

<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: 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;">2023</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 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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>RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</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>DANA-FARBER CANCER INSTITUTE, INC</u></p> <p><u>450 BROOKLINE AVE</u> <u>BOSTON, MA 02215</u></p>	<p>1c Effective date of plan <u>01/01/1966</u></p> <p>2b Employer Identification Number (EIN) <u>04-2263040</u></p> <p>2c Plan Sponsor's telephone number <u>617-632-5488</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.	07/09/2025	HEIDI CONWAY
	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	368
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)	73
	6a(2)	66
	6b	79
	6c	169
	6d	314
	6e	24
	6f	338
	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 1I

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 _____
- (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 10/01/2023 and ending 09/30/2024

▶ **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>RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DANA-FARBER CANCER INSTITUTE, INC</u>	D Employer Identification Number (EIN) <u>04-2263040</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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>32691271</u>
	b Actuarial value	2b	<u>32691271</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>89</u>	<u>10272651</u>
	b For terminated vested participants	<u>206</u>	<u>10596462</u>
	c For active participants	<u>73</u>	<u>6634886</u>
	d Total	<u>368</u>	<u>27503999</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	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>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>70000</u>
	c Target normal cost	6c	<u>70000</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>06/12/2025</u>
	<u>ARTHUR M. SCALISE</u>	Date
	Type or print name of actuary	<u>23-06354</u>
	<u>CAPTRUST ACTUARIAL SERVICES, LLC</u>	Most recent enrollment number
	Firm name	<u>646-839-8235</u>
	<u>40 WALL STREET</u> <u>56TH FLOOR</u> <u>NEW YORK, NY 10005</u>	Telephone number (including area code)
	Address of the firm	

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.80</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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>5.34</u> %		0
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		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
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	118.85 %
15	Adjusted funding target attainment percentage	15	118.85 %
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	118.47 %
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
Totals ▶			18(b)	0	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 0
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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		

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** 70

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	70000
b Excess assets, if applicable, but not greater than line 31a	31b	70000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 06 Day 11 Year 2025) and the waived amount **33** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
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 C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC

B Three-digit plan number (PN) ▶ **001**

C Plan sponsor's name as shown on line 2a of Form 5500
DANA-FARBER CANCER INSTITUTE, INC

D Employer Identification Number (EIN)
04-2263040

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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)

MELLON BANK

02-5065306

(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?
18 99	BROKER	45129	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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 12 15 28 38 50 59 61 62 63 64	RECORDKEEPER	42380	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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)

CFAS LLC

47-4009638

(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 17 50	CONSULTING	12326	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"/>

(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
NATIONAL FINANCIAL SERVICES	33 71	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.	
JP MORGAN P.O. BOX 219143 KANSAS CITY, MO 64121	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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 10/01/2023 and ending 09/30/2024	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DANA-FARBER CANCER INSTITUTE, INC	D Employer Identification Number (EIN) 04-2263040

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3917	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(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)		
(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)	7491127	7225640
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	23799527	27260166

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	31294571	34485806
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31294571	34485806

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	172	
(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)		
(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)	238877	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1281287	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	877640	
(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)	1593805	
(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)		
(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)		1668798
c Other income	2c		1528279
d Total income. Add all income amounts in column (b) and enter total	2d		5433578

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2097017	
(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)		2097017
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)	42380	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	35129	
(6) Bank or trust company trustee/custodial fees	2i(6)	10000	
(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)	57817	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		145326
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2242343

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3191235
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: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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.)			
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 540960.

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 10/01/2023 and ending 09/30/2024

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DANA-FARBER CANCER INSTITUTE, INC</u>	D Employer Identification Number (EIN) <u>04-2263040</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>13-3689044</u>		
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	<u>29</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

<p>Structured Attachment</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: small;">Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	04-2263040	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54				4		
55 to 59				10		
60 to 64				13		
65 to 69				6		
70 & Up				5		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	4					
60 to 64	7			3		
65 to 69	8			6		
70 & Up				3		

Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	04-2263040	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69	1					
70 & Up	1			2		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	04-2263040	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

**RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.**

FINANCIAL STATEMENTS

September 30, 2024 and 2023 and
For the Year Ended September 30, 2024



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
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Certain supplemental schedules have been omitted because they are either not required or not applicable.



Independent Auditor's Report

To the Plan Administrator of the Retirement Plan for Employees of Dana-Farber Cancer Institute, Inc.:

Opinion

We have audited the financial statements of the Retirement Plan for Employees of Dana-Farber Cancer Institute, Inc. ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of September 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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 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.

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

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

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.

Other Matter - Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of September 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Caron & Bletner, PLLC

Kingston, NH
July 1, 2025

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2024 and 2023

	2024	2023
Cash	\$ -	\$ 3,917
Investments, at fair value:		
Mutual funds	376,162	1,005,874
Exchange traded funds	6,849,478	6,485,253
Commingled funds	27,260,166	23,799,527
Total investments	34,485,806	31,290,654
Net assets available for benefits	\$ 34,485,806	\$ 31,294,571

The accompanying notes are an integral
part of the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended September 30, 2024 and 2023

	2024	2023
Additions:		
Investment income:		
Interest	\$ 421,730	\$ 397,223
Net appreciation in fair value of investments	5,011,848	1,662,042
Total additions	5,433,578	2,059,265
Deductions:		
Benefits paid directly to participants	2,097,017	2,325,495
Administrative expenses	145,326	149,506
Total deductions	2,242,343	2,475,001
Net increase (decrease)	3,191,235	(415,736)
Net assets available for benefits:		
Beginning of year	31,294,571	31,710,307
End of year	\$ 34,485,806	\$ 31,294,571

The accompanying notes are an integral
part of the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following brief description of the Retirement Plan for Employees of Dana-Farber Cancer Institute, Inc. (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information. The Plan is a defined benefit pension plan which provides retirement, death, and disability benefits for eligible employees of Dana-Farber Cancer Institute, Inc. and Dana-Farber, Inc. (collectively, the "Institute").

Information about the plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation ("PBGC") benefit guarantee is contained in the Plan Document and the Summary Plan Description booklet. Copies of these documents are available from the plan administrator.

Contributions and Funding Policy

The Institute has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefit obligation for amounts due to Plan members. The Plan has met the Employee Retirement Income Security Act of 1974, as amended ("ERISA") minimum funding requirements in 2024 and 2023.

Plan Amendments

The plan was amended effective June 1, 1992 so that no additional staff member shall participate in the plan. As of the same date the Institute formed a new defined contribution plan for the benefit of substantially all employees. The Plan was also amended effective June 1, 1992, so that existing participants would no longer continue to accrue years of credited service after June 1, 1992. Effective March 31, 2010, the Plan was amended to stop future benefit accruals by freezing earnings so that a participant's benefit shall not include any compensation for services rendered after March 31, 2010.

Benefits

Benefits are based on final average compensation and years of service. Compensation is based on W-2 earnings.

Benefits are paid by the Plan from net assets available for benefits. Plan participants are entitled, at their normal retirement date, to benefit payments based upon compensation and length of service. Normal retirement age is 65. However, participants who have attained age 55 and have completed ten years of plan service may elect to receive reduced monthly benefits.

A participant or former participant has a fully vested interest in their accrued benefit at all times on or after the earliest of (i) their 65th birthday (if then employed), or (ii) upon completion of 5 years of plan service.

Vested participants are entitled to deferred benefits in the event of termination of employment. Early retirement benefits and joint and survivor benefits are also provided.

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Presentation

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

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan management to make significant 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 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

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative expenses and fees are paid by the Plan, except for Pension Benefit Guaranty Corporation ("PBGC") insurance costs, which are paid by the Institute. Expenses that are paid by the Company are excluded from these financial statements.

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 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.

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
NOTES TO FINANCIAL STATEMENTS

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; 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.

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

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at September 30, 2024 and 2023.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. 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.

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

Commingled funds - Valued at the net asset value per share or unit or the Plan's ownership percentage in partner's capital as reported by the fund manager. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30:

<u>Description</u>	<u>2024</u>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 376,162	\$ 376,162	\$ -	\$ -
Exchange traded funds	<u>6,849,478</u>	<u>6,849,478</u>	-	-
Total investments in the fair value hierarchy	7,225,640	<u>\$ 7,225,640</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Commingled funds	<u>27,260,166</u>			
Total investments at fair value	<u>\$ 34,485,806</u>			

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
NOTES TO FINANCIAL STATEMENTS

Description	2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 1,005,874	\$ 1,005,874	\$ -	\$ -
Exchange traded funds	<u>6,485,253</u>	<u>6,485,253</u>	-	-
Total investments in the fair value hierarchy	7,491,127	<u>\$ 7,491,127</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Commingled funds	<u>23,799,527</u>			
Total investments at fair value	<u>\$ 31,290,654</u>			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) 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.

The following summarizes investments for which fair value is measured using the net asset value per share practical expedient as of September 30, 2024 and 2023.

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the DOL as direct filing entity (“DFE”). The following table discloses investment strategies as well as redemption frequencies and redemption notification periods for such investments:

	2024	2023
Investments measured at net asset value (non-DFE's):		
Commingled funds:		
Index (a)	\$ 5,747,042	\$ 5,267,642
Growth (b)	<u>21,513,124</u>	<u>18,531,885</u>
Total commingled funds	<u>\$ 27,260,166</u>	<u>\$ 23,799,527</u>

- (a) This category invests in commingled funds that seek long-term growth, while minimizing capital risk by investing in companies primarily listed on major U.S. stock exchanges. Investments representing approximately 29 percent of the value of the investments include restrictions that do not allow for redemption for one month. The remaining investments, representing approximately 71 percent of the value of investments, include restrictions that do not allow for redemption for up to four months. This category does not have any unfunded commitments.
- (b) This category invests in commingled funds that seek growth potential by investing in growth and value stocks from the world’s developed and emerging markets, while minimizing capital risk by investing in short-term and fixed income securities. Investments representing approximately 82 percent of the value of the investments include restrictions that do not allow for redemption for one month. The remaining investments, representing approximately 18 percent of the value of investments, include restrictions that do not allow for redemption for up to twelve months. This category does not have any unfunded commitments.

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
NOTES TO FINANCIAL STATEMENTS

D. ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by the employees to June 1, 1992. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Accumulated plan benefits for all participants are based on the average of the five highest annual earnings during the last ten years of credited service. 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 June 1, 1992.

The more significant assumptions underlying the actuarial computations used in the valuation as of September 30, 2023 are as follows:

Assumed rate of return on investments	- 7%
Mortality basis	- Pri-2012 Total Dataset Annuitant/Non-Annuitant Amount-Weighted Mortality Table with Projection Scale MP-2021
Retirement	- Retirement at age 65

The foregoing actuarial 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 accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of October 1, 2023. Had the valuation been performed as of September 30, 2023, there would be no material difference.

As of September 30, 2023, the actuarial present value of accumulated plan benefits was as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 8,851,671
Other participants	<u>14,825,050</u>
Total vested benefits	23,676,721
Nonvested benefits	<u>343</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 23,677,064</u>

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
NOTES TO FINANCIAL STATEMENTS

During the year ended September 30, 2023, the changes in accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits as	
As of September 30, 2022	\$ 24,718,449
Increase (decrease) during the year attributable to:	
Benefits accumulated (including actuarial gains and losses)	6,186
Discount period	1,650,328
Benefits paid	(2,323,976)
Assumption changes	(373,923)
Net decrease	<u>(1,041,385)</u>
Actuarial present value of accumulated plan benefits	
as of September 30, 2023	<u>\$ 23,677,064</u>

E. TAX STATUS:

The Internal Revenue Service (“IRS”) has determined and informed the Institute by a letter dated November 2, 2011 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

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

F. TERMINATION:

While the Institute has not expressed any intent to discontinue its contributions, it is free to do so at any time, subject to penalties set forth by ERISA. In the event the Plan is terminated at some future time, 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. Benefits former employees, or their beneficiaries have been receiving for at least three years or benefits those employees or their beneficiaries eligible to retire for that three-year period would have been receiving if they had retired, but not in excess of the benefit insured by the Pension Benefit Guaranty Corporation.
- b. Benefits former employees or their beneficiaries have been receiving on the date of Plan termination, or benefits those employees or their beneficiaries eligible to retire on the date of Plan termination would have been receiving if they had retired, but not in excess of the benefit insured by the Pension Benefit Guaranty Corporation.
- c. Other vested benefits insured by the PBGC subject to certain limitations.

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
NOTES TO FINANCIAL STATEMENTS

- d. All other vested benefits (that is, vested benefits in excess of the amount insured by the Pension Benefit Guaranty Corporation).
- e. All other accrued benefits.

G. PARTIES-IN-INTEREST:

Section 3(14) of 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. The Bank of New York Mellon or BNY Mellon, N.A. and State Street Bank and Trust Company, are the trustees of the Plan and therefore, transactions involving these investments qualify as party-in-interest.

H. RISKS AND UNCERTAINTIES:

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

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

I. SUBSEQUENT EVENTS:

The Company has evaluated subsequent events through July 1, 2025, the date these financial statements were available for issuance.

RETIREMENT PLAN FOR EMPLOYEES OF
DANA-FARBER CANCER INSTITUTE, INC.
EIN: 04-2263040
Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 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, par or maturity value	Shares	Cost	Current value
* Long Government Credit Fund LLC	Commingled funds	**	\$ 16,747,521	\$ 17,536,254
* Farallon Cap Institutional Partners	"	**	635,346	3,976,870
* Adage Capital Partners LP	"	**	354,402	4,095,882
* Silchester International Investors	"	8,004	1,511,081	1,651,160
JP Morgan US Treasury Income Fund	Mutual fund	131,571	131,571	131,571
JP Morgan 100% U.S. Treasury Sec MM Inst	"	265,500	263,622	175,528
Vanguard 500 Index Fund	"	130	54,035	69,063
Vanguard Total Bond Market Index Fund	Exchange traded fund	76,116	5,560,440	5,717,073
Vanguard FTSE Developed Market ETF	"	21,443	1,029,001	1,132,405
Total investments			<u>\$ 26,287,019</u>	<u>\$ 34,485,806</u>

* Denotes party-in-interest to the Plan.

** The Plan holds an ownership interest rather than shares or units.



APPENDIX A: ACTUARIAL ASSUMPTIONS AND METHODS

PLAN SPONSOR: Dana-Farber Cancer Institute, Inc.
PLAN NAME: The Retirement Plan for Employees of Dana-Farber Cancer
Institute, Inc.
SPONSOR'S EIN: 04-2263040
PN: 001

2023/24 SCHEDULE SB, PART V | ACTUARIAL ASSUMPTIONS AND METHODS

Actuarial Cost Method

The Funding Target Liability is the present value of accrued benefits based on compensation and service to date. The Funding Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

Asset Valuation Method

The Value of Plan Assets is the trust value of assets as of the valuation date plus contribution receivables discounted to the valuation date. The method was elected in 2008.

Valuation Date

Beginning of the plan year (October 1, 2023).

APPENDIX A: ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

The interest rates used for the plan year (as elected in 2020/21) are the 24-month average corporate bond segment rates, with a 4-month lookback, subject to funding stabilization. Under stabilization, the interest rates are constrained within a corridor around a 25-year average of corporate bond rates. For 2012 through 2020, the stabilization corridor was 10%. For 2021 through 2030, the stabilization corridor was 5%, then increasing at 5% per year until reaching 30% for 2035. The rates for the 2023/24 plan year are as follows:

	Minimum Funding Requirement	Maximum Deductible Contribution	Benefit Restrictions (AFTAP)	PBGC Variable Rate Premium
For years 1-5	4.75%	3.03%	4.75%	5.58%
For years 6-20	5.00%	4.11%	5.00%	5.66%
For years 21+	5.74%	4.27%	5.74%	5.56%
Effective Interest Rate	5.16%	4.09%	5.16%	5.63%

Mortality Table

IRS 2023 Annuitant and Non-annuitant healthy mortality tables (sex-distinct) as permitted by regulations

Retirement Rates

Active participants

See Table 1

Terminated vested participants

See Table 2

Withdrawal Rates

See Table 3

Disability Rates

None

Decrement Timing

Middle of year

Expected Return on Assets

7.00% before reflecting administrative expenses

Administrative Expenses

\$70,000

APPENDIX A: ACTUARIAL ASSUMPTIONS AND METHODS

Salary Increases

Minimum Funding Target Normal Cost	N/A
Maximum Tax Expected Benefit Increase	N/A

Valuation Compensation

N/A

PBGC Variable Rate Premium

The Standard Premium Funding Target was elected for 2018

Marriage

60% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses

Benefit and Compensation Limits

Projected benefits and compensation are limited by the 2023 IRC section 415 maximum benefit of \$265,000 and the 401(a)(17) compensation limit of \$330,000

At Risk Assumptions

Participants who are eligible to retire within the next 10 years are assumed to retire immediately upon eligibility and elected a Straight Life Annuity (most valuable form of payment)

Optional Forms

		Proposed Assumption
Active Retirement	Prior to age 65	• 100% elect Lump Sum immediately
	65 and over	• 50% elect Lump Sum immediately • 50% elect Normal Form immediately
Active Termination	Prior to age 65	• 100% elect Normal Form commencing at age 65
	Ages 65-71	• 25% elect Lump Sum immediately • 75% elect Normal Form immediately
	72 and over	• 50% elect Lump Sum immediately • 50% elect Normal Form immediately
Terminated Vested Retirement	Prior to age 65	• 100% elect Lump Sum immediately
	65 and over	• 50% elect Lump Sum immediately • 50% elect Normal Form immediately

APPENDIX A: ACTUARIAL ASSUMPTIONS AND METHODS

Lump Sum Conversion

Interest Rate:

Segment Rates with funding
stabilization corridor applied

Mortality:

IRS 2023 417(e) Applicable Mortality
Table

Miscellaneous

The valuation was prepared on a going-plan basis. The valuation was based on the participants of the Plan as of the valuation date and did not take future participants into account. No provision has been made for contingent liabilities with respect to non-vested terminated participants who may be reemployed.

Summary of Changes from the October 1, 2022 ERISA Valuation

The Interest Rates and Mortality Table were updated to those applicable to the current plan year in accordance with PPA and subsequent legislation.

The Mortality Table for converting the normal form to a lump sum were updated to those applicable to the current plan year in accordance with PPA and subsequent legislation.

The Administrative Expenses assumption was updated to better reflect the level of administrative expenses anticipated to be paid from the trust during the current plan year.

APPENDIX A: ACTUARIAL ASSUMPTIONS AND METHODS

ASC 960 REPORTING REQUIREMENTS

Actuarial Cost Method

The Actuarial Present Value of Accumulated Plan Benefits is the present value of accrued benefits based on compensation and service to date

Asset Valuation Method

Trust value of assets as of the valuation date plus undiscounted value of contribution receivables

Interest Rate

7.00% per annum

Mortality Table

Pri-2012 Total Dataset Annuitant/Non-Annuitant Amount-Weighted Mortality Table with Projection Scale MP-2021

Administrative Expenses

Implicitly reflected in Interest Rate

Lump Sum Conversion

Interest Rate:

September 2023 Section 417(e)(3) Spot Segment Rates

Mortality:

IRS 2024 417(e) Applicable Mortality Table

All other assumptions are the same as used in the ERISA funding valuation.

Summary of Changes from the October 1, 2022 ASC 960 Valuation

The Interest Rate for converting the normal form to a lump sum was updated to reasonably estimate current lump sum interest rates.

The Mortality Table for converting the normal form to a lump sum were updated to those applicable to the current plan year in accordance with PPA and subsequent legislation.

APPENDIX A: ACTUARIAL ASSUMPTIONS AND METHODS

TABLE 1 – RETIREMENT RATES FROM ACTIVE STATUS

Age	Rate
<60	0.00%
60	2.50%
61	2.50%
62	2.50%
63	2.50%
64	2.50%
65	5.00%
66	5.00%
67	5.00%
68	5.00%
69	5.00%
70	10.00%
71	10.00%
72+	100.00%

APPENDIX A: ACTUARIAL ASSUMPTIONS AND METHODS

TABLE 2 – RETIREMENT RATES FROM TERMINATED VESTED STATUS

Age	Rate
<55	0.00%
55	1.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	1.00%
61	1.00%
62	1.00%
63	1.00%
64	1.00%
65	25.00%
66	10.00%
67	10.00%
68	10.00%
69	10.00%
70	15.00%
71	15.00%
72+	100.00%

APPENDIX A: ACTUARIAL ASSUMPTIONS AND METHODS

TABLE 3 – WITHDRAWAL RATES FROM ACTIVE STATUS

Age	Rate	Age	Rate
<20	15.00%		
20	15.00%	50	4.00%
21	15.00%	51	4.00%
22	15.00%	52	4.00%
23	15.00%	53	4.00%
24	15.00%	54	4.00%
25	15.00%	55	4.00%
26	15.00%	56	4.00%
27	15.00%	57	4.00%
28	15.00%	58	4.00%
29	15.00%	59	4.00%
30	7.00%	60	4.00%
31	7.00%	61	4.00%
32	7.00%	62	4.00%
33	7.00%	63	4.00%
34	7.00%	64	4.00%
35	7.00%	65	4.00%
36	7.00%	66	4.00%
37	7.00%	67	4.00%
38	7.00%	68	4.00%
39	7.00%	69	4.00%
40	5.00%	70+	0.00%
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		
45	4.00%		
46	4.00%		
47	4.00%		
48	4.00%		
49	4.00%		

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

► **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 RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DANA-FARBER CANCER INSTITUTE, INC	D Employer Identification Number (EIN) 04-2263040	
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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2023

2 Assets:	
a Market value.....	2a 32,691,271
b Actuarial value.....	2b 32,691,271

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.....	89	10,272,651	10,272,651
b For terminated vested participants.....	206	10,596,462	10,596,462
c For active participants.....	73	6,634,886	6,635,150
d Total.....	368	27,503,999	27,504,263

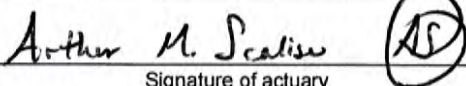
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

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** 5.16%

6 Target normal cost	
a Present value of current plan year accruals.....	6a 0
b Expected plan-related expenses.....	6b 70,000
c Target normal cost.....	6c 70,000

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	 Signature of actuary	<u>6/12/2025</u> Date
	ARTHUR M. SCALISE Type or print name of actuary	2306354 Most recent enrollment number
	CAPTRUST ACTUARIAL SERVICES, LLC Firm name	646-839-8235 Telephone number (including area code)
	40 WALL STREET 56TH FLOOR NEW YORK NY 10005 Address of the firm	

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>6.80</u> %.....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	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>5.34</u> %.....		0
	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.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
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	118.85 %
15	Adjusted funding target attainment percentage.....	15	118.85 %
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	118.47 %
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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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** 70

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** 70,000

b Excess assets, if applicable, but not greater than line 31a **31b** 70,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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** 0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

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

APPENDIX B: SCHEDULE SB AND ATTACHMENTS

PLAN SPONSOR: Dana-Farber Cancer Institute, Inc.
 PLAN NAME: The Retirement Plan for Employees of Dana-Farber Cancer Institute, Inc.
 SPONSOR'S EIN: 04-2263040
 PN: 001

2023/24 SCHEDULE SB, LINE 22 | DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age is 70 for active participants.

Age Adjusted for Exit Timing	Probability of Retirement	Probability of Survivorship	Cumulative Probability of Survivorship	Probability Distribution	Age Weighted Distribution
60	0.025000	0.975000	1.000000	0.025000	1.500000
61	0.025000	0.975000	0.975000	0.024375	1.486875
62	0.025000	0.975000	0.950625	0.023766	1.473469
63	0.025000	0.975000	0.926859	0.023171	1.459804
64	0.025000	0.975000	0.903688	0.022592	1.445901
65	0.050000	0.950000	0.881096	0.044055	2.863561
66	0.050000	0.950000	0.837041	0.041852	2.762235
67	0.050000	0.950000	0.795189	0.039759	2.663883
68	0.050000	0.950000	0.755429	0.037771	2.568460
69	0.050000	0.950000	0.717658	0.035883	2.475920
70	0.100000	0.900000	0.681775	0.068178	4.772425
71	0.100000	0.900000	0.613598	0.061360	4.356543
72	1.000000	0	0.552238	0.552238	39.761121
Total				1.000000	69.590195

Schedule C, Line 2(h) Formula Descriptions

Retirement Plan for Employees of Dana-Farber Cancer Institute, Inc.
 EIN No.: 04-2263040, Plan No. 001
 Plan Year Ending: 09/30/2024

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES 04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
JP MORGAN	JPMORGAN 100% U.S. TREASURY SEC MM INST	10/1/2023	12/31/2023	0.240
JP MORGAN	JPMORGAN 100% U.S. TREASURY SEC MM INST	1/1/2024	9/30/2024	0.264

APPENDIX A: SUMMARY OF PLAN PROVISIONS

PLAN SPONSOR: Dana-Farber Cancer Institute, Inc.
PLAN NAME: The Retirement Plan for Employees of Dana-Farber Cancer
Institute, Inc.
SPONSOR'S EIN: 04-2263040
PN: 001

2023/24 SCHEDULE SB, PART V | SUMMARY OF PRINCIPAL PLAN PROVISIONS

The following summary describes the current principal plan provisions assumed in calculating the cost of the plan.

General Information

Original Effective Date:	January 1, 1966
Adoption Date of Last Amendment:	December 21, 2010
Plan Year:	October 1 to September 30
Employer Fiscal Year:	October 1 to September 30
Plan Administrator's EIN:	04-2263040
Plan Administrator:	Dana-Farber Cancer Institute, Inc.

Eligibility

Each staff member on October 1, 2000 who was an active participant under the Plan on September 30, 2000, shall continue to be an active participant on October 1, 2000.

Each staff member who:

- Is employed by a Participating Employer;
- Has completed one year of service (1,000 hours of service in a 12-month period commencing after the participant's hire date up to May 31, 1992);
- Has attained age 21;
- Is not a "leased employee" as defined in Code Section 414(n)(2);
- Was not eligible to participate in the Sidney Farber Cancer Institute, Inc. Retirement Plan for Professional Staff, any successor to such Plan, or any other pension or annuity plan to which the Employer or Participating Employer makes contributions; and
- Is not a member of a collective bargaining unit, unless there is a collective bargaining agreement applicable to such unit which provides for the participation of the staff member in this Plan

Is an eligible staff member in this Plan. No new entrants after May 31, 1992.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Participation

Effective June 1, 1992, the Plan was closed to new participants after May 31, 1992.

An eligible staff member becomes an active participant on the October 1st or April 1st coincident with or next following the date he meets all of the requirements of eligibility.

A year of service is earned based on working 1,000 or more hours in the first 12 months of employment. If an employee does not work 1,000 or more hours in the first 12 months, the time frame will shift to plan years for completing a year of service.

A person who is not an eligible staff member shall not be entitled to participate in the Plan.

If an individual terminates employment and is later reemployed as an eligible staff member, years of service and years of credited service with which he was credited as of his termination of employment shall be restored upon his return to work.

Hour of Service

An hour of service is any hour for which a participant is directly or indirectly compensated, including sick pay, pay for vacation, holidays and other time a participant is paid even though he was not actively at work.

Credited Service

Effective October 1, 1989, Credited Service is granted for each plan year that an employee is credited with at least 1,000 hours of service.

Prior to October 1, 1989, years of credited service are credited under the plan as in effect on September 30, 1989 for purposes of calculating a participant's benefits.

No credited service will be credited for periods of employment when a staff member is eligible to accrue benefits or receive contributions under the Sidney Farber Cancer Institute, Inc. Retirement Plan for Professional Staff, any successor to such Plan, or any other pension or annuity plan to which the Employer or Participating Employer makes contributions.

Credited service is frozen as of May 31, 1992.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Vesting Service

Effective October 1, 1989, vesting Service is granted for each plan year that an employee is credited with at least 1,000 hours of service.

Prior to October 1, 1989, years of vesting service are credited under the plan as in effect on September 30, 1989.

Vesting Service continues to accrue after May 31, 1992.

Vesting Service is granted for periods of service while on an approved leave of absence, military leave, or other type of leave required to be granted service under United States laws.

Eligibility Service

Same as Vesting Service.

Vesting Schedule

A Participant that is actively employed on the attainment of age 65 and 5 year anniversary of participation will be considered 100% vested. Otherwise the Participant is 0% vested.

A Participant who terminates employment with the Employer and immediately transfers to the Partners' Entities following such termination of employment, shall be fully vested in his accrued benefit regardless of years of service.

Effective March 31, 2010, each participant in the plan who on that date is either an active participant or on authorized leave of absence or other temporary break in service (and subsequently returns) shall be fully vested.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Earnings

Earnings are equal to the total salary and wages paid during a plan year. Earnings will include:

- W-2 earnings for the calendar year immediately preceding the plan year which includes any pre-tax contributions to a tax sheltered annuity program (Section 403(b) of the Code), a cafeteria plan (Section 125 of the Code), an eligible deferred compensation plan (Section 457(b) of the Code), or to a qualified transportation fringe benefit arrangement (Section 132(f) of the Code)
- Overtime
- Bonuses
- Unused accrued time off (vacation, sick, holiday, PTO, etc.)

Earnings will exclude:

- Compensation after March 31, 2010
- Severance pay
- Relocation pay
- Referral bonus
- Fringe benefits, etc.

Average Earnings

Average Earnings is calculated as the participant's highest average earnings during any 5 calendar years included in the 10 year period ending on the date of determination. Effective March 31, 2010, the average earnings is calculated using the participant's highest 5 calendar years included in the 10 year period ending on March 31, 2010. The 5 calendar years do not have to be consecutive.

If a participant has fewer than 5 years of employment, the Average Earnings is calculated by summing all earnings and dividing by the total number of years the participant received these earnings.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Employee Contributions

None.

Accrued Benefit

The monthly Accrued Benefit is equal to $1/12^{\text{th}}$ of the greater of (a) or (b):

- (a) If a participant reaches his Normal Retirement Date prior to June 1, 1992, the benefit is equal to the product of (i) and (ii) below:
- i. 50% of the participant's Average Monthly Earnings (as of March 31, 2010), multiplied by
 - ii. A fraction equal to the number of years of credited service (not to exceed 25) / 25
- (b) If a participant reaches his Normal Retirement Date on or after June 1, 1992, the benefit is equal to the sum of (i) and (ii) below:
- i. The product of (A) and (B) plus (ii) below:
 - A. 50% of the participant's Average Monthly Earnings, multiplied by
 - B. A fraction equal to the number of years of credited service completed by the participant as of May 31, 1992 (not to exceed 25) / 25
 - ii. The product (A) and (B) below:
 - A. 50% of the participant's Average Monthly Earnings (as of March 31, 2010), multiplied by
 - B. The participant's years of credited service in excess of 25 years as of May 31, 1992.

Normal Retirement

Normal Retirement date is the first of the month coincident with or next following the later of attainment of age 65 and 5 year anniversary of participation.

The Normal Retirement Benefit is equal to the Accrued Benefit.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Early Retirement (Active to Early Retirement)

Early Retirement Age is defined as age 55 (first day of the month coincident or next following attainment of age 55) and 10 years of Vesting Service. A Participant may elect to have his/her benefit commence as early as age 55 provided that they have 10 or more years of Vesting Service.

The monthly Accrued Benefit at early retirement date is equal to $1/12^{\text{th}}$ of the product of (a) and (b), plus (c):

- (a) 50% of the participant's Average Monthly Earnings (as of March 31, 2010)
- (b) A fraction equal to the number of years of credited service completed by the participant as of May 31, 1992 (not to exceed 25) / 25
- (c) If a participant retires after May 1, 1992, the product of (i) and (ii) below:
 - i. .5% of the participant's Average Monthly Earnings (as of March 31, 2010), multiplied by
 - ii. The participant's years of credited service in excess of 25 years as of May 31, 1992

The early retirement benefit is equal to the actuarial equivalent of the participant's normal retirement accrued benefit determined as of his early retirement date.

The benefit is unreduced (annuity only) if the participant attained age 60 and completed 25 years of vesting service as of his early retirement date. Service and average annual earnings are determined at the earlier of early retirement date or March 31, 2010.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Late Retirement

If a Participant works beyond his Normal Retirement Date, then when the participant ceases to be employed his Late Retirement Pension will be equal to the following:

- (a) If the late retirement date is prior to June 1, 1992, his benefit is determined based on his years of credited service and average monthly earnings as of his retirement date.
- (b) If the late retirement date occurs on or after June 1, 1992, the benefit is determined based on (i) or (ii) below, whichever is applicable:
 - i. If the participant reached his Normal Retirement Age on or prior to June 1, 1992, the benefit is equal to the benefit he would have been entitled to if he retired on May 31, 1992 but using his average monthly earnings as of his actual postponed retirement date.
 - ii. If the participant reached his Normal Retirement Age on or after June 1, 1992, the benefit is equal to his accrued benefit as of May 31, 1992 calculated per the provisions in Section 9.1 of this document, but taking into consideration his average monthly earnings as of his actual postponed retirement date.

Late Retirement Benefit payable will be the greater of:

- (a) The Participant's Normal Retirement Pension as stated in section 9.1 taking into account all service and compensation to the date of retirement
- (b) The Actuarial Equivalent of the Participant's total accrued benefit as it would have been payable on his Normal Retirement Date.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Disability Retirement

Disability is defined as a physical or mental condition resulting from bodily injury, disease, or mental disorder which makes the participant incapable of working with the Employer. Disability is established by the plan and is based on being eligible to receive benefits under the Employer's insured long-term disability plan. A participant who is eligible to receive disability benefits under the long-term disability plan is considered disabled for purposes of this Plan.

A Disabled Participant will continue to accrue credited (no credited service will be credited after May 31, 1992) and vesting service while receiving benefits under the insured long-term disability plan as if he/she had continued to be actively employed.

Accruals will cease on the earlier of:

- The date the participant is no longer eligible for benefits under the long-term disability plan; or
- The date of the participant's death (which a pre-retirement spouse's or beneficiary's benefit, whichever is applicable) per pre-retirement death provisions.

In addition, Earnings and Covered Compensation will be assumed to remain constant from the date of disability (through March 31, 2010). The participant's earnings on the date he became disabled will be his earnings for each year he is considered disabled.

If a participant doesn't return to work with the employer, his retirement benefits will commence on the later of his Normal Retirement Date or the date his long-term disability benefits cease. The participant may elect to commence his benefit prior to his Normal Retirement Date if he has 10 years of vesting service. The benefit will be the actuarial equivalent of his benefit based on his early retirement date. He may not defer benefits beyond his Minimum Required Distributions date.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Pre-Retirement Death Benefit – Married Participants

If a married Participant dies while actively employed or dies while inactive with a vested benefit prior to commencement of benefits, a death benefit will be payable to the spouse. Married participants cannot waive the spouse as the beneficiary.

Death Occurring On or After Age 55 – If a participant attains age 55 and dies before his Normal Retirement Date but after completing 5 years of vesting service, a survivor benefit is paid to a surviving spouse provided he was married to such spouse for at least one year on the date of death.

If a participant dies after his Normal Retirement Date but prior to retiring on his late retirement date and has not made an election, a death benefit will be paid to the surviving spouse or beneficiary as if the participant retired on his date of death. If a participant made an election, a death benefit will be paid based on the optional form elected as if the participant retired on his date of death.

The death benefit is the amount that would have been payable to the spouse had the participant retired on his date of death with an immediate benefit payable in the form of 100% Joint & Survivor annuity with his spouse as the contingent annuitant.

The spouse's benefit shall commence on the later of the 1st day of the month coincident with or next following the participant's earliest annuity starting date had he survived, or the participant's date of death and continue for the spouse's lifetime.

The spouse may elect to defer the benefit within 180 days of the participant's date of death until the participant's Normal Retirement Date and have no reduction for early commencement. The form of payment will be a Life Annuity with 120 payments guaranteed. The payment will be the actuarial equivalent of the amount payable for the spouse's life.

A surviving spouse may elect a lump sum within 180 days of the participant's date of death. The lump sum will be the actuarial equivalent based on the spouse's attained age.

If the participant dies after his Early Retirement Date but before commencing his benefits and has elected an optional form of benefit, a death benefit will be paid in accordance with that optional form commencing on the 1st day of the month following the participant's death.

Death Occurring Before Age 55 – If a participant completes 5 years of vesting service and dies before age 55 and before his annuity starting date, a survivor benefit is paid to a surviving spouse provided he was married to such spouse for at least one year on the date of death.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

The death benefit is the amount that would have been payable to the spouse had the participant terminated on the day before his date of death (or actual termination date if earlier) and elected benefits to begin at his earliest annuity starting date. The accrued benefit in the form of 100% Joint & Survivor annuity with his spouse as the contingent annuitant.

The spouse's benefit shall commence on the 1st day coincident with or next following the date the participant would have attained his earliest annuity starting date (age 55) and continue for the spouse's lifetime.

The spouse may elect to defer the benefit within 180 days of the participant's date of death until the participant's Normal Retirement Date and have no reduction for early commencement. The form of payment will be a Life Annuity with 120 payments guaranteed. The payment will be the actuarial equivalent of the amount payable for the spouse's life.

A surviving spouse may elect a lump sum within 180 days of the participant's date of death. The lump sum will be the actuarial equivalent based on the spouse's attained age.

Participants Age at Death	Years of Vesting Service	Beneficiaries Earliest BCD (Based on Participant's Age)
Less than 55	5 years	55
55 or older	5 years	Immediately

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Pre-Retirement Death Benefit – Non-Married Participants

If a non-married vested participant dies while actively employed or dies after terminating employment but prior to his annuity starting date (and prior to making a benefit election), a death benefit will be payable to the participant's designated beneficiary

The death benefit is the accrued benefit at the time of the participant's date of death subject to early retirement reductions per the plan provisions, if applicable.

The beneficiary's benefit shall commence on the 1st day of the month coincident with or next following the later of the participant's death or the participant's earliest annuity starting date had he survived. The form of payment will be a 120 monthly payments guaranteed

The beneficiary may elect to defer payment to the participant's Normal Retirement Date

A beneficiary may elect a lump sum within 180 days of the participant's date of death. The lump sum will be the actuarial equivalent based on the beneficiary's attained age.

If the participant dies after his Early Retirement Date but before commencing his benefits and has elected an optional form of benefit, a death benefit will be paid in accordance with that optional form commencing on the later of the 1st day of the month following the participant's death or the participant's earliest annuity starting date had he survived.

Participants Age at Death	Years of Vesting Service	Beneficiaries Earliest BCD (Based on Participant's Age)
Less than 55	5 years	55
55 or older	5 years	Immediately

Minimum Required Distributions

The Participant's minimum required start date is the latter of April 1st of the plan year following the attainment of the ages below or termination from the plan:

- Age 70½ prior to 2020;
- Age 72 prior to 2023,
- Age 73 prior to 2033, or
- Age 75 in 2033 or later.

APPENDIX A: SUMMARY OF PLAN PROVISIONS

Optional Forms All optional forms of payment are Actuarially Equivalent

Single Life Annuity – This form of payment provides an annuity for the lifetime of the participant. Upon the participant's death no further benefits are payable. For a married participant, spousal consent is required to elect this optional form.

Mandatory Cash Out – This form of payment is a one-time payment, and no further benefits are payable upon the death of the participant. It is required if the present value of the participant's total accrued benefit is less than \$5,000. Effective April 1, 2024, the Mandatory Cash Out threshold was adjusted to \$7,000.

If the Actuarial Equivalent lump sum does not exceed \$5,000, adjusted to \$7,000 effective April 1, 2024, and the Participant fails to make an election between a lump sum and a rollover, the amount will automatically be paid to the Participant in one lump sum distribution.

50%, 66 2/3%, 75%, or 100% Joint & Survivor Annuity – This form of payment provides an annuity for the lifetime of the participant. Upon the participant's death, if the designated beneficiary is still alive, a reduced benefit is paid to the beneficiary for the remainder of his life. The beneficiary's benefit is equal to the original participant's benefit times the percentage elected, 50%, 66 2/3%, 75% or 100%. If the beneficiary dies first, no further payments are made upon the participant's death.

For a married participant, spousal consent is required to elect this form other than the 50% J&S. (Also required for the 50%J&S with a beneficiary other than the spouse.)

Life Annuity or a 50%, 66 2/3%, 75%, or 100% Joint & Survivor Annuity with 10 Year Certain Option – This form of payment provides an annuity for the lifetime of the participant. Upon the participant's death, if the designated beneficiary is still alive, a reduced benefit is paid to the beneficiary for the remainder of his life. The beneficiary's benefit is equal to the original participant's benefit times the percentage elected, 50%, 66 2/3%, 75% or 100%. If the beneficiary dies first, no further payments are made upon the participant's death.

This option also guarantees payments for 10 years (120 payments). If the participant dies before receiving 120 monthly payments, the monthly benefit will be continued to the beneficiary until the balance of the 120 payments has been paid. Then the beneficiary will begin receiving the survivor portion of the joint & survivor annuity, depending on the percentage elected (50%, 66 2/3%, 75%, or 100%).

APPENDIX A: SUMMARY OF PLAN PROVISIONS

If the participant and then beneficiary die before payment of the guaranteed installments, a payment of any remaining installments is paid to the participant's secondary beneficiary. If the participant elects a joint & survivor annuity with the guaranteed payments, the actuarial equivalent of the remaining guarantee payments will be paid as a lump sum to the beneficiary.

For a married participant, spousal consent is required to elect this form other than the 50% J&S. (Also required for the 50%J&S with a beneficiary other than the spouse.)

5 Year Certain and Continuous Annuity – This form of payment provides an annuity for the lifetime of the participant. Upon the participant's death, if the designated beneficiary is still alive, the remaining number of guaranteed payments (60 payments) is paid to the beneficiary for the remainder of his life. The beneficiary's benefit is equal to the original participant's benefit. If the beneficiary dies first and all of the guaranteed payments are paid to the participant, no further payments are made upon the participant's death.

If the actuarial equivalent of the participant's remaining payments is less than or equal to \$5,000, adjusted to \$7,000 effective April 1, 2024, then the payments will be made to the beneficiary in a lump sum.

Lump Sum – This form of payment is a one-time payment, and no further benefits are payable upon the death of the participant. For a married Participant, spousal consent is required.

Plan Actuarial Equivalence

Interest Rate – 7.00%

Mortality Table – UP-1984 Mortality Table, setback 1-year for participants and 2-years for beneficiaries or contingent annuitants

Lump Sum Actuarial Equivalence

Interest Rate – PPA Segment rates for the 5th month preceding the Plan Year (May)

Mortality Table – 417(e)(3) as amended by Revenue Ruling 2007-67 and Notice 2022-22

The lump sum shall not be less than the present value of the lump sum determined using the plan's Actuarial Equivalence assumptions.

**ATTACHMENT TO THE 2023 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Dana- Farber Cancer Institute, Inc.

Plan Name: Retirement Plan for Employees of Dana-Farber Cancer Institute, Inc.

Plan Year: October 1, 2023 to September 30, 2024

EIN: 04-2263040

Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year

Page 13 of the attached auditor's report of the Plan for the plan year ending September 30, 2024 provides the schedule of assets information.

APPENDIX B: SCHEDULE SB AND ATTACHMENTS

PLAN SPONSOR: Dana-Farber Cancer Institute, Inc.
PLAN NAME: The Retirement Plan for Employees of Dana-Farber Cancer
Institute, Inc.
SPONSOR'S EIN: 04-2263040
PN: 001

2023/24 SCHEDULE SB, LINE 24 | CHANGES IN ACTUARIAL ASSUMPTIONS

The Administrative Expenses assumption was updated to better reflect the level of administrative expenses anticipated to be paid from the trust during the current plan year.