

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN II</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BETH ISRAEL LAHEY HEALTH, INC.</u></p> <p><u>SCHRAFFT'S CITY CENTER 4TH FLOOR</u> <u>529 MAIN STREET, TAX DEPT.</u> <u>CHARLESTOWN, MA 02129</u></p>	<p>1c Effective date of plan <u>01/01/1972</u></p> <p>2b Employer Identification Number (EIN) <u>83-2671600</u></p> <p>2c Plan Sponsor's telephone number <u>617-278-8800</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	5973
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1884
	6a(2)	1732
	6b	2138
	6c	1783
	6d	5653
	6e	178
	6f	5831
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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:

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

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

- a Pension Schedules**
- (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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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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 <u>BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN II</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BETH ISRAEL LAHEY HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>83-2671600</u>	
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 <u>07</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value	2a	<u>509476132</u>	
b Actuarial value	2b	<u>542223132</u>	
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	<u>2232</u>	<u>275978288</u>	<u>275978288</u>
b For terminated vested participants	<u>1867</u>	<u>109386137</u>	<u>109386137</u>
c For active participants	<u>1884</u>	<u>286799565</u>	<u>287912204</u>
d Total	<u>5983</u>	<u>672163990</u>	<u>673276629</u>
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	<u>5.25 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>4728000</u>	
c Target normal cost	6c	<u>4728000</u>	

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

SIGN HERE Signature of actuary <u>JENNIFER BURNS</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>75 ARLINGTON ST, FLOOR 2</u> <u>BOSTON, MA 02116</u> Address of the firm	<u>03/25/2025</u> Date <u>23-07363</u> Most recent enrollment number <u>617-638-3700</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16892744
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	16840802
9	Amount remaining (line 7 minus line 8)	0	51942
10	Interest on line 9 using prior year's actual return of <u>7.60</u> %	0	3948
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		14048862
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.43</u> %		762853
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		14811715
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	55890
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.53 %
15	Adjusted funding target attainment percentage	15	80.53 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/13/2023	4089446	0					
01/12/2024	4089446	0					
04/15/2024	4089000	0					
07/12/2024	4100000	0					
09/16/2024	25000000	0					
			Totals ▶	18(b)	41367892	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	39328244

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	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	4728000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	131053497	13447317	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	18175317	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	18175317	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	39328244	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	21152927	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN II	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BETH ISRAEL LAHEY HEALTH, INC.	D Employer Identification Number (EIN) 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

ARCHIPELAGO PARTNERS, L.P.

04-2683227

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

CITY OF LONDON INV MGT CO LTD. **77 GRACECHURCH STREET**
LONDON, ENGLAND EC3V0AS GB

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

DAVIDSON KEMPNER ADVISERS, INC.

13-3594751

(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

THE VANGUARD GROUP

23-1945930

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

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

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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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 17	NONE	250132	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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	134517	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 CO.

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 28 50 62 99	TRUSTEE	97051	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	59387	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)

BETH ISRAEL LAHEY HEALTH

83-2671600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN SPONSOR	51827	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 68	NONE	43131	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)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	30230	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14176	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN II</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BETH ISRAEL LAHEY HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>83-2671600</u>	

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

c EIN-PN <u>20-8080381-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26012170</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET REAL ASSET NL FUND

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

c EIN-PN <u>90-0337987-291</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17896379</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: THE EMERGING (FREE) MKTS COUNTRY FD

b Name of sponsor of entity listed in (a): CITY OF LONDON INVESTMENT MGMT

c EIN-PN <u>51-6548874-004</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24355020</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG US TREAS INDEX FD

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

c EIN-PN <u>03-0511227-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39500582</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET 3-10 YR US TREAS INDEX

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

c EIN-PN <u>04-0025081-477</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17987792</u>
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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

c EIN-PN <u>04-6832069-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24950828</u>
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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

c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59814984</u>
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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		
c EIN-PN 90-0337987-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36050647
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET FTSE RAFI US 1000 IND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
c EIN-PN 06-6556853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35059509
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MCSI EAFE 100 HEDGED		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
c EIN-PN 47-6972341-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19942525
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC US SMALL CAP EQUITY CIT		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 86-6497312-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20000000
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC EMERGING MKTS EQUITY CIT		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 86-6497312-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5010007
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC GLOBAL EQUITY CIT		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 86-6497312-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45000000
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN II	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 BETH ISRAEL LAHEY HEALTH, INC.	D Employer Identification Number (EIN) 83-2671600

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15000000	29100000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	58186	64537
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14047140	9071315
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	46968	46968
(5) Partnership/joint venture interests	1c(5)	61511299	69739593
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	40822433	347225424
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	21929837	24355020
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	356181868	66619464
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	124871	124871

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	509722602	546347192
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	509722602	546347192

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	41367892	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		41367892
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1386820	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1386820
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		11096706
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11096706	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11096706
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	39	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1484	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		8229546
(B) Other	2b(5)(B)	8229546	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1537507
(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)		2425183
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		28128616
c Other income.....	2c		988
d Total income. Add all income amounts in column (b) and enter total.....	2d		94171813

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	52398958	
(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)		52398958
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	73563	
(5) Investment advisory and investment management fees.....	2i(5)	207888	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	97051	
(7) Actuarial fees.....	2i(7)	250132	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	4519631	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5148265
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		57547223

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36624590
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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 534228.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan BETH ISRAEL LAHEY HEALTH DEFINED BENEFIT PLAN II	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BETH ISRAEL LAHEY HEALTH, INC.	D Employer Identification Number (EIN) 83-2671600	

Part I	Distributions
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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
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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): 04-1782600

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	94
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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.)
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 45.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 34.7 %
 High-Yield Debt: 1.1 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.8 % Other: 17.1 %

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 II

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

Beth Israel Lahey Health Defined Benefit Plan II

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

Beth Israel Lahey Health Defined Benefit Plan II

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Independent Auditor's Report

To the Plan Administrator
Beth Israel Lahey Health Defined Benefit Plan II
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 II (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

Beth Israel Lahey Health Defined Benefit Plan II

Statements of Net Assets Available for Benefits

(in thousands)

June 30,	2024	2023
Assets		
Investments, at fair value:		
Common stocks	\$ 47	\$ 47
Short-term investments	9,071	14,047
Common/collective trust funds	371,582	62,753
Limited partnerships	69,740	61,511
Foreign corporations	125	125
Mutual funds	66,619	350,325
Registered investment companies	-	5,857
Total Investments, at fair value	517,184	494,665
Receivables:		
Employer contribution receivable	29,100	15,000
Accrued interest	64	58
Total Receivables	29,164	15,058
Total Assets	546,348	509,723
Net Assets Available for Benefits	\$ 546,348	\$ 509,723

See accompanying notes to financial statements.

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

(in thousands)

<i>Years ended June 30,</i>	2024	2023
Additions:		
Investment Income:		
Net appreciation in fair value of investments	\$ 40,319	\$ 27,695
Interest and dividend income	12,484	11,927
Total Investment Income	52,803	39,622
Other Income	1	-
Employer Contributions	41,368	15,000
Total Additions	94,172	54,622
Deductions:		
Benefits paid directly to participants	52,399	62,380
Administrative expenses	5,148	6,717
Total Deductions	57,547	69,097
Net Increase (Decrease)	36,625	(14,475)
Net Assets Available for Benefits, beginning of year	509,723	524,198
Net Assets Available for Benefits, end of year	\$ 546,348	\$ 509,723

See accompanying notes to financial statements.

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(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 Plymouth and Lahey Clinic Foundation Inc. (collectively the “Hospitals”) are hospitals that are included in the System.

Effective September 1, 2020, the Lahey Clinic Foundation Inc. Pension Plan (the “Lahey Plan”) merged into The Beth Israel Deaconess Hospital Plymouth Retirement Plan (the “Plymouth Plan”) to form the Beth Israel Lahey Health Defined Benefit Plan II (the “BILH DB Plan II” or the “Plan”) and the sponsorship of the Plan transferred to BILH. Each individual plan retained the responsibility to oversee the management of their portion of the assets of the newly formed BILH DB Plan II. There was no effect on the benefits of the participants of the Plymouth Plan or the Lahey Plan as a result of the merger.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (“GAAP”) requires management to make estimates and assumptions that affect the reported amounts of assets, 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, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan sponsor’s Investment Committee determines the plan valuation policies utilizing information provided by the investment advisers and trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

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 are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the participant's average five-year final compensation. 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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The plan expenses are paid either by the Plan or the Hospitals, as provided by the plan document. Expenses that are paid directly by the Hospitals are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. 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

The Plan has evaluated subsequent events through April 9, 2025, which is the date the financial statements were available to be issued. The plan administrator is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

3. Description of the Plan

The Plan is a noncontributory defined benefit plan, which provides for pension and death benefits for certain employees of the Hospitals. The following descriptions of the Hospitals' plans provide only general information. Participants should refer to the respective plan agreements for a complete description of each plan's provisions. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 ("ERISA")

Plymouth Plan

Beth Israel Deaconess Plymouth froze the service and benefit accruals under the defined benefit pension plan for approximately half of its participants, effective January 31, 1995. The remaining participants received benefits based on service until September 30, 1996, at which point the service and benefit accruals were frozen for all participants.

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

Effective July 1, 2020, the plan year was changed from July 1 to June 30.

The Plymouth Plan was established on January 1, 1972, to provide benefits to the Plymouth Hospital's eligible employees ("participants"). An employee's participation in the Plymouth Plan began on the first day of the month after he/she 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. All investments are non-participant directed.

Employees who have completed five or more years of vesting service are entitled to pension benefits beginning at the normal retirement age of 65. For those participants represented by the Massachusetts Nursing Association ("MNA"), the monthly pension benefit is equivalent to one-twelfth of the difference between 1.67% of the participant's five-year final average annual compensation and 1.67% of the participant's primary social security amount multiplied by the participant's benefit service years, not to exceed 30 years. For non-MNA participants, the monthly pension benefit is equivalent to one-twelfth of the difference between 2% of the participant's five-year final average annual compensation and 2% of the participant's primary social security amount multiplied by the participant's benefit service years, not to exceed 25 years. The Plymouth Plan permits early retirement at age 55, provided that the participant has completed five years of vesting service.

Employees may elect to receive the value of their accumulated plan benefits upon retirement or termination as a life annuity, joint and one-half survivor annuity, joint and two-thirds survivor annuity, joint and three-quarters survivor annuity, joint and full survivor annuity, or 10-year certain and continuous annuity. Under certain circumstances, a lump-sum distribution may be paid.

An employee who is age 35 or older, has completed five years of vesting service, has not waived pre-retirement death benefit coverage, and who has died prior to retirement will have his/her spouse receive benefits as if the deceased employee had elected a joint and one-half survivor annuity option, which is actuarially reduced for each month the option is in effect, up to a maximum reduction of 7%.

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.

Lahey Plan

Eligible employees are those of the Lahey Clinic Foundation, Inc. ("Foundation"), Lahey Clinic, Inc. ("Clinic"), and the Lahey Clinic Hospital, Inc. ("Lahey Hospital") who have met certain requirements as to length of service and age. The significant provisions of the Lahey Plan include eligibility at age 21 and the completion of one year of service, subject to certain limitations as described in the plan document.

The following are various amendments to the Lahey Plan and other related organizational changes that affect the Lahey Plan:

- On April 26, 2010, the Foundation Board of Trustees approved limiting eligibility to the Lahey Plan to employees hired before August 1, 2010. Those employees hired before August 1, 2010, were given a one-time option of remaining in the Lahey Plan and continuing to accrue

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

service or choosing to participate in the enhanced defined contribution plan and have their service frozen as of January 1, 2011. However, any future pay increases will apply when calculating their benefit. Employees hired or rehired on or after August 1, 2010, were automatically enrolled into the defined contribution plan. The last date an employee was able to enter the Lahey Plan was October 1, 2011, if they met plan entry criteria. Employees in the Lahey Plan must work at least 1,000 hours each year to continue plan participation.

- The Lahey Health System Board of Trustees voted June 28, 2013, to freeze the Lahey Plan effective December 31, 2014. Participants in the Lahey Plan will not accrue a future benefit after December 31, 2014. In connection with the plan freeze, effective January 1, 2015, certain enhancements and modifications have been made to the Lahey Clinic 403(b) Retirement Savings Plan.

Participants are eligible to receive a non-forfeitable benefit after completing five years of vesting service. Married participants must elect to receive their benefit in the form of a joint and survivor annuity or document spousal waiver. Participants may also elect a single life annuity, a contingent annuity, or a certain and continuous annuity. Lahey Plan participants who terminate their employment on or after January 1, 2011, may choose the lump-sum form of payment, available for a limited period of time post termination. Participants generally begin collecting benefits at age 65. However, they may collect a reduced benefit as early as age 55. Upon termination of employment, if the participant's lump-sum value of the benefit is less than \$1,000, the benefit is automatically paid out as a single lump sum.

The annual pension benefit at normal retirement age is the sum of the following pieces:

1. 1.1125% of the participant's average annual salary up to the social security covered compensation plus 1.725% of the participant's average annual salary greater than the social security covered compensation for the year of birth multiplied by the years of benefit service up to 35 years. Average annual salary is defined as the average of the three highest consecutive annual salaries of the last 10 years.
2. 1.25% of the participant's annual average salary times the years of benefit service over 35 years.

If a participant dies before they start receiving retirement benefits, pre-retirement death benefits may be payable to the surviving spouse (if a participant is married when they die) or to a designated beneficiary (if the participant is not married). Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefit that they have accumulated as of the time they become disabled, providing they have completed 15 years of service. Alternatively, disabled participants can defer receipt until normal retirement age and continue to earn benefit service.

4. Certified Information

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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:

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

- 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 \$120,377 and \$62,753 and limited partnership of \$69,740 and \$61,511, 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 \$12,886 and \$6,036, respectively.
- Investment information included in the supplemental Schedule H-Line 4i-- Schedule of Assets (Held at End of Year) as of June 30, 2024, except for common/collective trust funds of \$120,377 and limited partnership of \$69,740, and Schedule H, Line 4j - 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 unobservable 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">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means.
---------	---

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

Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
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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 maximize the use of observable inputs and minimize the use of unobservable inputs.

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2024 and 2023.

Registered Investment Companies

Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Stock

Valued at the closing price reported on the active market on which the individual securities are traded.

Short-term Investments

Valued at the closing price reported in the active markets in which the individual investments are traded.

Mutual Fund Investments

Valued at the daily closing NAV 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 (“CCT”)

Common/collective trusts 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.

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.

Foreign Corporations

Includes securities that are valued at the closing price as reported on the active market in which the individual securities are traded. This also includes securities that are valued at fair value as determined by the Plan’s investment manager and approved by the trustee. The fair value as

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

reported by the audited financial statements, which is based on the fair value of the underlying investments (NAV), is considered in determining the fair value of the foreign corporations.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes that its valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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
Common stocks	\$ 47	\$ -	\$ -	\$ 47
Short-term investments	9,071	-	-	9,071
Mutual funds	66,619	-	-	66,619
Foreign corporations	125	-	-	125
Total Assets in the Fair Value Hierarchy	\$ 75,862	\$ -	\$ -	75,862
Limited partnerships*				69,740
Common/collective trust funds*				371,582
Total Investments at Fair Value				\$ 517,184

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
Common stocks	\$ 47	\$ -	\$ -	\$ 47
Short-term investments	14,047	-	-	14,047
Mutual funds	350,325	-	-	350,325
Foreign corporations	125	-	-	125
Registered investment companies	5,857	-	-	5,857
Total Assets in the Fair Value Hierarchy	\$ 370,401	\$ -	\$ -	370,401
Limited partnerships*				61,511
Common/collective trust funds*				62,753
Total Investments at Fair Value				\$ 494,665

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

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

The following table summarizes 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 this investment; the redemption notice period is applicable only to the Plan.

Common/Collective Trust

Investment Type	Fair Value 2024	Fair Value 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Loomis Sayles Strategic Alpha Trust	\$ 26,012	\$ 23,924	None	Daily	15 days
City of London Emerging (Free) Markets	24,355	21,930	None	Monthly	30 days
State Street Global Advisors Real Asset Non-Lending Fund	17,896	16,899	None	Daily	At any time
State Street Long U.S. Treasury Index	39,501	-	None	Daily	At any time
State Street 3-10 Year U.S. Treasury Index	17,988	-	None	Daily	At any time
State Street MSCI EAFE Index CTF	24,951	-	None	Daily	At any time
State Street S&P 500 Flagship Index Non-Lending Fund	59,815	-	None	Daily	At any time
State Street 20+ Year U.S. Treasury Strips Index	36,051	-	None	Daily	At any time
State Street FTSE RAFI U.S. 1000 Index	35,060	-	None	Daily	At any time
State Street MSCI EAFE 100% Hedged to USD Index	19,943	-	None	Daily	At any time
NEPC U.S. Small Cap Equity CIT	20,000	-	None	Weekly/Daily	5 Days
NEPC Emerging Markets Equity CIT	5,010	-	None	Daily	10 Days
NEPC Global Equity CIT	45,000	-	None	Daily	15 Days

Limited Partnerships

Investment Type	Fair Value 2024	Fair Value 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Wellington Archipelago Partners, LP	\$ 56,655	\$ 49,479	None	Quarterly	45 days
Davidson Kempner International	13,081	12,028	None	Quarterly	65 days

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

- The Wellington Archipelago Partners, LP seeks capital appreciation through investing in certain private investment partnerships or other pooled vehicles which concentrate their investment programs in specific industries and sectors or markets.
- Davidson Kempner International is a multi-strategy fund with an event-driven focus that invests in special purpose vehicles, equities, and derivative contracts.

6. Accumulated Plan Benefits

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

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

June 30, 2023

Vested Benefits:

Participants currently receiving benefits	\$	488,647
Other vested participants		92,559
Non-Vested Accumulated Benefits		970

Total Actuarial Present Value of Accumulated Plan Benefits	\$	582,176
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The components of the change in the actuarial present value of accumulated plan benefits are as follows:

Year ended July 1, 2023

Actuarial Present Value of Accumulated Plan Benefits, beginning of year	\$	592,053
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Increase (Decrease) During the Year Attributable to:

Benefits accumulated and actuarial losses	15,006
Decrease in the discount period	37,017
Actual benefits paid	(62,380)
Assumption changes	480

Net Decrease	(9,877)
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Actuarial Present Value of Accumulated Plan Benefits, end of year	\$	582,176
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Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

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

Retirement	Normal retirement age - 70
Assumed rate of interest	6.6%
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 Hospitals to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023, the Hospitals made contributions of \$41,368 and \$15,000, respectively. Each year, the Hospitals contribute to the Plan such amounts that have been actuarially determined to pay benefits in the future to employees now active and/or eligible for benefits based upon the Hospitals' funding policy. The Plan met the minimum funding requirements under ERISA for the years ended June 30, 2024 and 2023.

Although it has not expressed any intention to do so, BILH 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, as described in ERISA.
- 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 retirement age 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.

Beth Israel Lahey Health Defined Benefit Plan II

Notes to Financial Statements

(in thousands)

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 plan sponsor and the level of benefits guaranteed by the PBGC.

9. Risk 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 could materially affect the amounts reported on the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

As of June 30, 2024 and 2023, three investments comprised 35% and 55% 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 (the Plymouth Plan and the Lahey Plan) by letters dated March 30, 2018, and July 26, 2013, respectively, 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 being operated, in compliance with the applicable requirements of the IRC, and therefore believes that the BILH Plan II, 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 (or asset) 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 and Party-in-Interest Transactions

Certain plan investments are managed by State Street. State Street is the trustee as defined by the Plymouth Plan and Lahey Plan, and therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan to the parties-in-interest for the years ended June 30, 2024 and 2023, were \$97 and \$138, respectively. The Hospitals pay directly certain fees related to the Plan's operations.

Supplemental Information

Beth Israel Lahey Health Defined Benefit Plan II

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

(in thousands, except shares and units)

EIN: 83-2671600

Plan Number: 002

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value	
Common Stocks:				
I Pulse Inc.	3,194 shares	\$ 6	\$ 27	
Gov High Power Exploration	150,000 shares	294	20	
Total Common Stocks		300	47	
Short-term Investments:				
* State Street Short Term Institutional Money Market Fund ("STIF")	9,071,315 shares	9,071	9,071	
Total Short-term Investments		9,071	9,071	
Common/Collective Trust Funds:				
Loomis Strategic Alpha Trust	1,719,245 shares	21,407	26,012	
City of London Emerging (Free) Markets Country Fund	508,587 shares	6,923	24,355	
* State Street Real Asset Non-Lending Fund	1,010,923 shares	11,674	17,896	
* State Street Long U.S. Treasury Index	1,860,602 shares	40,000	39,501	
* State Street 3-10 Year U.S. Treasury Index	993,197 shares	18,000	17,988	
* State Street MSCI EAFE Index CTF	181,001 shares	25,000	24,951	
* State Street S&P 500 Flagship Index Non-Lending Fund	40,660 shares	60,000	59,815	
* State Street 20+ Year U.S. Treasury Strips Index	2,962,742 shares	37,000	36,051	
* State Street FTSE RAFI U.S. 1000 Index	789,878 shares	35,000	35,060	
* State Street MSCI EAFE 100% Hedged to USD Index	909,206 shares	20,000	19,943	
NEPC U.S. Small Cap Equity CIT	1,679,374 shares	20,000	20,000	
NEPC Emerging Markets Equity CIT	540,903 shares	5,000	5,010	
NEPC Global Equity CIT	3,873,967 shares	45,000	45,000	
Total Common/Collective Trust Funds		345,004	371,582	
Limited Partnerships:				
Wellington Archipelago Partners, LP	1,299,961 units	1,300	56,655	
Davidson Kempner International	9,900,000 shares	9,900	13,081	
Dpe Orri, LLC (Direct Petroleum)	200,000 shares	-	4	
Total Limited Partnerships		11,200	69,740	
Foreign Corporations:				
Albrook Gold Corp	600,000 shares	116	120	
Canadian Oil Rec Enterprise	138,436 shares	52	5	
Total Foreign Corporations		168	125	
Mutual Funds:				
Vanguard Long-term Investment Grade Admiral Shares	8,697,058 shares	80,897	66,619	
Total Mutual Funds		80,897	66,619	
Total Assets Held		\$ 446,640	\$ 517,184	

* A party-in-interest as defined by ERISA

Beth Israel Lahey Health Defined Benefit Plan II

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

(in thousands)

EIN: 83-2671600
Plan Number: 002

Year ended June 30, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Cost of Purchases	Selling Price	Cost of Asset Sold	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets: **						
*State Street MSCI EAFE Index CTF		\$ 25,000	\$ -	\$ -	\$ 25,000	\$ -
*State Street S&P 500 Flagship Index Non-Lending Fund		60,000	-	-	60,000	-
*State Street 20+ Year U.S. Treasury Strips Index		37,000	-	-	37,000	-
*State Street FTSE RAFI U.S. 1000 Index		35,000	-	-	35,000	-
NEPC Global Equity CIT		45,000	-	-	45,000	-
*State Street Long U.S. Treasury Index		40,000	-	-	40,000	-
Vanguard Total International Stock Index Fund		1,933	65,717	62,238	67,650	3,479
Vanguard Long Term Investment Fund		24,888	43,500	53,828	68,388	(10,328)
Vanguard Institutional Index Fund		3,361	149,856	62,947	153,217	86,909
Vanguard Long Term Treasury Index Fund		1,118	36,819	42,070	37,937	(5,251)
Vanguard Growth Index Fund		87	25,979	4,529	26,066	21,450
*State Street Short Term Institutional Money Market Fund ("STIF")		115,056	120,032	120,032	235,088	-

* A party-in-interest as defined by ERISA

** There were no category (i) (ii) or (iv) 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 ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	1	3	3	0	0	0	0	0	0	0	0	7
35-39	4	24	66	6	0	0	0	0	0	0	0	100
40-44	4	20	101	44	2	0	0	0	0	0	0	171
45-49	5	21	93	66	21	0	1	0	0	0	0	207
50-54	11	21	104	87	40	10	2	7	0	0	0	282
55-59	19	24	100	82	71	45	21	10	4	0	0	376
60-64	14	16	82	110	92	61	39	20	7	9	0	450
65-69	6	10	43	36	29	41	27	22	8	15	0	237
70 & over	0	3	17	10	7	5	4	5	2	1	0	54
Total	64	142	609	441	262	162	94	64	21	25	0	1,884

¹ 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 II
 EIN / PN: 83-2671600/002
 Plan Sponsor: Beth Israel Lahey Health, Inc.
 Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
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Annual rates of increase

- Statutory limits on compensation 2.50%

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.

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)

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan II
EIN / PN: 83-2671600/002
Plan Sponsor: Beth Israel Lahey Health, Inc.
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Termination (Sample Rates)

Lahey Clinic Foundation, Inc. Pension Plan

Percentage assumed to leave during the year

Attained Age	Males	Females
25	10.00%	10.00%
30	10.00%	10.00%
35	8.50%	8.50%
40	5.30%	5.30%
45	4.70%	4.70%
50	4.50%	4.50%
55	4.40%	4.40%
60 and over	3.25%	3.25%

The Beth Israel Deaconess Hospital Plymouth Retirement Plan

Percentage assumed to leave during the year

Attained Age	Males	Females
25	19.80%	29.80%
30	13.80%	19.80%
35	9.75%	14.75%
40	5.70%	9.70%
45	3.40%	6.40%
50	1.10%	3.10%
55	0.55%	1.55%
60 and over	0.00%	0.00%

Disability

None.

Retirement

Percentage assumed to leave during the year

Attained Age	Rate
55-60	3%
61	5%
62	15%
63-64	8%
65-69	30%
70	100%

Benefit commencement date

- Preretirement death benefit

Lahey Clinic Foundation, Inc. Pension Plan: The later of the death of the active participant or the date the participant would have attained age 55

The Beth Israel Deaconess Hospital Plymouth Retirement Plan: The later of the death of the active participant or the date the participant would have attained age 65.
- Deferred vested benefit

Age 65.
- Disability benefit

None.

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

SCHEDULE SB ATTACHMENTS

- Retirement benefit Upon termination of employment.

Form of payment

Assumptions summarize below:

Form	Assumption
Lump Sum (available for Lahey only)	50% Lump sum (if available)
Single Life Annuity	Of those not assumed to elect a lump sum, <ul style="list-style-type: none">• 100% for annuity if assumed to be single• 25% if assumed to be married
Qualified J&S (100% for Lahey and 50% for Plymouth)	75% if assumed to be married (of those not assumed to elect a lump sum)

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of the employees 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 II
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Plan Sponsor: Beth Israel Lahey Health, Inc.
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) 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.

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.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

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.

Lump sum conversion rate

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.

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan II
EIN / PN: 83-2671600/002
Plan Sponsor: Beth Israel Lahey Health, Inc.
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Plan-related expenses Plan-related expenses are estimated by determining the expected actual administrative expenses for the coming year, reflecting items like accrued PBGC premiums, the actual expenses paid from the trust in the preceding year.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination 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.

Retirement 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.

Form of payment 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.

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.

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan II
EIN / PN: 83-2671600/002
Plan Sponsor: Beth Israel Lahey Health, Inc.
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

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.

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan II
EIN / PN: 83-2671600/002
Plan Sponsor: Beth Israel Lahey Health, Inc.
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Beth Israel Lahey Health, Inc.
EIN/PN	83-2671600/002
Plan Name	Beth Israel Lahey Health, Inc. Defined Benefit Plan II
Valuation Date	July 1, 2023
Enrolled Actuary	Jennifer Burns
Enrollment Number	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.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [x] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: Beth Israel Lahey Health Defined Benefit Plan II
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): Beth Israel Lahey Health, Inc.
2b Employer Identification Number (EIN): 83-2671600
2c Plan Sponsor's telephone number: 617-278-8800
2d Business code (see instructions): 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: Signature label, Signature, Date, Name. Row 1: SIGN HERE X, [Signature], 4/10/25, Susan Harris. Row 2: SIGN HERE, [Signature of employer/plan sponsor], Date, Enter name of individual signing as employer or plan sponsor. Row 3: SIGN HERE, [Signature of DFE], Date, Enter name of individual signing as DFE.

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

Form 5500 (2023) v. 2300728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px;"></div>																																	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">5,973</td> </tr> </table>	5	5,973																															
5	5,973																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">1,884</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">1,732</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">2,138</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">1,783</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">5,653</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">178</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">5,831</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)		1,884	6a(2)		1,732	6b		2,138	6c		1,783	6d		5,653	6e		178	6f		5,831	6g(1)			6g(2)			6h		0
6a(1)		1,884																																
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6g(1)																																		
6g(2)																																		
6h		0																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table>	7																																
7																																		

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:

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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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 Beth Israel Lahey Health Defined Benefit Plan II	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Beth Israel Lahey Health, Inc.	D Employer Identification Number (EIN) 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 <u>07</u>	Day <u>01</u>	Year <u>2023</u>
2 Assets:			
a Market value.....	2a	509,476,132	
b Actuarial value.....	2b	542,223,132	
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	2,232	275,978,288	275,978,288
b For terminated vested participants.....	1,867	109,386,137	109,386,137
c For active participants.....	1,884	286,799,565	287,912,204
d Total	5,983	672,163,990	673,276,629
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	0	
b Expected plan-related expenses	6b	4,728,000	
c Target normal cost.....	6c	4,728,000	

Statement by Enrolled Actuary

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

SIGN HERE		3/25/2025
	Signature of actuary	Date
Jennifer Burns	Type or print name of actuary	2307363
	Firm name	Most recent enrollment number
Willis Towers Watson US LLC	Address of the firm	617-638-3700
75 Arlington ST, Floor 2		Telephone number (including area code)
Boston MA 02116		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	4,728,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	131,053,497	13,447,317
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	18,175,317
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	18,175,317
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37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	39,328,244
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38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	21,152,927
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years.....	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	39,437,013	2,831,841	27,910,368	70,179,222
2024	25,098,556	3,439,767	27,255,729	55,794,052
2025	23,497,083	3,986,140	26,533,155	54,016,378
2026	22,590,806	4,615,574	25,755,267	52,961,647
2027	21,825,411	5,193,157	24,897,632	51,916,200
2028	19,939,281	5,700,130	23,984,585	49,623,996
2029	19,583,031	6,197,273	23,031,301	48,811,605
2030	18,127,387	6,591,534	22,028,111	46,747,032
2031	17,949,688	6,968,098	20,973,665	45,891,451
2032	16,980,363	7,306,863	19,881,028	44,168,254
2033	16,294,428	7,566,104	18,767,473	42,628,005
2034	15,858,154	7,855,963	17,633,934	41,348,051
2035	15,324,616	8,105,187	16,483,562	39,913,365
2036	14,900,369	8,248,867	15,319,287	38,468,523
2037	14,375,321	8,389,838	14,153,277	36,918,436
2038	14,048,892	8,523,629	12,983,924	35,556,445
2039	13,811,918	8,596,839	11,824,155	34,232,912
2040	13,335,568	8,650,478	10,691,954	32,678,000
2041	12,880,494	8,712,790	9,588,088	31,181,372
2042	12,484,157	8,682,772	8,522,337	29,689,266
2043	12,220,487	8,612,036	7,506,166	28,338,689
2044	11,770,784	8,571,830	6,547,904	26,890,518
2045	11,170,263	8,502,433	5,653,581	25,326,277
2046	10,644,546	8,370,931	4,829,333	23,844,810
2047	10,146,014	8,184,838	4,079,603	22,410,455
2048	9,598,217	7,958,777	3,407,097	20,964,091
2049	8,977,205	7,689,310	2,812,592	19,479,107
2050	8,376,997	7,383,834	2,294,871	18,055,702
2051	7,751,668	7,057,655	1,850,846	16,660,169
2052	7,157,058	6,701,783	1,475,836	15,334,677
2053	6,556,415	6,318,404	1,163,966	14,038,785
2054	5,955,784	5,916,374	908,593	12,780,751
2055	5,393,946	5,508,898	702,688	11,605,532
2056	4,869,652	5,105,009	539,170	10,513,831
2057	4,367,663	4,712,340	411,193	9,491,196
2058	3,903,713	4,333,691	312,389	8,549,793
2059	3,473,700	3,971,248	237,060	7,682,008
2060	3,079,072	3,626,578	180,263	6,885,913
2061	2,717,659	3,300,654	137,837	6,156,150
2062	2,389,030	2,993,921	106,370	5,489,321
2063	2,091,532	2,706,367	83,141	4,881,040
2064	1,823,369	2,437,634	66,018	4,327,021
2065	1,582,561	2,187,150	53,367	3,823,078
2066	1,367,051	1,954,218	43,966	3,365,235

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan II
EIN / PN: 83-2671600/002
Plan Sponsor: Beth Israel Lahey Health, Inc.
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

2067	1,174,808	1,738,096	36,905	2,949,809
2068	1,003,902	1,538,080	31,521	2,573,503
2069	852,521	1,353,511	27,332	2,233,364
2070	718,998	1,183,799	23,992	1,926,789
2071	601,806	1,028,426	21,257	1,651,489
2072	499,552	886,935	18,960	1,405,447

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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^f	l_x	${}_{x-55}D_{55} = l_x / l_{55}$	$q_x^f * l_x / l_{55}$	$x * q_x^f * l_x / l_{55}$
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 ==> SCHB_WARA

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan II
 EIN / PN: 83-2671600/002
 Plan Sponsor: Beth Israel Lahey Health, Inc.
 Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Lahey Clinic Foundation, Inc. Pension Plan

Plan Provisions

The plan was adopted effective January 1, 1951, and restated as of October 1, 1975, October 1, 1989, October 1, 1997, October 1, 2002, October 1, 2007 and July 30, 2013.

Covered employees Employees of the Lahey Hospital & Medical Center

Participation date Employees become covered by the plan on the April 1st or October 1st next following the later of (a) attainment of age 21 and (b) completion of one year of employment with 1,000 hours. Participation in the plan was frozen on October 1, 2011. Employees participating in the Plan on October 1, 2010 and those eligible to begin participating in 2011 have a one-time Choice Election between earning future benefits under the Plan or receiving Employer contributions under the enhanced 403(b) Plan.

Definitions

Vesting service For a participant hired prior to January 1, 1985, vesting service is given for all periods of employment after the later of the attainment of age 18 and date of hire. For a participant hired on or after January 1, 1985, a year of vesting service is credited for each calendar year (excluding calendar years prior to the date he attained age 18) during which he or she completes at least 1,000 hours of service.

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan II
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SCHEDULE SB ATTACHMENTS

Benefit accrual service	The sum of (a) the period of continuous service from hire to January 1, 1985 excluding the period prior to age 21, and (b) the number of calendar years after 1984 with a full or fraction of a year credited each year depending on the number of hours performed in such year excluding the years preceding the calendar year in which age 21 is attained. For determination of service after 1984, a full year of service is credited if the participant has performed at least 2,080 hours of service in that year. Benefit service of "Hours of Service divided by 2,080" is credited if a participant has performed at least 1,000 and less than 2,080 hours of service. For those electing the enhanced 403(b) Plan, credited service was frozen at January 1, 2011. For all plan participants, regardless of Choice Election, credited service was frozen at December 31, 2014.
Pensionable pay	Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay.
Average earnings	Final Average Annual Salary is defined as the average of the salary for the three consecutive calendar years of service (of the final ten years) yielding the highest average, where salary is the annualized compensation based on the hourly rate of pay at the end of the year multiplied by 2,080. For all plan participants, regardless of Choice Election, Final Average Annual Salary was frozen at December 31, 2014.
Social Security benefit	N/A
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of participation.

Plan Name: Beth Israel Lahey Health, Inc. Defined Benefit Plan II
EIN / PN: 83-2671600/002
Plan Sponsor: Beth Israel Lahey Health, Inc.
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

The normal retirement benefit is equal to the sum of (i), (ii) and (iii) below:

- 1% of Final Average Annual Salary up to Social Security Covered Compensation plus 1.5% of Final Average Annual Salary in excess of Social Security Covered Compensation. The sum is multiplied by Benefit Accrual Service up to a maximum of 35 years.
- 1.25% of Final Average Annual Salary multiplied by Benefit Accrual Service in excess of 35 years.

In no event shall a Participant's normal retirement benefit under (i) and (ii) be less than his or her Accrued Benefit as of September 30, 1994, plus subsequent benefit accruals under the reduced post-1993 IRS pay cap.

- 0.1125% of Final Average Annual Salary up to Social Security Covered Compensation plus 0.225% of Final Average Annual Salary in excess of Social Security Covered Compensation. The sum is multiplied by Benefit Accrual Service up to a maximum of 35 years.

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. In lieu of this, the spouse may elect to receive the benefit under a 10-year certain annuity form.

If the employee was not married but had attained age 45, the designated beneficiary shall receive an amount as if the employee had retired on the first day of the month in which the death occurred payable on a 10-year certain basis.

If a vested terminated employee dies prior to commencement of benefits and was married, the spouse shall receive a benefit actuarially reduced as though the employee has elected immediate commencement of payment under the joint and 100% survivor annuity form.

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

SCHEDULE SB ATTACHMENTS

Impact of participation freeze and choice elections on future benefit accruals

Participants Electing DC Plan During 2010 and 2011:
No additional benefit service will be earned after 1/1/2011, but final pay will continue to be reflected until termination, death, or retirement, provided the participant works at least 1,000 hours in each future year.

Effect of Working Fewer than 1,000 hours after 2010:
If a pension plan participant, regardless of whether he or she chose to remain in the pension plan during the Choice election period, works fewer than 1,000 hours in any calendar year after 2010, his or her pension benefit was frozen at that time and not be increased for any future pay or service.

Voluntary Early Retirement Program (VERP)

From September 1, 2012 to October 20, 2012, participants ages 62 and older with 15 years of service were given a one-time opportunity to retire early with an extra one-time incentive of 50% of base pay as of December 31, 2012, payable as a lump sum or as an increase to their annuity.

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

Permanent and total disability prior to NRD after completing fifteen years of vesting service.

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

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% for each of the first 60 months and by 5/18% for each of the next 60 months by which the commencement date of benefits precedes Normal Retirement Date.
Postponed retirement	The late retirement benefit is the greater of (a) the normal retirement benefit as described above and increased actuarially to actual retirement date, or (b) the normal retirement benefit as described above, but determined as of the participant's actual retirement date.
Deferred vested termination	The same as normal retirement based on service and average salary as of the participant's date of termination.
Disablement	Same as for early retirement. Alternatively, a disabled participant can continue to receive imputed pay and service between disability and the earlier of NRD and the benefit accrual freeze on December 31, 2014.
Preretirement death	<p>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. In lieu of this, the spouse may elect to receive the benefit under a 10-year certain annuity form.</p> <p>If the employee was not married but had attained age 45, the designated beneficiary shall receive an amount as if the employee had retired on the first day of the month in which the death occurred payable on a 10-year certain basis.</p> <p>If a vested terminated employee dies prior to commencement of benefits and was married, the spouse shall receive a benefit actuarially reduced as though the employee has elected immediate commencement of payment under the joint and 100% survivor annuity form.</p>

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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 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, 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.

Changes in Benefits Valued Since Prior Year

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

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Beth Israel Deaconess Hospital Plymouth Retirement Plan

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective July 1, 2020.

Eligible employees Meet age requirement of 21, and service of 1 year. For members of the SEIU Union and security workers, participation is frozen effective September 30, 1996. For all other members, participation is frozen effective January 31, 1995.

Participation date Date of hire as an eligible employee, or the date became an eligible employee. No employee shall become a participant after January 31, 1995.

Definitions

Vesting service Participants are fully vested upon completion of 5 years of Plan Service.

Credited service Any period of employment determined in completed years and months

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 First of month coinciding with or next following the later of attainment of age 65 and the fifth anniversary of the participant's date of hire.

Early retirement date A participant who has attained age 55 with 10 Years of Service.

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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.
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	For participants represented by the MNA, 1 2/3% of 5 year final average compensation less 1 2/3% of Primary Social security benefit, multiplied by years of service up to 30 years. Effective October 1, 1988, for all other participants, 25 of 5-year final average compensation less 2% of Primary Social Security benefit, multiplied by years of service up to 25 years. For all employees except members of the SEIU union and security workers, accrued benefits were frozen as of January 31, 1995. For members of the SEIU union and security workers, accrued benefits have been frozen as of September 30, 1996.
Early retirement	Accrued benefit, reduced 5/9 of 1% for each month that payments precede normal retirement up to 60 months, and by 5/18 of 1% for each of the next 60 months that payments precede normal retirement.
Postponed retirement	The late retirement benefit equals the accrued benefit and commences the first of the month following actual retirement.
Deferred vested termination	Accrued benefit, reduced 5/9 of 1% for each month that payments precede normal retirement up to 60 months, and by 5/18 of 1% for each of the next 60 months that payments precede normal retirement.

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Preretirement death Accrued benefit adjusted actuarially to reflect the cost of the coverage and reduced for early commencement to the spouse as for Early Retirement, and reduced further to reflect payment in the joint and 50% survivor option form.

Other Plan Provisions

Forms of payment Optional forms of payment include life annuity, life annuity with 120 months guaranteed, 50% Joint & Survivor, 66 2/3% Joint & Survivor, or 100% Joint & Survivor.

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.

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)

SCHEDULE SB ATTACHMENTS

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	18,393,777	15.00000	18,393,777	1,684,515
Shortfall	07/01/2022	15,869,705	14.00000	15,272,950	1,466,542
Shortfall	07/01/2021	26,049,813	13.00000	24,007,359	2,428,926
Shortfall	07/01/2020	83,795,997	12.00000	73,379,411	7,867,334
Total				131,053,497	13,447,317

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