, 2023

|                          |           |                |
|--------------------------|-----------|----------------|
| <b>Beginning of Year</b> | <b>\$</b> | <b>744,214</b> |
|--------------------------|-----------|----------------|

### Changes During the Year Due to:

|                                 |          |
|---------------------------------|----------|
| Benefits accumulated            | 5,952    |
| Actuarial gains                 | (2,439)  |
| Decrease in the discount period | 43,454   |
| Actual benefits paid            | (51,860) |
| Assumption changes              | 4,246    |

|                     |              |
|---------------------|--------------|
| <b>Net Decrease</b> | <b>(647)</b> |
|---------------------|--------------|

|                    |           |                |
|--------------------|-----------|----------------|
| <b>End of Year</b> | <b>\$</b> | <b>743,567</b> |
|--------------------|-----------|----------------|

The more significant assumptions underlying the actuarial computations were as follows at July 1, 2023:

|                          |                                                                         |
|--------------------------|-------------------------------------------------------------------------|
| Retirement               | Varying rates of retirement beginning at age 55 through age 70          |
| Assumed Rate of Interest | 6.0%                                                                    |
| Mortality                | Pri-2012 Total Employee then projected generationally using the MP-2021 |
| Effective Interest Rate  | 5.25%                                                                   |

The preceding actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2023.

## 7. Funding Policy

The Plan's funding policy is for the System to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The System's contributions for 2024 and 2023 exceeded

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

*(in thousands)*

the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

### 8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the System and the level of benefits guaranteed by the PBGC.

### 9. 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. 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 would materially affect the amounts reported on the statements of net assets available for benefits. As of June 30, 2024 and 2023, two and three investments comprised 25% and 67% of total net assets available for benefits, respectively.

### 10. Income Tax Status

The Internal Revenue Service has determined and informed the individual previous plans held within the Plan (Anna Jaques Plan, BIDMC Plan, Milton Plan, Northeast Plan, and NEB Plan) by letters dated November 9, 2011, January 16, 2018, August 25, 2010, November 21, 2013, and August 28, 2009, respectively, and to Beth Israel Lahey Health Defined Benefit Plan I by letter dated April 29, 2021, that the plans and related trusts are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The plans have been amended since receiving the determination letters; however, the plan administrators believe that the plans are designed, and are currently

# Beth Israel Lahey Health Defined Benefit Plan I

## Notes to Financial Statements

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*(in thousands)*

being operated, in compliance with the applicable requirements of the IRC and therefore believe that the BILH Plan I, as a whole, is tax-exempt as of the financial statement date.

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 Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **11. Related-Party Transactions**

Certain plan investments are managed by State Street. State Street is the trustee for the individual plans; therefore, these transactions qualify as party-in-interest transactions. During the years ended June 30, 2024 and 2023, the Plan made direct payments to the parties-in-interest of \$132 and \$205, respectively.

## Supplemental Information

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**Beth Israel Lahey Health Defined Benefit Plan I**  
**f/k/a New England Baptist Hospital Retirement Plan**

**Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)**

(in thousands)

EIN: 83-2671600  
Plan Number: 001

June 30, 2024

| (a)                                    | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Dates,<br>Rate of Interest, Collateral, Par or Maturity<br>Value | (d)<br>Cost    | (e)<br>Current<br>Value |
|----------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| <b>Cash and Cash Equivalents:</b>      |                                                                |                                                                                                                      |                |                         |
| *                                      | State Street                                                   | State Street Short Term Investment Fund                                                                              | \$ 11,897      | \$ 11,897               |
| <b>Total Cash and Cash Equivalents</b> |                                                                |                                                                                                                      | <b>11,897</b>  | <b>11,897</b>           |
| <b>Mutual Funds:</b>                   |                                                                |                                                                                                                      |                |                         |
|                                        | Vanguard                                                       | Long Term Treasury Index Inst                                                                                        | 51,361         | 43,618                  |
|                                        | Vanguard                                                       | Long-term Inv Grade Fund CL ADM                                                                                      | 60,684         | 47,730                  |
| <b>Total Mutual Funds</b>              |                                                                |                                                                                                                      | <b>112,045</b> | <b>91,348</b>           |
| <b>Common Collective Trusts:</b>       |                                                                |                                                                                                                      |                |                         |
| *                                      | State Street                                                   | MSCI ACWI Index Non-Lending Fund                                                                                     | 72,874         | 97,957                  |
| *                                      | State Street                                                   | MSCI EAFE Index CTF                                                                                                  | 20,000         | 19,961                  |
| *                                      | State Street                                                   | S&P 500 Flagship Index Non-Lending Fund                                                                              | 45,000         | 44,861                  |
| *                                      | State Street                                                   | 20+ Year U.S. Treasury Strips Index NL                                                                               | 31,000         | 30,205                  |
| *                                      | State Street                                                   | Intermediate U.S. Credit Index NL CM1S                                                                               | 50,000         | 49,979                  |
| *                                      | State Street                                                   | MSCI EAFE 100% Hedged to USD Index                                                                                   | 19,000         | 18,945                  |
| *                                      | State Street                                                   | FTSE RAFI U.S. 1000 ETF NL CT                                                                                        | 31,000         | 31,053                  |
| *                                      | State Street                                                   | Long U.S. Treasury Index Non-Lending                                                                                 | 75,000         | 74,064                  |
| *                                      | State Street                                                   | 3-10 Year U.S. Treasury Index                                                                                        | 50,000         | 49,966                  |
| *                                      | State Street                                                   | Real Asset Non-Lending Fund                                                                                          | 13,101         | 19,328                  |
|                                        | NEPC                                                           | U.S. Small Cap Equity CIT                                                                                            | 20,000         | 20,000                  |
|                                        | NEPC                                                           | Emerging Markets Equity CIT                                                                                          | 23,000         | 23,000                  |
|                                        | NEPC                                                           | Global Equity CIT                                                                                                    | 40,000         | 40,000                  |
|                                        | Loomis                                                         | NHIT: Strategic Alpha Trust                                                                                          | 6,068          | 7,371                   |
| <b>Total Common Collective Trusts</b>  |                                                                |                                                                                                                      | <b>496,043</b> | <b>526,690</b>          |

**Beth Israel Lahey Health Defined Benefit Plan I**  
**f/k/a New England Baptist Hospital Retirement Plan**

**Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)**

(in thousands)

EIN: 83-2671600  
Plan Number: 001

June 30, 2024

| (a)                                       | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Dates,<br>Rate of Interest, Collateral, Par or Maturity<br>Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| <b>Private Limited Partnerships:</b>      |                                                                |                                                                                                                      |             |                         |
|                                           | Archipelago                                                    | Archipelago Holdings Ltd Class A                                                                                     | 12,086      | 29,705                  |
|                                           | Abrams Capital Partners II, L.P.                               | Abrams Capital Partners II, L.P.                                                                                     | 814         | 3,582                   |
|                                           | Davidson Kempner                                               | Davidson Kempner Institutional Partners LP                                                                           | 3,000       | 3,964                   |
|                                           | Northwood Real Estate Partners, L.P.                           | Northwood Real Estate Partners, L.P.                                                                                 | 2,009       | 2,751                   |
|                                           | JNE Fund L.P.                                                  | JNE Fund L.P.                                                                                                        | 880         | 1,710                   |
|                                           | Heartwood Forestland Fund V, L.P.                              | Heartwood Forestland Fund V, L.P.                                                                                    | 972         | 1,082                   |
|                                           | Heartwood Forestland Side Fund V, L.P.                         | Heartwood Forestland Side Fund V, L.P.                                                                               | 633         | 566                     |
|                                           | Heartwood Forestland REIT, LLC                                 | Heartwood Forestland REIT, LLC                                                                                       | 66          | 230                     |
|                                           | Lion Point International                                       | Lion Point International LTD.                                                                                        | 304         | 1,111                   |
|                                           | Farallon Capital Inst'l Partners, L.P.                         | Farallon Capital Inst'l Partners, L.P.                                                                               | -           | 428                     |
|                                           | Pitango Venture Capital Fund V, L.P.                           | Pitango Venture Capital Fund V, L.P.                                                                                 | 1,133       | 517                     |
|                                           | Dune Real Estate Parallel Fund II, L.P.                        | Dune Real Estate Parallel Fund II, L.P.                                                                              | -           | 372                     |
|                                           | Dune Real Estate Parallel Fund I, L.P.                         | Dune Real Estate Parallel Fund I, L.P.                                                                               | 359         | 5                       |
|                                           | Riverwood Capital Partners, L.P.                               | Riverwood Capital Partners, L.P.                                                                                     | 946         | 315                     |
|                                           | Lubert-Adler Real Estate VI, L.P.                              | Lubert-Adler Real Estate VI, L.P.                                                                                    | 1,132       | 179                     |
|                                           | Centerbridge Credit Partners TE, L.P.                          | Centerbridge Credit Partners TE, L.P.                                                                                | 10          | 108                     |
|                                           | Riva Capital Partners III, L.P.                                | Riva Capital Partners III, L.P.                                                                                      | 3           | 239                     |
|                                           | Intersouth Partners VII, L.P.                                  | Intersouth Partners VII, L.P.                                                                                        | 976         | 282                     |
|                                           | Venture Investment Associates V, L.P.                          | Venture Investment Associates V, L.P.                                                                                | 889         | 261                     |
|                                           | Patron Capital L.P. IV                                         | Patron Capital L.P. IV                                                                                               | 54          | 158                     |
|                                           | Patron Capital III Scotland, L.P.                              | Patron Capital III Scotland, L.P.                                                                                    | 207         | 18                      |
|                                           | Regiment Special Situations Fund V, L.P.                       | Regiment Special Situations Fund V, L.P.                                                                             | 5,303       | 54                      |
|                                           | Sankaty Credit Opportunities IV, L.P.                          | Sankaty Credit Opportunities IV, L.P.                                                                                | -           | 2                       |
|                                           | Eton Park Overseas Fund Ltd.                                   | Eton Park Overseas Fund Ltd.                                                                                         | 10          | 1                       |
|                                           | Pomona Capital VII, L.P.                                       | Pomona Capital VII, L.P.                                                                                             | 1,230       | 1                       |
| <b>Total Private Limited Partnerships</b> |                                                                |                                                                                                                      | 33,016      | 47,641                  |
| <b>Total Assets Held</b>                  |                                                                |                                                                                                                      | \$ 653,001  | \$ 677,576              |

\* A party-in-interest as defined by ERISA.

**Beth Israel Lahey Health Defined Benefit Plan I**  
**f/k/a New England Baptist Hospital Retirement Plan**

**Form 5500 - Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions**

(in thousands)

EIN: 83-2671600

Plan Number: 001

Year ended June 30, 2024

| (a)<br>Identity of Party Involved                                                 | (b)<br>Description of Assets | (c)<br>Cost of<br>Purchases | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset Sold | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|-----------------------------------------------------------------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|------------------------------------------------------------|---------------------------|
| <b>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets: **</b> |                              |                             |                         |                              |                                                            |                           |
| * State Street 3-10 Year U.S. Treasury Index                                      |                              | \$ 50,000                   | \$ -                    | \$ -                         | \$ 50,000                                                  | \$ -                      |
| * State Street S&P 500 Flagship Index Non-Lending Fund                            |                              | 45,000                      | -                       | -                            | 45,000                                                     | -                         |
| * State Street Intermediate U.S. Credit Index NL CM1S                             |                              | 50,000                      | -                       | -                            | 50,000                                                     | -                         |
| * State Street Russell 3000 Index Non-Lending Fund                                |                              | -                           | 57,397                  | 12,931                       | 57,397                                                     | 44,466                    |
| NEPC Global Equity CIT                                                            |                              | 40,000                      | -                       | -                            | 40,000                                                     | -                         |
| * State Street MSCI ACWI Index Non-Lending Fund                                   |                              | 180,100                     | 341,917                 | 303,947                      | 522,017                                                    | 37,970                    |
| * State Street Long U.S. Treasury Index Non-Lending                               |                              | 75,000                      | -                       | -                            | 75,000                                                     | -                         |
| Vanguard Total Bond Market Index Fund                                             |                              | 2,229                       | 72,128                  | 76,369                       | 74,357                                                     | (4,241)                   |
| Vanguard Long Term Treasury Index Fund                                            |                              | 5,740                       | 120,000                 | 139,164                      | 125,740                                                    | (19,164)                  |
| * State Street Short Term Investment Fund ("STIF")                                |                              | 88,105                      | 91,662                  | 91,662                       | 179,767                                                    | -                         |

\* Party-in-interest as defined by ERISA.

\*\* There were no category (i), (ii), or (iv) reportable transactions.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of July 1, 2023

| Attained Age | Attained Years of Credited Service <sup>1</sup> |       |       |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4   | 5-9   | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 24    | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 24    |
| 25-29        | 2                                               | 69    | 22    | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 94    |
| 30-34        | 1                                               | 97    | 64    | 17    | 2     | 0     | 0     | 0     | 0     | 0         | 181   |
| 35-39        | 0                                               | 212   | 137   | 42    | 30    | 3     | 0     | 0     | 0     | 0         | 424   |
| 40-44        | 1                                               | 210   | 316   | 25    | 33    | 16    | 2     | 0     | 0     | 0         | 603   |
| 45-49        | 8                                               | 174   | 352   | 21    | 46    | 41    | 13    | 1     | 0     | 0         | 656   |
| 50-54        | 16                                              | 182   | 392   | 41    | 82    | 60    | 20    | 6     | 3     | 0         | 802   |
| 55-59        | 16                                              | 182   | 329   | 50    | 103   | 138   | 65    | 29    | 12    | 2         | 926   |
| 60-64        | 15                                              | 135   | 324   | 65    | 108   | 116   | 135   | 78    | 35    | 18        | 1,029 |
| 65-69        | 15                                              | 79    | 175   | 23    | 54    | 56    | 54    | 69    | 31    | 24        | 580   |
| 70 & over    | 2                                               | 31    | 62    | 7     | 15    | 19    | 19    | 17    | 9     | 11        | 192   |
| Total        | 76                                              | 1,395 | 2,173 | 292   | 473   | 449   | 308   | 200   | 90    | 55        | 5,511 |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan I  
EIN / PN: 83-2671600/001  
Plan Sponsor: Beth Israel Lahey Health, Inc.  
Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Assumptions and methods

#### Economic Assumptions

##### Interest rate basis:

- Applicable month March
- Interest rate basis 3-Segment Rates

| Interest rates:           | Reflecting Corridors | Not Reflecting Corridors |
|---------------------------|----------------------|--------------------------|
| • First segment rate      | 4.75%                | 2.50%                    |
| • Second segment rate     | 5.00%                | 3.83%                    |
| • Third segment rate      | 5.74%                | 4.06%                    |
| • Effective interest rate | 5.25%                | 3.85%                    |

##### Annual rates of increase

- Future Social Security wage bases 3.00%
- Statutory limits on compensation 2.50%
- Future Social Security wage bases 3.00% as applicable
- Cash Balance Interest Crediting Rate 5.25% BIDMC and Northeast

#### Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

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

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan I  
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Valuation Date: July 1, 2023

## SCHEDULE SB ATTACHMENTS

### Healthy Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021)

### Termination (Sample Rates)

Anna Jaques Hospital Pension Plan

| Percentage assumed to leave during the year |       |
|---------------------------------------------|-------|
| Attained Age                                | Rate  |
| 20                                          | 9.00% |
| 25                                          | 9.00% |
| 30                                          | 9.00% |
| 35                                          | 9.00% |
| 40                                          | 9.00% |
| 45                                          | 8.10% |
| 50                                          | 8.10% |
| 55                                          | 5.40% |
| 60                                          | 2.70% |

Beth Israel Deaconess Medical Center Pension Plan

| Age | Years of Service |        |        |        |
|-----|------------------|--------|--------|--------|
|     | 0                | 3      | 6      | 8+     |
| 25  | 29.23%           | 19.15% | 14.11% | 12.48% |
| 40  | 22.90%           | 12.82% | 7.78%  | 5.44%  |
| 55  | 21.12%           | 9.92%  | 4.32%  | 0.00%  |
| 65  | 20.00%           | 8.80%  | 3.20%  | 0.00%  |

Milton Hospital Pension Plan

| Percentage assumed to leave during the year |        |
|---------------------------------------------|--------|
| Attained Age                                | Rate   |
| 20                                          | 15.00% |
| 25                                          | 15.00% |
| 30                                          | 15.00% |
| 35                                          | 15.00% |
| 40                                          | 9.00%  |
| 45                                          | 3.00%  |
| 50                                          | 2.00%  |
| 55-64                                       | 2.00%  |

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan I  
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Plan Sponsor: Beth Israel Lahey Health, Inc.  
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## SCHEDULE SB ATTACHMENTS

### Northeast Hospital Corporation Defined Benefit Pension Plan

| Percentage assumed to leave during the year |        |
|---------------------------------------------|--------|
| Years of service                            | Rate   |
| 0                                           | 40.00% |
| 1                                           | 32.00% |
| 2                                           | 25.60% |
| 3                                           | 20.50% |
| 4                                           | 16.40% |
| 5                                           | 13.10% |
| 6                                           | 10.50% |
| 7                                           | 8.40%  |
| 8                                           | 6.70%  |
| 9                                           | 5.40%  |
| 10                                          | 0.00%  |

### New England Baptist Hospital Retirement Plan

| Age | Years of Service |        |        |
|-----|------------------|--------|--------|
|     | 3                | 5      | 8+     |
| 25  | 21.28%           | 17.28% | 12.48% |
| 40  | 14.24%           | 10.24% | 5.44%  |
| 50  | 11.04%           | 7.04%  | 2.24%  |

### Disability (Sample Rates)

### Beth Israel Deaconess Medical Center Pension Plan

| Percentage becoming disabled during the year |       |         |
|----------------------------------------------|-------|---------|
| Age                                          | Males | Females |
| 25                                           | 0.03% | 0.03%   |
| 40                                           | 0.08% | 0.13%   |
| 55                                           | 0.69% | 0.64%   |

N/A for all other plans.

### Retirement

| Percentage assumed to retire during the year |      |
|----------------------------------------------|------|
| Age                                          | Rate |
| 55-60                                        | 3%   |
| 61                                           | 5%   |
| 62                                           | 15%  |
| 63-64                                        | 8%   |
| 66-69                                        | 30%  |
| 70                                           | 100% |

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## SCHEDULE SB ATTACHMENTS

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### Benefit commencement date

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Preretirement death benefit | <p>Anna Jaques Hospital Pension Plan: The later of the death of the active participant or the date the participant would have attained 5 years of service.</p> <p>Beth Israel Deaconess Medical Center Pension Plan: The later of the death of the active participant or the date the participant would have become eligible for early retirement.</p> <p>Northeast Hospital Corporation Defined Benefit Pension Plan: For the Cash Balance and Beverly plans, the first day of the month following the employee's death. For the Addison Gilbert Plan, the later of the death of the active participant or the date the participant would have attained age 55.</p> <p>Milton Hospital Pension Plan and New England Baptist Hospital Retirement Plan: The later of the death of the active participant or the date the participant would have attained age 55.</p> |
| Deferred vested benefit     | Age 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Disability benefit          | <p>Anna Jaques Hospital Pension Plan, Milton Hospital Pension Plan, Northeast Hospital Corporation Defined Benefit Pension Plan, and New England Baptist Hospital Retirement Plan: None.</p> <p>Beth Israel Deaconess Medical Pension Plan: Normal retirement date or, if elected, in a reduced amount prior to the normal retirement date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Retirement benefit          | Upon termination of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Plan Name:      | Beth Israel Lahey Health, Inc. Defined Benefit Plan I |
| EIN / PN:       | 83-2671600/001                                        |
| Plan Sponsor:   | Beth Israel Lahey Health, Inc.                        |
| Valuation Date: | July 1, 2023                                          |

## SCHEDULE SB ATTACHMENTS

### Form of payment

| Form                                                                                                                                                                                     | Assumption                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lump Sum<br>(available only for BIDMC,<br>New England Baptist,<br>Northeast cash balance<br>formula)                                                                                     | 50% Lump sum (if available)                                                                                                                                                |
| Single Life Annuity                                                                                                                                                                      | Of those not assumed to elect<br>a lump sum, <ul style="list-style-type: none"><li>– 100% if assumed to be<br/>single</li><li>– 25% if assumed to be<br/>married</li></ul> |
| Qualified J&S <ul style="list-style-type: none"><li>– 100% J&amp;S for Anna<br/>Jaques</li><li>– 66.67% J&amp;S for Milton</li><li>– 50% J&amp;S for other<br/>component plans</li></ul> | Of those not assumed to elect<br>a lump sum, 75% elect if<br>assumed to be married                                                                                         |

### Percent married

80% of participants are assumed to be married.

### Spouse age

It is assumed the male spouse is older by 3 years.

### Additional Assumptions

#### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

### Methods

#### Valuation date

July 1, 2023

#### Funding target

Present value of accrued benefits as required by regulations under IRC §430.

#### Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan I  
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Plan Sponsor: Beth Israel Lahey Health, Inc.  
Valuation Date: July 1, 2023

## SCHEDULE SB ATTACHMENTS

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### **Actuarial value of assets**

The average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) as described in section 1.430(g)-1(c)(2) of the Regulations. The average asset value must be within 10% of market value, including discounted contributions receivable, as required under section 430 of the Code. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.

### **Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan I  
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Plan Sponsor: Beth Israel Lahey Health, Inc.  
Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

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## Sources of Data and Other Information

The plan sponsor furnished participant data as of the census date. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. In consultation with the plan sponsor, there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations for all other plans.

The following assumptions were made as part of the data process for the BIDMC component plan, no other data assumptions were made:

- Records or data elements that are absent from the current year's census files were valued with no changes from prior year
- In-pay records not explicitly identified as a beneficiary in updated census files, but were a beneficiary-in-payment in the prior year are assumed to remain as a beneficiary-in-payment
- In-service benefits with no specific form of payment are valued as a Single Life Annuity
- Forms of payment for retirees that require beneficiary information but have no beneficiary information provided are assumed to have a beneficiary of the opposite gender where females are 3 years younger than males. In-pay records not explicitly identified as a beneficiary in updated census files, but were a beneficiary-in-payment in the prior year are assumed to remain as a beneficiary-in-payment
  - Cash balance benefits were credited with estimated interest credits for one year, if missing an interest credit
  - For terminated vested records that were provided with a monthly annuity as well as a cash balance, only one of those benefits were valued. Cash balance benefits were credited with 4% interest for one year, if missing an interest credit
  - Continuing terminated vesteds are valued with no change from prior year.
  - New terminated vesteds are valued with the Age 65 annuity benefit provided.

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Plan Name:      | Beth Israel Lahey Health, Inc. Defined Benefit Plan I |
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| Plan Sponsor:   | Beth Israel Lahey Health, Inc.                        |
| Valuation Date: | July 1, 2023                                          |

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Economic Assumptions

|                                 |                                                                                                                                                                                                                                  |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>            | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                                             |
| <b>Lump sum conversion rate</b> | As required by IRC 430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.                                         |
| <b>Plan-related expenses</b>    | Plan-related expenses are estimated by determining the expected actual administrative expenses for the coming year, reflecting items like expected PBGC premiums, the actual expenses paid from the trust in the preceding year. |

## Assumptions Rationale - Significant Demographic Assumptions

|                          |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                                                                                                                                                                                       |
| <b>Termination</b>       | Termination rates are based on plan sponsor expectation for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.                                                                                                                                                                                                                           |
| <b>Retirement</b>        | Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. The plan sponsor reviewed this assumption in 2021 against historical experience and future expectations.                                                                                                                   |
| <b>Form of payment</b>   | The percentage of retiring participants assumed to elect the specified annuity and lump sum options is based on observed experience modified to reflect an estimate of future experience. Other annuity options available under the plan are actuarial equivalent and would yield comparable values. The plan sponsor reviewed this assumption in 2021 against historical experience and future expectations. |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Plan Name:      | Beth Israel Lahey Health, Inc. Defined Benefit Plan I |
| EIN / PN:       | 83-2671600/001                                        |
| Plan Sponsor:   | Beth Israel Lahey Health, Inc.                        |
| Valuation Date: | July 1, 2023                                          |

# SCHEDULE SB ATTACHMENTS

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## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430. The mortality table was updated to include one additional year of projected mortality improvement as required by guidance issued by IRS under IRC §430.
- The cash balance interest crediting rate was updated for Beth Israel Deaconess Medical Center Pension Plan and Northeast Hospital Corporation Defined Benefit Pension Plan to 5.25%, to better reflect current market conditions.

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan I  
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Plan Sponsor: Beth Israel Lahey Health, Inc.  
Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                       |
|--------------------------|-------------------------------------------------------|
| <b>Plan Sponsor</b>      | Beth Israel Lahey Health, Inc.                        |
| <b>EIN/PN</b>            | 83-2671600/001                                        |
| <b>Plan Name</b>         | Beth Israel Lahey Health, Inc. Defined Benefit Plan I |
| <b>Valuation Date</b>    | July 1, 2023                                          |
| <b>Enrolled Actuary</b>  | Jennifer Burns                                        |
| <b>Enrollment Number</b> | 23-07363                                              |

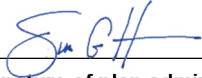
The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024 |                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for: <div><input type="checkbox"/> a multiemployer plan<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)<input checked="" type="checkbox"/> a single-employer plan<input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is: <div><input type="checkbox"/> the first return/report<input type="checkbox"/> the final return/report<input type="checkbox"/> an amended return/report<input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under: <div><input checked="" type="checkbox"/> Form 5558<input type="checkbox"/> automatic extension<input type="checkbox"/> the DFVC program<input type="checkbox"/> special extension (enter description) _____</div>                                                                                                                      |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                              |
| 1a      | Name of plan<br>Beth Israel Lahey Health Defined Benefit Plan I                                                                                                                                                                                                                                                                                                                     |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                                  |
| 1c      | Effective date of plan<br>01/01/1968                                                                                                                                                                                                                                                                                                                                                |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Beth Israel Lahey Health, Inc.<br><br>Schrafft's City Center 4th Floor<br>529 Main Street, Tax Dept.<br>Charlestown MA 02129 |
| 2b      | Employer Identification Number (EIN)<br>83-2671600                                                                                                                                                                                                                                                                                                                                  |
| 2c      | Plan Sponsor's telephone number<br>617-278-8800                                                                                                                                                                                                                                                                                                                                     |
| 2d      | Business code (see instructions)<br>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                                                                                                                                                                                                                                                                                                                              | <div><input checked="" type="checkbox"/> </div> | 4/10/25 | Susan Harris                                                 |
|                                                                                                                                                                                                                                                                                                                                        | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                            |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                           |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 14,146                                                                                                                                                                                                                                                                                                                             |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 5,470<br><b>6a(2)</b> 5,443<br><b>6b</b> 3,687<br><b>6c</b> 4,797<br><b>6d</b> 13,927<br><b>6e</b> 273<br><b>6f</b> 14,200<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 25 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                                    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

**See**

**Audited Financial**

**Statements**

**For**

**Schedule of Reportable Transactions**

**(Schedule H 4j)**

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

Round off amounts to nearest dollar.  
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Beth Israel Lahey Health Defined Benefit Plan I                                                                  | <b>B</b> Three-digit plan number (PN) 001                                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Beth Israel Lahey Health, Inc.                                | <b>D</b> Employer Identification Number (EIN)<br>83-2671600                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month 07 Day 01 Year 2023                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                      |                            | <b>2a</b>                 | 671,312,564              |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 725,999,988              |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 3,780                      | 335,905,582               | 335,905,582              |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 4,944                      | 167,573,188               | 167,573,188              |
| <b>c</b> For active participants.....                                                                                                                                                                           | 5,511                      | 298,086,696               | 299,203,269              |
| <b>d</b> Total .....                                                                                                                                                                                            | 14,235                     | 801,565,466               | 802,682,039              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                               |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        |                            | <b>4a</b>                 |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b>                   | 5.25%                     |                          |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b>                  | 6,170,713                 |                          |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 10,399,000                |                          |
| <b>c</b> Target normal cost.....                                                                                                                                                                                | <b>6c</b>                  | 16,569,713                |                          |

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

|                                                                                                                                                                                                                              |                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> <div>Jennifer Burns</div> <div>Signature of actuary</div>                                                                                                                                               | <div>4/3/2025</div> <div>Date</div> <div>2307363</div> <div>Most recent enrollment number</div> <div>617-638-3700</div> <div>Telephone number (including area code)</div> |
| <div>Jennifer Burns</div> <div>Type or print name of actuary</div> <div>Willis Towers Watson US LLC</div> <div>Firm name</div> <div>75 Arlington ST, Floor 2</div> <div>Boston MA 02116</div> <div>Address of the firm</div> |                                                                                                                                                                           |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 36,804,779             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 22,267,529             |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 14,537,250             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.62</u> % .....                                                                                | 0                     | 526,248                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 15,063,498             |

**Part III Funding Percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 88.57 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 88.57 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 92.12 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/15/2024               | 1,233,000                         | 0                               |                          |                                   |                                 |
| 07/12/2024               | 5,600,000                         | 0                               |                          |                                   |                                 |
| 03/14/2025               | 4,600,000                         | 0                               |                          |                                   |                                 |
| 08/01/2023               | 0                                 | 37,764                          |                          |                                   |                                 |
| 09/01/2023               | 0                                 | 14,530                          |                          |                                   |                                 |
| 10/01/2023               | 0                                 | 15,103                          |                          |                                   |                                 |
| 11/01/2023               | 0                                 | 14,575                          |                          |                                   |                                 |
| 12/01/2023               | 0                                 | 6,631                           |                          |                                   |                                 |
| 01/01/2024               | 0                                 | 20,225                          |                          |                                   |                                 |
| 02/01/2024               | 0                                 | 12,971                          |                          |                                   |                                 |
| 03/01/2024               | 0                                 | 20,023                          |                          |                                   |                                 |
| 04/01/2024               | 0                                 | 27,531                          |                          |                                   |                                 |
| 06/01/2024               | 0                                 | 13,597                          |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 11,433,000                        | <b>18(c)</b> 182,950            |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |            |
|-------------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                     | <b>19a</b> | 0          |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                      | <b>19b</b> | 0          |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. .... | <b>19c</b> | 10,712,747 |

**20** Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 3                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....                                                             | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 16,569,713         |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 91,745,549          | 9,140,773          |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 25,710,486         |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 15,063,498         | 15,063,498    |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 10,646,988         |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 10,712,747         |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 65,759             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 65,361             |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of July 1, 2023

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| x                               | $q_x^r$ | $l_x$ | ${}_{x-55}p_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
|---------------------------------|---------|-------|----------------------------------|------------------------|----------------------------|
| 55                              | 0.03    | 1,000 | 1.000000                         | 0.030000               | 1.650000                   |
| 56                              | 0.03    | 970   | 0.970000                         | 0.029100               | 1.629600                   |
| 57                              | 0.03    | 941   | 0.940900                         | 0.028227               | 1.608939                   |
| 58                              | 0.03    | 913   | 0.912673                         | 0.027380               | 1.588051                   |
| 59                              | 0.03    | 885   | 0.885293                         | 0.026559               | 1.566968                   |
| 60                              | 0.03    | 859   | 0.858734                         | 0.025762               | 1.545721                   |
| 61                              | 0.05    | 833   | 0.832972                         | 0.041649               | 2.540565                   |
| 62                              | 0.15    | 791   | 0.791323                         | 0.118699               | 7.359308                   |
| 63                              | 0.08    | 673   | 0.672625                         | 0.053810               | 3.390029                   |
| 64                              | 0.08    | 619   | 0.618815                         | 0.049505               | 3.168332                   |
| 65                              | 0.30    | 569   | 0.569310                         | 0.170793               | 11.101539                  |
| 66                              | 0.30    | 399   | 0.398517                         | 0.119555               | 7.890633                   |
| 67                              | 0.30    | 279   | 0.278962                         | 0.083689               | 5.607131                   |
| 68                              | 0.30    | 195   | 0.195273                         | 0.058582               | 3.983574                   |
| 69                              | 0.30    | 137   | 0.136691                         | 0.041007               | 2.829509                   |
| 70                              | 1.00    | 96    | 0.095684                         | 0.095684               | 6.697872                   |
| Average age at retirement       |         |       |                                  |                        | 64.157772                  |
| Rounded for Schedule SB item 22 |         |       |                                  |                        | 64                         |

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan I  
 EIN / PN: 83-2671600/001  
 Plan Sponsor: Beth Israel Lahey Health, Inc.  
 Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|------------|
| 2023      | 26,141,938          | 22,737,941                     | 34,257,688                                                | 83,137,567 |
| 2024      | 17,680,650          | 7,468,250                      | 32,639,792                                                | 57,788,692 |
| 2025      | 17,943,628          | 8,058,938                      | 31,572,477                                                | 57,575,043 |
| 2026      | 18,698,891          | 7,885,348                      | 30,634,500                                                | 57,218,739 |
| 2027      | 18,668,619          | 9,060,255                      | 29,626,357                                                | 57,355,231 |
| 2028      | 18,691,345          | 9,422,667                      | 28,622,379                                                | 56,736,391 |
| 2029      | 18,763,889          | 9,805,172                      | 27,639,395                                                | 56,208,456 |
| 2030      | 19,224,806          | 9,959,776                      | 26,504,687                                                | 55,689,269 |
| 2031      | 19,031,511          | 10,709,728                     | 25,275,444                                                | 55,016,683 |
| 2032      | 18,895,303          | 10,043,053                     | 24,039,657                                                | 52,978,013 |
| 2033      | 19,369,933          | 9,914,574                      | 22,812,940                                                | 52,097,447 |
| 2034      | 18,958,101          | 9,830,920                      | 21,595,075                                                | 50,384,096 |
| 2035      | 19,163,768          | 10,061,744                     | 20,345,176                                                | 49,570,688 |
| 2036      | 18,965,683          | 9,803,241                      | 19,033,468                                                | 47,802,392 |
| 2037      | 19,075,267          | 9,764,478                      | 17,705,954                                                | 46,545,699 |
| 2038      | 18,820,831          | 10,651,371                     | 16,396,792                                                | 45,868,994 |
| 2039      | 19,037,623          | 10,419,277                     | 15,079,287                                                | 44,536,187 |
| 2040      | 19,062,670          | 9,858,453                      | 13,753,919                                                | 42,675,042 |
| 2041      | 18,188,816          | 10,159,640                     | 12,433,794                                                | 40,782,250 |
| 2042      | 18,034,408          | 10,319,956                     | 11,133,028                                                | 39,487,392 |
| 2043      | 17,848,432          | 10,040,404                     | 9,866,163                                                 | 37,754,999 |
| 2044      | 17,340,560          | 9,917,647                      | 8,647,671                                                 | 35,905,878 |
| 2045      | 16,910,498          | 10,003,064                     | 7,491,376                                                 | 34,404,938 |
| 2046      | 16,325,208          | 9,791,953                      | 6,409,782                                                 | 32,526,943 |
| 2047      | 15,707,014          | 9,588,727                      | 5,413,442                                                 | 30,709,183 |
| 2048      | 14,952,705          | 9,467,949                      | 4,510,403                                                 | 28,931,057 |
| 2049      | 14,122,447          | 9,038,305                      | 3,705,724                                                 | 26,866,476 |
| 2050      | 13,164,077          | 8,152,671                      | 3,001,170                                                 | 24,317,918 |
| 2051      | 12,355,102          | 7,652,193                      | 2,395,307                                                 | 22,402,602 |
| 2052      | 11,523,305          | 7,206,942                      | 1,883,828                                                 | 20,614,075 |
| 2053      | 10,550,887          | 6,817,916                      | 1,460,079                                                 | 18,828,882 |
| 2054      | 9,841,119           | 6,302,676                      | 1,115,715                                                 | 17,259,510 |
| 2055      | 8,982,874           | 6,007,864                      | 841,315                                                   | 15,832,053 |
| 2056      | 8,275,909           | 5,568,523                      | 626,975                                                   | 14,471,407 |
| 2057      | 7,541,852           | 5,258,961                      | 462,869                                                   | 13,263,682 |
| 2058      | 6,853,412           | 4,896,121                      | 339,693                                                   | 12,089,226 |
| 2059      | 6,259,128           | 4,524,606                      | 248,996                                                   | 11,032,730 |
| 2060      | 5,686,384           | 4,158,162                      | 183,403                                                   | 10,027,949 |
| 2061      | 5,128,171           | 3,867,875                      | 136,714                                                   | 9,132,760  |
| 2062      | 4,616,362           | 3,566,504                      | 103,904                                                   | 8,286,770  |
| 2063      | 4,138,527           | 3,326,199                      | 81,036                                                    | 7,545,762  |
| 2064      | 3,712,726           | 3,072,526                      | 65,132                                                    | 6,850,384  |
| 2065      | 3,316,827           | 2,840,950                      | 54,010                                                    | 6,211,787  |
| 2066      | 2,955,955           | 2,627,897                      | 46,110                                                    | 5,629,962  |

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|      |           |           |        |           |
|------|-----------|-----------|--------|-----------|
| 2067 | 2,629,535 | 2,427,771 | 40,350 | 5,097,656 |
| 2068 | 2,330,283 | 2,239,822 | 35,992 | 4,606,097 |
| 2069 | 2,058,353 | 2,063,370 | 32,539 | 4,154,262 |
| 2070 | 1,810,537 | 1,897,829 | 29,665 | 3,738,031 |
| 2071 | 1,584,784 | 1,742,727 | 27,163 | 3,354,674 |
| 2072 | 1,379,867 | 1,597,708 | 24,905 | 3,002,480 |

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## Schedule SB, Part V Summary of Plan Provisions

### Anna Jaques Hospital Pension Plan

#### Plan Provisions

The most recent amendment reflected in the following plan provisions was effective October 1, 2004.

**Eligible employees**

Employees in the Collective Bargaining Agreement hired on or before October 1, 2006; and employees not in the Collective Bargaining Agreement hired on or before October 1, 2004.

**Participation date**

Employees become covered by the plan on the April 1st or October 1st next following the completion of one year of employment with 1,000 hours. Employee must not be a Leased employee. Participation in the plan was frozen on October 1, 2004 (for those not in the Collective Bargaining Agreement) and October 1, 2006 (for those in the Collective Bargaining Agreement).

#### Definitions

**Vesting service**

A year of vesting service is credited for each calendar year during which a participant completes at least 1,000 hours of service.

**Credited service**

A year of credited service is credited for each calendar year during which a participant completes at least 1,000 hours of service.

**Pensionable pay**

Gross salary or wages, including overtime, bonuses or other distributions, paid to the Employee by the employer during the plan year.

**Normal retirement date (NRD)**

First of month coinciding with or next following the attainment of age 65.

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### Monthly pension benefit

For Credited Year of Service on or after October 1, 1989, an amount equal to the sum of the Participant's Accrued Benefit credits. This amount is calculated as follows: for each Credited Year of Service on or after October 1, 1989, a Participant shall receive an annual Accrued Benefit credit equal to the greater of the below:

- One hundred and twenty dollars (\$120); or
- One percent (1%) of the Pensionable Pay

Accrued Benefits earned prior to October 1, 1989 are based on the formula then in effect.

### Monthly preretirement death benefit

If the employee was married, the spouse shall receive an amount as if the employee had retired on the first day of the month in which the death occurred, had chosen the joint and 100% survivor option, and died. Commences immediately if the employee was eligible for early retirement at the time of death. Otherwise commences no earlier than the participant's first eligibility for early retirement.

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD.

#### Early retirement

Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.

#### Postponed retirement

Retirement after NRD.

#### Deferred vested termination

Termination for reasons other than death, disability, or retirement after completing five years of vesting service.

#### Disability

None

#### Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

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## Benefits Paid Upon the Following Events

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | The monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                              |
| <b>Early retirement</b>            | The monthly pension benefit determined as of the early retirement date but reduced by 1/2% for each calendar month by which the commencement date of benefits precedes Normal Retirement Date.                                                                                                                                                                                                                 |
| <b>Postponed retirement</b>        | The late retirement benefit is the greater of (a) additional accruals to actual retirement date, or (b) the actuarial equivalent of normal retirement benefit as described above, if suspension of benefits notice is not provided                                                                                                                                                                             |
| <b>Deferred vested termination</b> | The same as normal retirement based on service and average salary as of the participant's date of termination.                                                                                                                                                                                                                                                                                                 |
| <b>Preretirement death</b>         | If the employee was married, the spouse shall receive an amount as if the employee had retired on the first day of the month in which the death occurred, had chosen the joint and 100% survivor option, and died. Commences immediately if the employee was eligible for early retirement at the time of death. Otherwise commences no earlier than the participant's first eligibility for early retirement. |

## Other Plan Provisions

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>  | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 100% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are available on an actuarially equivalent basis. |
| <b>Pension Increases</b> | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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**Plan participants' contributions**

None.

**Limits on benefits and pay**

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

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## Beth Israel Deaconess Medical Center Pension Plan

### Plan Provisions

The most recent amendment reflected in the following plan provisions was effective January 1, 2013.

#### Eligible employees

Employees who work more than 1,000 hours in a year are included in the plan on the first day of the month following the completion of one year of service. Certain job classifications, such as House Officers and Residents, are excluded, as are participants of the Deaconess Waltham Hospital Retirement Plan are considered inactive participants of the plan.

#### Participation date

Date of hire as an eligible employee, or the date became an eligible employee.

### Definitions

#### Vesting service

A year of vesting service is credited for each calendar year during which a participant completes at least 1,000 hours of service.

#### Credited service

A year of credited service is credited for each calendar year during which a participant completes at least 1,000 hours of service.

#### Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65.

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### Monthly pension benefit

#### CareGroup:

The benefit at retirement equals the actuarial equivalent of the sum of the participant's basic credit account and matching credit account.

Basic Credit Account: The basic credit account, established as of December 31, 1991 (based on the participant's accrued benefit at that time), is credited annually at the end of the year with basic credits and interest credits.

The basic credit account is based on the participant's age and vesting service as of December 31 of the prior year.

| Sum of Age and Years of Vesting Service | Basic Credit Percentage of Compensation |
|-----------------------------------------|-----------------------------------------|
| >40                                     | 3.0%                                    |
| 40-45                                   | 3.5%                                    |
| 45-50                                   | 4.0%                                    |
| 50-55                                   | 4.5%                                    |
| 55-60                                   | 5.0%                                    |
| 60-65                                   | 5.5%                                    |
| 65-70                                   | 6.0%                                    |
| 70-75                                   | 7.0%                                    |
| 75-80                                   | 8.0%                                    |

Basic credits will no longer be provided after December 31, 2012.

Interest Credits: Interest credits are applied on December 31 to the basic credit account as of the preceding January 1, based on the 3-month average of one-year Treasury bill rates through October 31 of the prior plan year, not less than 4.0%.

Minimum Benefit (East Campus Only): For each participant who was an active employee on January 1, 1992, the pension benefit attributable to the basic credit account will be at least equal to 1.2% of the participant's average monthly compensation multiplied by credited service.

Average monthly compensation is the average of a participant's includable compensation during his last five years of service. Monthly compensation is one-twelfth of total compensation. On and after January 1, 2007,

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average monthly compensation for the 60 months out of the last 120 months and monthly compensation is 173.33 times hourly rate of basic salary.

Effective April 1, 2000 this minimum benefit is frozen at March 31, 2000 for any participant who did not attain age 55 as of April 1, 2000. For all other participants, this minimum benefit is frozen at December 31, 2012.

Matching Credit Account: Effective January 1, 1998 no additional credits were added to the matching credit account other than the annual interest credit.

Frozen RAP Account (West Campus only): For each participant in the Deaconess Hospital Retirement Account Plan as of December 31, 1997, the benefit provided by the new plan will not be lower than the benefit provided by the RAP account as of December 31, 1997, increased annually for interest only.

For this account, the annual interest credit will be a yield based on 30-year Treasury securities for the December 15 of the preceding plan year, as provided by the IRS, minimum 4.0%, maximum 8.0%.

### **Deaconess Waltham Hospital:**

Benefit determined as of Deaconess Waltham Hospital Retirement Plan's freeze date of May 31, 2002 according to the provisions of the Deaconess Waltham Hospital Plan.

### **Monthly preretirement death benefit**

If the employee was married, the spouse shall receive an amount as if the employee had retired on the first day of the month in which the death occurred, had chosen the joint and 50% survivor option, and died. Commences immediately if the employee was eligible for early retirement at the time of death. Otherwise commences no earlier than the participant's first eligibility for early retirement.

### **Eligibility for Benefits**

#### **Normal retirement**

Retirement on NRD.

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|                                    |                                                                                                                                                                                                                                                              |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement</b>            | CareGroup: Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service.<br><br>Deaconess Waltham Hospital: Retirement before NRD and on or after both attaining age 55 and completing 5 years of vesting service. |
| <b>Postponed retirement</b>        | Retirement after NRD.                                                                                                                                                                                                                                        |
| <b>Deferred vested termination</b> | Termination for reasons other than death, disability, or retirement after completing five years of vesting service.                                                                                                                                          |
| <b>Disability</b>                  | Immediate and terminates in connection with receiving long-term disability benefits.                                                                                                                                                                         |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits.                                                                                                                                                                   |

### Benefits Paid Upon the Following Events

|                                    |                                                                                                                                                                                                                                                            |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | The monthly pension benefit determined as of NRD.                                                                                                                                                                                                          |
| <b>Early retirement</b>            | Any time between early retirement date and normal retirement date, at the participant's election.                                                                                                                                                          |
| <b>Postponed retirement</b>        | The late retirement benefit is the greater of (a) the benefit calculated and payable in the same manner as the normal retirement benefit but based upon average compensation (b) the actuarial equivalent of normal retirement benefit as described above. |
| <b>Deferred vested termination</b> | The same as normal retirement based on the participant's basic credit account, matching credit account, and minimum benefit if applicable as of the participant's date of termination.                                                                     |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
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### Preretirement death

If the employee was married, the spouse shall receive an amount as if the employee had retired on the first day of the month in which the death occurred, had chosen the joint and 100% survivor option, and died. Commences immediately if the employee was eligible for early retirement at the time of death. Otherwise commences no earlier than the participant's first eligibility for early retirement.

### Other Plan Provisions

#### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms, including lump sums, are available on an actuarially equivalent basis. The lump sum is calculated as the present value of the age 65 benefit.

For CareGroup, optional forms of payment are available on an actuarially equivalent basis, including a lump sum, 5, 10, or 15-year certain and continuous single life annuity, 50%, 75%, or 100% joint and survivor annuity, 5, 10, or 15-year certain annuity, and partial lump sum (50%) plus any other optional form (50%).

#### Pension Increases

None.

#### Plan participants' contributions

None.

#### Limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost.

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### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

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## Milton Hospital Pension Plan

### Plan Provisions

The most recent amendment reflected in the following plan provisions was effective October 1, 2004.

**Eligible employees** Effective January 1, 1985, each employee who has attained age 21 and completed one year of Eligibility Service will participate.

**Participation date** No new participants may enter the plan after July 1, 2004.

### Definitions

**Vesting service** A year of vesting service is credited for each calendar year during which a participant completes at least 1,000 hours of service, excluding any period of service before age 18.

**Credited service** A year of credited service is credited for each calendar year during which a participant completes at least 1,000 hours of service.  
No credited service can accrue after July 1, 2004.

**Pensionable pay** Gross salary or wages, including overtime, bonuses, differentials, TSA deferrals, or other distributions paid to the Employee by the employer during the plan year.

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 65 or the 5<sup>th</sup> anniversary of employment.

**Monthly pension benefit** 1.05% of Average Final Compensation multiplied by Credited Service, plus 0.65% of Average Final Compensation in excess of Covered Compensation times Credited Service not greater than 25 years.  
Future benefit accruals were frozen as of July 1, 2004.

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### Monthly preretirement death benefit

If the employee was married, the spouse shall receive an amount as if the employee had retired on the first day of the month in which the death occurred, had chosen the joint and 66.67% survivor option, and died.

Commences immediately if the employee was eligible for early retirement at the time of death. Otherwise commences no earlier than the participant's first eligibility for early retirement.

Eligible Child benefit is equal to the normal retirement benefit reduced for early commencement and the 10 year C&C form. Benefit is payable on the first day of the month following the employee's death.

The beneficiary of a participant who dies while receiving benefits will receive a cash payment of \$1,000 from the plan.

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD.

#### Early retirement

Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.

#### Postponed retirement

Retirement after NRD.

#### Deferred vested termination

Termination for reasons other than death, disability, or retirement after completing five years of vesting service.

#### Disability

None

#### Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

### Benefits Paid Upon the Following Events

#### Normal retirement

The monthly pension benefit determined as of NRD.

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### Early retirement

The monthly pension benefit determined as of the early retirement date but reduced by 5/9 of 1% for each of the 60 months of early retirement and 5/18 of 1% for each additional month beyond 60 by which the commencement date of benefits precedes Normal Retirement Date.

### Postponed retirement

The late retirement benefit is the greater of (a) the benefit payable at the normal retirement date actuarially increased to the actual date of retirement, or (b) the benefit as determined under normal retirement, but based on final average compensation and service credited to date of retirement if suspension of benefits notice is not provided

### Deferred vested termination

The accrued benefit earned to date of termination, payable at age 65; or if participant has completed 5 years of service, payable any time on or after age 55.

### Preretirement death

If the employee was married, the spouse shall receive an amount as if the employee had retired on the first day of the month in which the death occurred, had chosen the joint and 100% survivor option, and died. Commences immediately if the employee was eligible for early retirement at the time of death. Otherwise commences no earlier than the participant's first eligibility for early retirement.

## Other Plan Provisions

### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 66.67% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

### Pension Increases

None.

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**Plan participants' contributions**

None.

**Limits on benefits and pay**

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

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## Northeast Hospital Corporation Defined Benefit Pension Plan

### Plan Provisions

Effective December 1, 2019, the Beth Israel Deaconess Medical Center Pension Plan, Milton Hospital Pension Plan, and the Northeast Hospital Corporation Defined Benefit Pension Plan was merged into the Anna Jaques Hospital Pension Plan, and subsequently renamed the Beth Israel Lahey Health Defined Benefit Plan I. Effective September 1, 2020 the Beth Israel Lahey Health Defined Benefit Plan I was merged into the New England Baptist Hospital Retirement Plan and retained the name of the Beth Israel Lahey Health Defined Benefit Plan

The following summary describes the main participation, benefit, and contribution provisions of the Plan as interpreted for the valuation.

**Effective Date** January 1, 1989.

**Amended and restated** January 1, 1976, 1978, 1983, 1985, 1988, 1990, 2001, 2003, 2005, 2009, 2012, 2014 and 2015.

**Plan Year** The calendar year.

**Contributions** All contributions for the support of the Plan are made by the participating Employers except as described below

The plan was amended effective January 1, 2003, to add a cash-balance formula. Any employee first becoming a plan participant on and after January 1, 2003, will earn benefits under the plan in accordance with the cash balance formula. In addition, any participant in the plan prior to January 1, 2003, had a one-time opportunity to either "join" the cash balance plan or continue to earn benefits under one of the final pay plans (Beverly Plan or Addison Gilbert Plan). Benefit accruals after January 1, 2003, for any participant who elected to join the cash balance plan will be in accordance with the cash balance formula

The plan was amended effective January 1, 2012, to require any employee not yet age 62 on such date to contribute annually 2% of compensation in order to continue to participate in the Beverly Plan or Addison Gilbert Plan. No contribution is required of participants in the Cash Balance Plan or those participants who elected to transfer from the Beverly Plan or Addison Gilbert Plan to the Cash Balance Plan as of January 1, 2012.

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## Beverly Plan of Hospital Corporation Defined Benefit Pension Plan

### Definitions

**Eligibility** January 1st coinciding with or next following the attainment of age 20½ and the completion of six months of continuous employment during which the employee must complete at least 500 hours of service. Any employee participating in the Addison Gilbert Plan or Cash Balance Plan may not participate in this Beverly Plan. Effective January 1, 2012, participants who had not attained age 62 as of such date are required to contribute annually 2% of compensation.

### Service

**Eligibility** 1,000 hours during the 12-month period immediately following employment or any subsequent plan year (January 1 to December 31).

**Credited Service** Each plan year during which an employee completes at least 1,000 hours of service.

**Vesting Service** Same as Credited Service.

### Compensation

**Compensation** Basic compensation paid during the year excluding overtime pay, bonuses and other forms of special pay but including salary reduction amounts. Compensation is limited to \$200,000 per year, indexed as allowed by law from 2002

**Average Compensation** Average of compensation over the five plan years that produces the highest average

### Eligibility for Benefits

#### Normal Retirement

**Eligibility** Age 65

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### Benefit Formula

Annual benefit equal to 50% of average compensation minus the maximum allowable offset under IRC Section 401(l) and prorated for fewer than 30 years of credited service. For non-highly compensated participants, the offset shall not exceed 50% of the participant's estimated Social Security benefit

The minimum annual benefit equals \$120 times the participant's years of credited service

Highly Compensated Employee - Any employee who, as of the date of termination, death, or retirement satisfied the criteria as specified under IRC §414(q). Generally, an employee will be considered highly compensated if he or she received compensation in excess of \$80,000 (indexed for years after 1997).

Maximum Allowable Offset - Equals the lesser of: (1) the Offset Percentage times Final Average Compensation (up to Covered Compensation) times years of Benefit Service (not in excess of 35 such years), or (2) 50% of the employer-derived benefit that would be provided, prior to the application of the offset but based on the participant's Final Average Compensation (up to Covered Compensation).

Final Average Compensation - Equals the average of the participant's compensation over a three-consecutive year period with the provision that compensation for any year in excess of the Social Security taxable wage base at the beginning of such year shall not be taken into account.

Offset Percentage - The offset percentage for participants born prior to 1938 is .75%. For those born between 1938 and 1954 it is .70%, and for those born after 1954 it is .65%.

Covered Compensation - The average of the Social Security taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security retirement age. In determining covered compensation for a given year, the taxable wage base for the current year and each subsequent year shall be the same as the taxable wage base in effect as of the

|                 |                                                       |
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first day of the plan year in which the determination is being made.

Social Security benefit - The estimated primary old-age insurance benefit to which the participant would be entitled upon normal retirement (or actual retirement, if later) based upon the Social Security Act in effect at such specified date.

Date Payment Commences

Payments will commence on the first day of the month coincident with or following normal retirement date.

Form of Payment

The benefits calculated in accordance with the formula above are payable monthly with payments ceasing at the retired participant's death. However, unless a married employee chooses otherwise, he or she will receive an actuarially reduced benefit that provides for continuation of half the benefit to the participant's spouse upon death of the participant

### **Early Retirement**

Eligibility

Attainment of age 55 and 5 years of Vesting Service

Benefit Formula

The same as the normal retirement benefit formula calculated as of the date of actual retirement but payments commence at age 65. Benefit is based on Average Compensation, Primary Social Security Benefit (assuming no future earnings) and Credited Service as of the date of early retirement. If the employee elects to have payments commence at his early retirement date, the monthly benefit is reduced by 5/9 of 1% for each of the first 60 months of early retirement and 5/18 of 1% for each additional month beyond 60. However, the maximum allowable offset is reduced in accordance with IRC Section 401(l).

Date Payment Commences

First day of the month following the employee's early retirement date or at normal retirement date, as elected by the employee

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Form of Payment

Same as normal retirement forms of payment.

### **Late Retirement**

Eligibility

Any employee may work beyond normal retirement date

Benefit Formula

The benefit payable at the deferred retirement date is the benefit calculated using service and compensation up to the actual retirement date.

Date Payment Commences

First day of the month following the employee's actual retirement date.

Form of Payment

Same as normal retirement forms of payment.

### **Death Before Retirement**

Eligibility

The spouse of an employee (active or inactive) who has completed 5 years of Vesting Service and dies prior to the commencement of benefits

Benefit Formula

Same as normal retirement benefit formula, but with actuarial reductions for early commencement and the 50% Joint & Survivor form of payment

Date Payment Commences

First day of the month following the employee's death

Form of Payment

Monthly payments for the lifetime of the spouse.

### **Vested Deferred Retirement**

Eligibility

Any employee who terminates employment after at least 5 years of Vesting Service

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Benefit Formula

The same as the normal retirement benefit formula calculated as of the date of employment termination but payments commence at age 65. Benefit is based on Average Compensation, Primary Social Security Benefit (assuming no future earnings) and Credited Service as of employment termination. If the employee elects to have payments commence at his employment termination, the monthly benefit is reduced by 5/9 of 1% for each of the first 60 months of early commencement and 5/18 of 1% for each of the next 60 months and by actuarial equivalence factors thereafter. However, the maximum allowable offset is reduced in accordance with IRC Section 401(l).

Date Payment Commences

First day of any month following termination of employment

Form of Payment

Same as normal retirement forms of payment.

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## Addison Gilbert Plan of Hospital Corporation Defined Benefit Pension Plan

### Definitions

**Eligibility** Effective January 1, 1985, each employee hired prior to January 1, 1996 who has attained age 21 and completed one year of Eligibility Service will participate. Any employee participating in the Beverly Plan or Cash Balance Plan may not participate in this Addison Gilbert Plan. Effective January 1, 2012, participants who had not attained age 62 as of such date are required to contribute annually 2% of compensation.

### Service

**Benefit Service** 1,000 hours during the 12-month period immediately following employment or any subsequent plan year (January 1, to December 31).

**Benefit Service** Service as a participant. Credit is based on hours worked after January 1, 1977 and elapsed time before January 1, 1977.

**Vesting Service** Plan years on or after age 18 in which the employee completes at least 1,000 hours.

### Compensation

**Compensation** Total compensation as a participant (annualized if less than 2,000 hours in a plan year), but not in excess of \$200,000 per year, indexed as allowed by law from 2002.

**Average Compensation** Average of compensation over any five plan years in the last ten that produced the highest average (including the year of termination).

### Eligibility for Benefits

#### Normal Retirement

**Eligibility** Later of attainment of age 65 and the earlier of five years of Vesting Service or 5 years of participants.

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Benefit Formula Annual benefit equal to 45% of Average Compensation less 50% of Primary Social Security Benefit, prorated for Benefit service less than 30 years.

Primary Social Security benefit - The estimated primary old-age insurance benefit to which the participant would be entitled upon normal retirement (or actual retirement, if later) based upon the Social Security Act in effect at such specified date.

Date Payment Commences Payments will commence on the first day of the month coincident with or following normal retirement date.

Form of Payment The benefits calculated in accordance with the formula above are payable monthly with payments ceasing at the retired participant's death. However, unless a married employee chooses otherwise, he or she will receive an actuarially reduced benefit that provides for continuation of half the benefit to the participant's spouse upon death of the participant.

### Early Retirement

Eligibility Attainment of age 55 and 5 years of Vesting Service.

Benefit Formula The same as the normal retirement benefit formula calculated as of the date of actual retirement but payments commence at age 65. Benefit is based on Average Compensation, Primary Social Security Benefit (assuming no future earnings) and Benefit Service as of the date of early retirement. If the employee elects to have payments commence at his early retirement date, the monthly benefit is reduced by 2/10 of 1% for each of the first 36 months of early retirement and 4/10 of 1% for each additional month beyond 36.

Date Payment Commences First day of the month following the employee's early retirement date or at normal retirement date, as elected by the employee.

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Form of Payment

Same as normal retirement forms of payment.

### **Late Retirement**

Eligibility

Any employee may work beyond normal retirement date

Benefit Formula

The benefit payable at the deferred retirement date is the greater of the benefit payable at the normal retirement date, increased by  $\frac{3}{4}$  of 1% for each month of deferral or the benefit calculated using service and compensation up to the actual retirement date.

Date Payment Commences

First day of the month following the employee's actual retirement date.

Form of Payment

Same as normal retirement forms of payment.

### **Disability Retirement**

Eligibility

Permanently disabled and attainment of age 50 and 15 years of Vesting Service.

Benefit formula

Same as early retirement benefit formula, but unreduced for early commencement.

Date Payment Commences

First day of the month following satisfaction of eligibility requirements for a disability benefit.

Form of Payment

Same as normal retirement forms of payment.

### **Death Before Retirement**

Eligibility

The spouse of an employee (active or inactive) who has completed 5 years of Vesting Service and dies prior to the commencement of benefits

Benefit Formula

Same as normal retirement benefit formula, but with actuarial reductions for early commencement and the 50% Joint & Survivor form of payment

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|                        |                                                                                                                                                                                                                                       |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Payment Commences | First day of the month following the employee's death, if the employee was over age 55. If the employee was not over age 55 at death, the spouse must defer commencement of the benefit until the employee would have reached age 55. |
| Form of Payment        | Monthly payments for the lifetime of the spouse.                                                                                                                                                                                      |
| Eligibility            | Any employee who terminates employment after at least 5 year of vesting service.                                                                                                                                                      |
| Benefit Formula        | Same as early retirement formula                                                                                                                                                                                                      |
| Date Payment Commences | First day of any month following age 55 but not later than age 65.                                                                                                                                                                    |
| Form of Payment        | Same as normal retirement forms of payment                                                                                                                                                                                            |

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## Cash Balance Plan of Hospital Corporation Defined Benefit Pension Plan

### Definitions

#### Participation

Any participant who was a member of the Plan on December 31, 2002, and made an irrevocable election to be covered by the terms of the cash balance plan is a participant of the cash balance plan. Effective January 1, 2003, an employee becomes a participant on the first day of the month which coincides with or next follows the day on which the employee attains age 21 and completes one year of eligibility service. A year of eligibility service is credited if an employee completes at least 1,000 hours of service during a twelve-month period immediately following the employee's hire date. Should an employee fail to complete at least 1,000 hours of service during this time period, a year of eligibility service is credited if an employee completes at least 1,000 hours of service during a subsequent plan year.

#### Compensation

Each year's total compensation includes any employee pre-tax contributions under IRC Sections 125, 402(a)(8), 402(h) and 403(b). Compensation is limited to \$200,000, indexed as allowed by law from 2002.

#### Vesting Service

One year of vesting service is credited for each twelve months of employment (i.e., vesting service is said to be determined on an "elapsed time" basis).

#### Accrued Benefit

The accrued benefit payable at age 65 is based upon the value of the cash balance account. The cash balance account is converted to an accrued benefit as of the pension start date and in accordance with applicable IRS regulations using the IRS Interest Rate and IRS Mortality Table as defined by the Plan.

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### Cash Balance Account

The sum of the initial account balance and all Compensation Credits and Interest Credits awarded throughout the period of plan participation. An initial account balance was established as of January 1, 2003 for each active plan participant equal to the actuarially equivalent lump-sum value of his/her 12/31/2002 accrued benefit under the final pay plan determined using the IRS Interest Rate and IRS Mortality Table (as such terms are defined by the Plan) in effect for the 2003 plan year.

### Compensation Credit

As of each 12/31 (or as of a participant's date of termination, retirement or death, if earlier), a participant's cash balance account is credited with an annual compensation credit equal to a percentage of his/her compensation for that year (while a participant) based upon the sum of his/her "age + Vesting Service (as an Employee)" as follows:

| Age + Service | % Compensation |
|---------------|----------------|
| Less than 30  | 2.00%          |
| 30 – 39       | 2.50%          |
| 40 – 49       | 3.00%          |
| 50 – 59       | 3.50%          |
| 60 or higher  | 4.00%          |

### Interest Credit

As of 12/31 of each plan year (or as of a participant's date of termination, retirement or death if earlier), a participant's cash balance account is credited with an annual interest credit equal to his/her prior 12/31 account balance multiplied by an interest rate which equals the IRS Interest Rate (December 30 year Treasury Rate in the year prior) for the plan year as defined by the Plan.

## Eligibility for Benefits

### Normal Retirement

Eligibility Age 65 or attained age, if later.

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|         |                                                       |
|---------|-------------------------------------------------------|
| Benefit | The accrued benefit calculated at date of retirement. |
|---------|-------------------------------------------------------|

### Early Retirement

|             |                                                     |
|-------------|-----------------------------------------------------|
| Eligibility | Age 55 with at least five years of vesting service. |
|-------------|-----------------------------------------------------|

|         |                                                                                                                                                                                                                           |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit | The accrued benefit calculated at date of retirement and reduced by 5/9ths of 1% for each of the first 60 months and 5/18ths of 1% for each of the next 60 months by which the pension commencement date precedes age 65. |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Vested Termination

|             |                                          |
|-------------|------------------------------------------|
| Eligibility | At least three years of vesting service. |
|-------------|------------------------------------------|

|         |                                                                                  |
|---------|----------------------------------------------------------------------------------|
| Benefit | The accrued benefit calculated at the date of termination and payable at age 65. |
|---------|----------------------------------------------------------------------------------|

### Death Benefit

|             |                                                            |
|-------------|------------------------------------------------------------|
| Eligibility | Death of a participant prior to the pension starting date. |
|-------------|------------------------------------------------------------|

|         |                                                                                                                                   |
|---------|-----------------------------------------------------------------------------------------------------------------------------------|
| Benefit | The cash balance account as of the last day of the month in which the death of the participant occurs is paid to the beneficiary. |
|---------|-----------------------------------------------------------------------------------------------------------------------------------|

### Normal Form of Pension

If the participant is not married at the time of retirement, the normal form of pension is a single life annuity. If the participant is married at the time of his or her retirement, the normal form of pension is an actuarially adjusted 50% joint-and-survivor pension with the participant's spouse as beneficiary.

|                 |                                                       |
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### Optional Benefits in Lieu of Regular Benefits

Include the following:

- a joint and 50% survivor annuity of equivalent actuarial value;
- a joint and 66 2/3% survivor annuity of equivalent actuarial value;
- a joint and 75% survivor annuity of equivalent actuarial value;
- a joint and 100% survivor annuity of equivalent actuarial value;
- a 10-years certain and life annuity of equivalent actuarial value;
- a lump-sum payment

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## New England Baptist Hospital Retirement Plan

### Plan Provisions

The plan was established January 1, 1968. The plan was restated effective October 1, 2012, and most recently amended effective August 1, 2015.

**Eligible employees**

All employees hired prior to February 11, 2010 who meet participation eligibility.

**Participation date**

Employees become covered by the plan on the April 1st or  
October 1st next following the completion of one year of employment with 1,000 hours and have attained age 21.

The plan is closed to any employee who was not a Participant in the plan by February 11, 2010.

### Definitions

**Vesting service**

A year of vesting service is credited for each calendar year during which a participant completes at least 1,000 hours of service.

**Credited service**

A year of credited service is credited for each calendar year during which a participant completes at least 1,000 hours of service.

**Pensionable pay**

Total earnings for a calendar year reported as wages on IRS Form W-2 excluding earnings for unused vacation, sick leave, or earned time reimbursements payable at termination plus the amount of elective contributions made by NEBH on behalf of the employee that is not includible in gross income under Sections 125, 402(e)(3), 402(h), 403(b), 457(b), or, effective October 1, 2001, Section 132(f)(4).

**Normal retirement date (NRD)**

First of month coinciding with or next following the attainment of age 65.

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### Monthly pension benefit

The greater of a. or b.:

- ☐ The sum of i. and ii.:
  - (1.25% \* reduction factor) of the participant's average annual compensation multiplied by benefit service earned prior to 10/01/1989
  - (0.70% \* reduction factor) of the participant's average annual compensation multiplied by benefit service earned on or after 10/01/1989
- ☐ The sum of iii and iv:
  - 1.25% of the participant's average annual compensation as of 2/11/2010 multiplied by benefit service earned prior to 10/1/1989.
  - 0.70% of the participant's average annual compensation as of 2/11/2010 multiplied by benefit service earned on or after 10/1/1989 through 2/11/2010.

Note: The sum of the total benefit service included in a. and b. is capped at 25 years.

Benefits for participants with less than 5 years of vesting service on 2/11/2010 were frozen as of 2/11/2010.

Reduction Factor: For participants with 93 points or more as of 2/1/2010, the reduction factor is 90%. For participants with less than 93 points as of 2/11/2010, the reduction factor is 75%.

Points: The sum of a. and b.:

- ☐ Age as of 2/11/2010
- ☐ Vesting Service as of 2/11/2010 multiplied by 1.50

|                 |                                                       |
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### Monthly preretirement death benefit

If the employee was married, the spouse shall receive an amount as if the employee had retired on the first day of the month in which the death occurred, had chosen the 50% joint and survivor option, and died. Commences immediately if the employee was eligible for early retirement at the time of death. Otherwise commences no earlier than the participant's first eligibility for early retirement.

### Enhanced Early Retirement Program

Enhanced Benefit: An Early Retirement Window Participant shall be entitled to receive the Monthly Pension Benefit above plus a monthly Enhanced Benefit determined as follows:

- ☐ For a 90% grandfathered employee,  $1/12^{\text{th}}$  of 0.63% ( $0.7\% \times 90\%$ ) of the participant's average annual compensation multiplied by three years of benefit service.
- ☐ For a 75% grandfathered employee  $1/12^{\text{th}}$  of 0.525% ( $0.7\% \times 75\%$ ) of the participant's average annual compensation multiplied by three years of benefit service.

The Enhanced Benefit is available in the same payment forms as the Normal Benefit.

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD.

#### Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.

#### Postponed retirement

Retirement after NRD.

#### Deferred vested termination

Termination for reasons other than death, or retirement after completing five years of vesting service.

#### Disability

None

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### Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

### Enhanced Early Retirement Program

A participant who satisfies all of the following (an "Early Retirement Window Participant") was eligible for the Enhanced Early Retirement Program:

- The participant is 65 years or older on September 30, 2015;
- The participant was not hired or rehired within the two year period preceding July 1, 2015;
- The participant is not employed by NEMBA
- The participant has agreed weekly hours of 20 or more;
- The participant timely applies for early retirement during election period from July 22, 2015 through August 6, 2015, and his or her application for retirement is accepted by NEBH;
- The participant retires on the date specified by NEBH; and
- The participant is actively accruing a benefit as a 90% grandfathered employee or 75% grandfathered employee.

### Benefits Paid Upon the Following Events

#### Normal retirement

The monthly pension benefit determined as of NRD.

#### Early retirement

The monthly pension benefit determined as of the early retirement date but reduced by 5/9 of 1% for each month benefit up to 60 months and 5/18 of 1% for each month over 60 months that commencement precedes the participant's Normal Retirement Date.

#### Postponed retirement

Monthly pension benefit determined as of actual retirement date.

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### Deferred vested termination

The monthly pension benefit determined as of age 65 but reduced by 5/9 of 1% for each month benefit up to 60 months and 5/18 of 1% for each month over 60 months that commencement precedes the participant's Normal Retirement Date if the participant was eligible for early retirement and reduced with actuarial equivalence if the participant was not eligible for early retirement.

### Preretirement death

Monthly pre-retirement spouse or beneficiary benefit is payable. If the participant was eligible for early retirement, the benefit is payable immediately. Otherwise commences no earlier than the participant's first eligibility for early retirement.

## Other Plan Provisions

### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms, including lump sums, are available on an actuarially equivalent basis. The lump sum is calculated as the present value of the age 65 benefit.

### Pension Increases

None.

### Plan participants' contributions

None.

### Limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost.

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### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

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**See**

**Audited Financial**

**Statements**

**For**

**Schedule of Assets Held**

**(Schedule H 4i)**

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of July 1, 2023**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| Shortfall    | 07/01/2023       | 32,371,475     | 15.00000                              | 32,371,475          | 2,964,603            |
| Shortfall    | 07/01/2022       | 18,164,187     | 14.00000                              | 17,481,158          | 1,678,579            |
| Shortfall    | 07/01/2021       | (1,089,454)    | 13.00000                              | (1,004,030)         | (101,582)            |
| Shortfall    | 07/01/2020       | 53,512,767     | 12.00000                              | 42,896,946          | 4,599,173            |
| Total        |                  |                |                                       | 91,745,549          | 9,140,773            |

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### Schedule SB, Line 24 Change in Actuarial Assumptions

- The cash balance interest crediting rate was updated for Beth Israel Deaconess Medical Center Pension Plan and Northeast Hospital Corporation Defined Benefit Pension Plan to 5.25%, to better reflect current market conditions.

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