

<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>▶ 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;">2024</p> <hr/> <p style="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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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>CONSOLIDATED RETIREE MEDICAL SAVINGS ACCOUNT PROGRAM OF MASS GENERAL BRIGHAM AND MEMBER ORGANIZATIONS</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>560</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>MASS GENERAL BRIGHAM INCORPORATED</u></p> <p><u>399 REVOLUTION DRIVE</u> <u>SUITE 245</u> <u>SOMERVILLE, MA 02145</u></p>	<p>1c Effective date of plan <u>07/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>04-3230035</u></p> <p>2c Plan Sponsor's telephone number <u>833-275-6947</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.	07/08/2025	BRIAN MARTIN
	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:		4b EIN 04-3230035
a Sponsor's name MASS GENERAL BRIGHAM INCORPORATED		4d PN 560
c Plan Name MASS GENERAL BRIGHAM RETIREE MEDICAL SAVINGS ACCOUNT WRAP PLAN		
5 Total number of participants at the beginning of the plan year	5	10863
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	5533
a(2) Total number of active participants at the end of the plan year	6a(2)	5236
b Retired or separated participants receiving benefits	6b	5100
c Other retired or separated participants entitled to future benefits	6c	598
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	10934
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

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 checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information - Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) - Number Attached <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CONSOLIDATED RETIREE MEDICAL SAVINGS ACCOUNT PROGRAM OF MASS GENERAL BRIGHAM AND MEMBER ORGANIZATIONS	B Three-digit plan number (PN) ▶	560
C Plan sponsor's name as shown on line 2a of Form 5500 MASS GENERAL BRIGHAM INCORPORATED	D Employer Identification Number (EIN) 04-3230035	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

ALIGHT SOLUTIONS LLC

36-2235791

(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 15 38 50 99	ADMINISTRATOR	464116	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"/>

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

STATE STREET BANK & TRUST

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?
25 50	TRUSTEE/CUSTODIAN	21087	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
ALIGHT SOLUTIONS LLC	12	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALEGEUS TECHNOLOGIES 90-0808825	65% OF NET INTERCHANGE REVENUE FOR DEBIT CARD SWIPES

(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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan CONSOLIDATED RETIREE MEDICAL SAVINGS ACCOUNT PROGRAM OF MASS GENERAL BRIGHAM AND MEMBER ORGANIZATIONS	B Three-digit plan number (PN)	▶ 560
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MASS GENERAL BRIGHAM INCORPORATED	D Employer Identification Number (EIN) 04-3230035	

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:	MASTER TRUST AGREEMENT FOR WELFARE		
b Name of sponsor of entity listed in (a):	MASS GENERAL BRIGHAM INCORPORATED		
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)
	M		224645116

a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CONSOLIDATED RETIREE MEDICAL SAVINGS ACCOUNT PROGRAM OF MASS GENERAL BRIGHAM AND MEMBER ORGANIZATIONS	B Three-digit plan number (PN) ► 560
C Plan sponsor's name as shown on line 2a of Form 5500 MASS GENERAL BRIGHAM INCORPORATED	D Employer Identification Number (EIN) 04-3230035

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)	148002	119523
(2) Participant contributions	1b(2)	959635	930734
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	192895458	224645116
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	194003095	225695373
Liabilities			
g Benefit claims payable.....	1g	638611	601646
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	287141	303345
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	925752	904991
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	193077343	224790382

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)	1563897	
(B) Participants.....	2a(1)(B)	11726510	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13290407
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		27703073
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		40993480

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8792652	
(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)		8792652
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)	466702	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	21087	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		487789
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9280441

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		31713039
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: WOLF & COMPANY, P.C.

(2) EIN: 04-2689883

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		5000000
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

**Consolidated Retiree Medical
Savings Account Program of Mass
General Brigham and Member
Organizations**

Financial Statements

As of December 31, 2024 and 2023 and for the
Year Ended December 31, 2024

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

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Independent Auditor's Report

To the Plan Sponsor
Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations
Somerville, Massachusetts

Opinion

We have audited the financial statements of Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its benefit obligations and net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

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 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

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.

Wolfe + Company, P.C.

Boston, Massachusetts
June 11, 2025

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

Statements of Benefit Obligations and Net Assets Available for Benefits

December 31,	2024	2023
Benefit Obligations		
Postretirement benefit obligations	\$ 234,817,000	\$ 200,806,000
Assets		
Investments, at fair value:		
Plan interest in Master Trust	224,645,116	192,895,458
Receivables:		
Employee contributions	930,734	959,635
Employer contributions	119,523	148,002
Total receivables	1,050,257	1,107,637
Total assets	225,695,373	194,003,095
Liabilities		
Accrued benefit claims payable to administrator	601,646	638,611
Accrued administrative expense payable	39,741	37,154
Accrued investment expenses	263,604	249,987
Total liabilities	904,991	925,752
Net assets available for benefits	224,790,382	193,077,343
Excess of benefit obligations over net assets available for benefits	\$ 10,026,618	\$ 7,728,657

See accompanying notes to the financial statements.

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

Statement of Changes in Benefit Obligations and Net Assets Available for Benefits

<i>Year Ended December 31,</i>	2024
Net increase in benefit obligations:	
Increase during the year attributed to:	
Benefits earned and other changes	\$ 34,011,000
Net increase in net assets available for benefits:	
Additions:	
Investment income:	
Plan interest in Master Trust investment income	27,703,073
Contributions:	
Employee	11,726,510
Employer	1,563,897
Total contributions	13,290,407
Total additions	40,993,480
Deductions:	
Benefit claim payments to participants	8,792,652
Administrative expenses	487,789
Total deductions	9,280,441
Net increase	31,713,039
Increase in excess of benefit obligations over net assets available for benefits	2,297,961
Excess of benefit obligations over net assets available for benefits:	
Beginning of year	7,728,657
End of year	\$ 10,026,618

See accompanying notes to financial statements.

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

Notes to Financial Statements

1. Description of Plan

General

Effective January 1, 2011, Mass General Brigham Incorporated (the Company, the Plan Sponsor) established a single plan, the Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations (the Plan) (formerly known as Mass General Brigham Retiree Medical Savings Accounts Wrap Plan), through which Retiree Medical Savings Accounts Plans (RMSA Plans) are provided at the Company, The Brigham and Women's Hospital, Inc. (BWH), Brigham and Women's Physician Organization, Inc. (BWPO), Brigham and Women's Faulkner Hospital, Inc. (BWFH), North Shore Medical Center, Inc. (NSMC), Newton-Wellesley Hospital (NWH), Martha's Vineyard Hospital, Inc. (MVH), Nantucket Cottage Hospital (NCH), Massachusetts Eye and Ear Infirmary (MEEI), Massachusetts Eye and Ear Associates, Inc. (MEEA), Wentworth-Douglass Hospital (WDH), Mass General Brigham Community Physicians, Inc. (MGBCP) and Mass General Brigham Medical Group, Inc. (MGBMG) (collectively the Participating Employers). The adoption of the Plan does not modify the individual RMSA Plans, and each shall continue to separately account for assets and obligations; however, for financial statement reporting purposes, the assets and obligations of each respective plan are combined and reported in one set of financial statements.

Effective January 1, 2024, the Company restated the Plan to consolidate the Participating Employers into a single plan document and harmonize certain Plan features across the Company and Participating Employers.

Effective January 1, 2024, the Plan was restated to include substantially all employees of Cooley Dickinson Hospital, Inc., Mass General Brigham Home Care, Inc., Massachusetts General Physicians Organization, Inc., The General Hospital Corporation, The McLean Hospital Corporation (McLean) and Spaulding Rehabilitation, Inc.

Effective January 1, 2024, the Plan was restated to cease employer match contributions for non-union employees of the Company, BWH, BWFH, NSMC, NWH and MVH RMSA Plans, and certain union employees of BWH and BWFH.

The following description of the Plan provides only general information regarding the provisions of the Plan. Participants should refer to the respective plan documents for a complete description of their RMSA Plan's provisions.

The Plan provides postretirement medical benefit coverage to retired employees, and their eligible dependents, of the Participating Employers. A Master Trust Agreement for Welfare Benefits (the Master Trust) was established under Section 501(c)(9) of the Internal Revenue Code (IRC) to fund the benefits. The Participating Employers will fund the benefits of the Plan as a participant of the Master Trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions and Vesting

Eligible employees may contribute up to \$4,500 (after tax) per calendar year.

Prior to January 1, 2024, the Company provided a year-end match of 50 percent of the first \$1,000 contributed, up to \$500 a year, and a maximum of \$7,500 over the course of a participant's career. BWH, BWFH, NSMC, NWH, and MVH provided a year-end match of 50 percent of the first \$1,500 contributed, up to \$750 a year, and a maximum of \$11,250 over the course of a participant's career. The match will be forfeited if the participant terminates employment before reaching age 55 and completing 5 years of service.

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

Notes to Financial Statements

Interest and Participant's Accounts

Effective January 1, 2024, the Plan was amended to align all Participating Employers' interest rate from the minimum 6.5% to 5.0%.

Prior to January 1, 2024, interest generally equaled the one-year Treasury Bill rate in effect on the preceding September 30, plus 1.0%, and was not less than 6.5% or more than 12.0% for the Company participants and not less than 5.0% or more than 12.0% for BWH, BWFH, NSMC, NWH, MVH, NCH, MEEI, MEEA, WDH, MGBCP and MGBMG participants.

Interest is earned on each participant's savings account and on the Participating Employers' match. Interest accumulates tax-free on a participant's account and is credited at year-end based on the account's opening balance each year.

Benefits

Retirees and their eligible dependents are entitled to the benefits of the Plan provided they are at least age 55 and have five or more years of service with the Participating Employers. Employees are eligible to participate in the Plan for the full calendar year in which they reach age 50. The Plan provides reimbursement of healthcare expenses to eligible retirees and their eligible dependents based on the participant's account balance.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of the accompanying financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date, the changes in net assets available for the benefits during the reporting period and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The assets of the Plan are invested in the Master Trust. The fair value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust, plus actual contributions and investment income, less actual distributions and expenses (investment manager fees).

Fair values of investments in the Master Trust are determined by reference to published market quotations or through the use of various valuation approaches, including market, income and cost approaches. 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.

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

Notes to Financial Statements

Postretirement Benefits

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits accumulated and attributed to employee service rendered through December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their eligible dependents and (2) active employees and their eligible dependents after retirement from service with the Participating Employers.

The actuarial present value of the expected postretirement benefit is determined by a consulting actuary and is the amount that results from applying actuarial assumptions to current account balances and current participation, termination and mortality rates to determine the balance of the RMSA account at retirement age. The actuarial assumptions include the probability of decrement between the valuation date and the expected date of payment. This balance is discounted to the valuation date to reflect the time value of money and the liability based on the ratio of the participant’s current service to expected service at retirement.

The following were key assumptions used in the valuation as of:

<i>December 31,</i>	2024	2023
Weighted-average discount rate	4.91%	6.07%
Interest credit rate	5.50%	5.25%
Average retirement age	55 - 70	55 - 70
Mortality	2012 mortality rates underlying the Pri-2012 Mortality table with Scale MP-2021 projections	2012 mortality rates underlying the Pri-2012 Mortality table with Scale MP-2021 projections

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

Benefit Payments

Benefit claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have not been reimbursed by the Plan are recorded as accrued benefit claims payable to administrator in the accompanying statements of benefit obligations and net assets available for benefits.

Administrative Expenses

The Plan’s expenses are paid either by the Plan (through the Master Trust) or by the Participating Employers, as provided by the plan document. Expenses that are paid directly by the Participating Employers 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 statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in the Master Trust investment income presented in the accompanying statement of changes in net assets available for benefits.

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

Notes to Financial Statements

3. Interest in Master Trust

The assets of the Plan are pooled and invested in the Master Trust. The assets of the Master Trust are invested in commingled funds managed by State Street Bank and Trust Company (State Street).

At December 31, 2024 and 2023, the Plan had a 100% interest in the net assets of the Master Trust.

The following table presents the fair values of net assets for the Master Trust as of:

<i>December 31,</i>	2024	2023
Investments, at fair value:		
SSgA Equity funds	\$ 141,753,629	\$ 131,798,253
SSgA Bond funds	73,377,756	57,607,940
SSgA Money market funds	9,513,731	3,489,265
Total investments, at fair value	\$ 224,645,116	\$ 192,895,458

The following table presents the investment income for the Master Trust for the year ended:

<i>December 31,</i>	2024
Investment income:	
Net appreciation in fair value of investments	\$ 26,404,322
Interest and dividends	1,298,751
Total investment income	\$ 27,703,073

4. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (also referred to as exit price). Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability. In determining fair value, the use of various valuation approaches, including market, income and cost approaches is permitted.

Fair Value Hierarchy

A fair value hierarchy has been established based on whether the inputs to valuation techniques are observable or unobservable. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the reporting entity's assumptions about the inputs market participants would use. The fair value hierarchy requires the reporting entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. In addition, for hierarchy classification purposes, the reporting entity should not look through the form of an investment to the nature of the underlying securities held by an investee.

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

Notes to Financial Statements

The hierarchy is described below:

Level 1: Valuations using quoted prices in active markets for identical assets or liabilities. Valuations of these products does not require a significant degree of judgment.

Level 2: Valuations using observable inputs other than Level 1 prices, such as quoted prices in active markets for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in markets that are not active; broker or dealer quotations; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Valuations using unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

Valuation Techniques

All investments classified within Level 1 or Level 2 of the fair value hierarchy are valued using quoted market prices, broker or dealer quotations or other observable pricing sources. The following tables summarize fair value measurements for financial assets measured at fair value on a recurring basis:

	December 31, 2024		
	Fair Value Measurements Using		
	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Commingled Funds	\$ 45,081,815	\$ 179,563,301	\$ 224,645,116
Total investments, at fair value	\$ 45,081,815	\$ 179,563,301	\$ 224,645,116

	December 31, 2023		
	Fair Value Measurements Using		
	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Commingled Funds	\$ 45,896,103	\$ 146,999,355	\$ 192,895,458
Total investments, at fair value	\$ 45,896,103	\$ 146,999,355	\$ 192,895,458

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

Notes to Financial Statements

5. Benefit Obligations

The postretirement benefit obligations, principally health benefits, related to the following categories of participants (including their eligible dependents) at:

<i>December 31,</i>	2024	2023
Current retirees and beneficiaries	\$ 113,071,000	\$ 110,409,000
Active employees	121,746,000	90,397,000
	\$ 234,817,000	\$ 200,806,000

The changes in the present value of accumulated plan benefits under the Plan were as follows:

Year ended December 31, 2024

Actuarial present value of accumulated benefits, beginning of year	\$ 200,806,000
Participant contributions	11,755,000
Additional benefits accumulated (including the effect of noninvestment experience)	1,202,000
Actuarial gain	(3,824,000)
Interest due to decrease in discount period	11,998,000
Assumption changes	21,710,000
Benefits paid	(8,830,000)
Total change	34,011,000
Actuarial present value of accumulated benefits, end of year	\$ 234,817,000

6. Transactions with Parties-in-Interest

ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. As State Street is the trustee and custodian of the Plan, the investment transactions qualify as party-in-interest transactions.

7. Plan Termination

Although they have not expressed any intent to do so, the Participating Employers have the right under the Plan to modify the benefits provided to active employees, to discontinue their contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA.

Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations

Notes to Financial Statements

8. Tax Status

The Master Trust established under the Plan to hold the Plan's assets is intended to be exempt pursuant to the appropriate section of the IRC. The Master Trust obtained an exemption letter from the Internal Revenue Service (IRS) dated March 7, 2002, in which the IRS stated that the design of the Plan was in compliance with the applicable requirements of the IRC. The Plan Sponsor believes that the Plan and Master Trust are currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Sponsor believes that the Master Trust is tax-exempt as of the financial statement date. Accordingly, no provisions for income tax has been recorded in the accompanying financial statements.

Accounting guidance requires the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has concluded there are no uncertain positions taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to examinations for years prior to 2021.

9. Risks and Uncertainties

The Master Trust 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 Plan balance and the amounts reported in the statements of benefit obligations and net assets available for benefits.

Contributions to the Plan 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 the 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.

10. Subsequent Events

The Plan has assessed the impact of subsequent events through June 11, 2025, which is the date the financial statements were available for issuance. There were no such events, other than listed below, that required adjustment or disclosure in the notes to the audited financial statements.

On December 30, 2024, the Plan was amended to cease employer match contributions for certain union employees of BWPO and McLean, effective January 1, 2025.

On December 30, 2024, the Plan was amended to consolidate the Medical Benefits Plan for Retirees of the McLean Hospital Corporation into the Plan, effective January 1, 2025.