

|   |  |   |
|---|--|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Annual Report Identification Information</b> |
|---------------|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b> |
|----------------|---|

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>BAYSTATE HEALTH, INC RETIREMENT PLAN</u>  | <b>1b</b> Three-digit plan number (PN) ▶ <u>003</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>BAYSTATE HEALTH, INC</u><br><br><u>280 CHESTNUT STREET</u><br><u>SPRINGFIELD, MA 01199</u> | <b>1c</b> Effective date of plan<br><u>01/01/2005</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>04-2105941</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>413-794-7700</u><br><br><b>2d</b> Business code (see instructions)<br><u>622000</u> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/03/2025 | KARI DIMAURO   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |       |
|---|--|-------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |       |
|   | <b>3c</b> Administrator's telephone number |       |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |       |
|   | <b>4d</b> PN                               |       |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 17465 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 13531 |
|   | <b>6a(2)</b>                               | 13905 |
|   | <b>6b</b>                                  | 103   |
|   | <b>6c</b>                                  | 3737  |
|   | <b>6d</b>                                  | 17745 |
|   | <b>6e</b>                                  | 24    |
|   | <b>6f</b>                                  | 17769 |
|   | <b>6g(1)</b>                               | 17051 |
| <b>6g(2)</b>  | 17067                                      |       |
| <b>6h</b>   | 1291                                       |       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |       |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
3H 2G 2S 2T 2E 2J 2K 3D

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" 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 1
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>BAYSTATE HEALTH, INC RETIREMENT PLAN</b></p>                         | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>003</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BAYSTATE HEALTH, INC</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>04-2105941</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**NEW YORK LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-5582869 | 66915         | GA80365                               | 1583  | 01/01/2024              | 12/31/2024 |

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

|   |  |
|---|--|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p> |
|---|--|

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 0   |                                 |             |                       |

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

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

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>  | <b>Investment and Annuity Contract Information</b>  |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
|---|---|---|--------------|---------|---|--------------|----------|--|--------------|---------|---|--------------|---|--------------------------------|--------------|-------|---------------------------|--|--|----------------------------|--|-----------------------|----------|
|   | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.  |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>4</b>  | Current value of plan's interest under this contract in the general account at year end .....   | 0   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>5</b>  | Current value of plan's interest under this contract in separate accounts at year end.....  | 0   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>6</b>  | <b>Contracts With Allocated Funds:</b>  |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>a</b>  | State the basis of premium rates ▶  |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>b</b>  | Premiums paid to carrier .....  | 0   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>c</b>  | Premiums due but unpaid at the end of the year .....  | 0   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>d</b>  | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶   | 0   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>e</b>  | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>f</b>  | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>   |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>7</b>  | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>  |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>a</b>  | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶   |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>b</b>  | Balance at the end of the previous year .....   | 49896906  |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>c</b>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(1) Contributions deposited during the year .....</td> <td style="width:10%; text-align: center;"><b>7c(1)</b></td> <td style="width:40%; text-align: right;">9048321</td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td style="text-align: center;"><b>7c(2)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td style="text-align: center;"><b>7c(3)</b></td> <td style="text-align: right;">1949495</td> </tr> <tr> <td>(4) Transferred from separate account .....</td> <td style="text-align: center;"><b>7c(4)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td>(5) Other (specify below).....</td> <td style="text-align: center;"><b>7c(5)</b></td> <td style="text-align: right;">-3088</td> </tr> <tr> <td colspan="3">▶ OPENING BAL DIFF OFFSET</td> </tr> <tr> <td colspan="2" style="text-align: right;">(6) Total additions .....</td> <td style="text-align: right;"><b>7c(6)</b> 10994728</td> </tr> </table> | (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 9048321 | (2) Dividends and credits.....  | <b>7c(2)</b> | 0        | (3) Interest credited during the year.....     | <b>7c(3)</b> | 1949495 | (4) Transferred from separate account ..... | <b>7c(4)</b> | 0 | (5) Other (specify below)..... | <b>7c(5)</b> | -3088 | ▶ OPENING BAL DIFF OFFSET |  |  | (6) Total additions .....  |  | <b>7c(6)</b> 10994728 | 49896906 |
| (1) Contributions deposited during the year .....                         | <b>7c(1)</b>  | 9048321   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (2) Dividends and credits.....  | <b>7c(2)</b>  | 0   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (3) Interest credited during the year.....                                | <b>7c(3)</b>  | 1949495   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (4) Transferred from separate account .....                               | <b>7c(4)</b>  | 0   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (5) Other (specify below).....  | <b>7c(5)</b>  | -3088   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| ▶ OPENING BAL DIFF OFFSET   |   |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (6) Total additions .....   |   | <b>7c(6)</b> 10994728                             |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>d</b>  | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | 60891634  |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>e</b>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>Deductions:</b></td> </tr> <tr> <td style="width:50%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width:10%; text-align: center;"><b>7e(1)</b></td> <td style="width:40%; text-align: right;">13441487</td> </tr> <tr> <td>(2) Administration charge made by carrier.....</td> <td style="text-align: center;"><b>7e(2)</b></td> <td style="text-align: right;">48483</td> </tr> <tr> <td>(3) Transferred to separate account .....</td> <td style="text-align: center;"><b>7e(3)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td>(4) Other (specify below).....</td> <td style="text-align: center;"><b>7e(4)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td colspan="3">▶</td> </tr> <tr> <td colspan="2" style="text-align: right;">(5) Total deductions .....</td> <td style="text-align: right;"><b>7e(5)</b> 13489970</td> </tr> </table>   | <b>Deductions:</b>                                |              |         | (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 13441487 | (2) Administration charge made by carrier..... | <b>7e(2)</b> | 48483   | (3) Transferred to separate account .....   | <b>7e(3)</b> | 0 | (4) Other (specify below)..... | <b>7e(4)</b> | 0     | ▶                         |  |  | (5) Total deductions ..... |  | <b>7e(5)</b> 13489970 | 60891634 |
| <b>Deductions:</b>  |   |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b>  | 13441487  |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b>  | 48483   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (3) Transferred to separate account .....                                 | <b>7e(3)</b>  | 0   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (4) Other (specify below).....  | <b>7e(4)</b>  | 0   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| ▶   |   |   |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| (5) Total deductions .....  |   | <b>7e(5)</b> 13489970                             |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |
| <b>f</b>  | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....   | 47401664  |              |         |   |              |          |  |              |         |   |              |   |                                |              |       |                           |  |  |                            |  |                       |          |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>BAYSTATE HEALTH, INC RETIREMENT PLAN</b>                         | <b>B</b> Three-digit plan number (PN) ▶                            | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BAYSTATE HEALTH, INC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>04-2105941</b> |            |

**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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 37 60 64<br>65         | RECORDKEEPER  | 671190   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | ADVISOR   | 99789  | 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)

TOWERS WATSON INVESTMENT SERVICES,

52-1868818

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | INVESTMENT ADVISOR  | 96197  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16                     | CONSULTANT  | 59303  | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | 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 |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| WW QUAL SMALLCAP ULT - ULTIMUS FUN<br><br>31-1663251                | 0.10%  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| WW QUAL SMCAP INST - ULTIMUS FUND<br><br>31-1663251                 | 0.15%  |   |
| (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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>BAYSTATE HEALTH, INC RETIREMENT PLAN</b>                                     | <b>B</b> Three-digit plan number (PN) ▶ <b>003</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BAYSTATE HEALTH, INC</b>             | <b>D</b> Employer Identification Number (EIN)<br><b>04-2105941</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|--|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 30677332              | 34217628        |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 2251085               | 2216944         |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 8291747               | 11248845        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1099486918            | 1315159059      |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 49896906              | 47401664        |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....  | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 1190603988            | 1410244140      |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 1190603988            | 1410244140      |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 52606582   |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 76934118   |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 61969566   |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    | 0          | 191510266 |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 53402      |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 815676     |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 1907689    |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2776767   |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 51298256   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 51298256  |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 102265059 |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 347850348 |

**Expenses**

|   |               |           |           |
|---|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 126602291 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 0         |           |
| (3) Other .....   | <b>2e(3)</b>  | 0         |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 126602291 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           | 6170      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           | 671229    |
| <b>h</b> Interest expense .....   | <b>2h</b>     |           | 0         |
| <b>i</b> Administrative expenses:   |               |           |           |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  | 0         |           |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 5700      |           |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  | 665490    |           |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 0         |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 99789     |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 0         |           |
| (7) Actuarial fees .....  | <b>2i(7)</b>  | 0         |           |
| (8) Legal fees .....  | <b>2i(8)</b>  | 2788      |           |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  | 0         |           |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> | 0         |           |
| (11) Other expenses .....   | <b>2i(11)</b> | 156739    |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 930506    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 128210196 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 219640152 |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan .....  | <b>2l(1)</b> |  | 0         |
| (2) From this plan .....  | <b>2l(2)</b> |  | 0         |

**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: MEYERS BROTHERS KALICKA, P.C.

(2) EIN: 04-2713795

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |         |

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

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

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>BAYSTATE HEALTH, INC RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶                            | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BAYSTATE HEALTH, INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-2105941</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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 |  |
|---|--|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-6568107

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

|   |  |
|---|--|
| 3 |  |
|---|--|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|   |            |  |
|---|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....   | <b>14b</b> |  |
| <b>c</b> 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).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500955A.

**BAYSTATE HEALTH, INC.**  
**RETIREMENT PLAN**  
*FINANCIAL STATEMENTS*  
*DECEMBER 31, 2024 AND 2023*

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN  
FINANCIAL STATEMENTS**

**INDEX**

|   |         |
|---|---------|
| Independent Auditors' Report                                    | 1 - 3   |
| Financial Statements:   |         |
| Statements of Net Assets Available for Benefits                 | 4       |
| Statements of Changes in Net Assets Available for Benefits      | 5       |
| Notes to Financial Statements                                   | 6 - 15  |
| Supplemental Information:                                       |         |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year)* | 16 - 17 |

Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not applicable.

\*Refers to Form 5500, Annual Return of Employee Benefit Plan



## MeyersBrothersKalicka , P.C.

CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS STRATEGISTS

### INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of  
Baystate Health, Inc. Retirement Plan

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

We have performed audits of the accompanying financial statements of Baystate Health, Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

#### Opinion

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

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

#### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Baystate Health, Inc. Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Baystate Health, Inc. Retirement 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 Baystate Health, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

## Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

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

*Myers Brothers Holicko, P.C.*

Holyoke, Massachusetts  
September 16, 2025

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2024 AND 2023**

|  | <u>2024</u>             | <u>2023</u>             |
|--|-------------------------|-------------------------|
| <b>Assets</b>  |                         |                         |
| Investments at fair value                            | \$ 1,317,376,003        | \$ 1,101,738,003        |
| Fully benefit-responsive contracts at contract value | 47,401,664              | 49,896,906              |
| Total investments                                    | <u>1,364,777,667</u>    | <u>1,151,634,909</u>    |
| <b>Receivables</b>                                   |                         |                         |
| Employer contributions                               | 34,217,628              | 30,677,332              |
| Notes receivable from participants                   | 11,248,845              | 8,291,747               |
| Total receivables                                    | <u>45,466,473</u>       | <u>38,969,079</u>       |
| <b>Net assets available for benefits</b>             | <u>\$ 1,410,244,140</u> | <u>\$ 1,190,603,988</u> |

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

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

|   | <b>2024</b>      | <b>2023</b>      |
|---|------------------|------------------|
| <b>Additions to net assets attributed to:</b>               |                  |                  |
| Investment income:  |                  |                  |
| Net appreciation in fair value of investments               | \$ 102,265,059   | \$ 131,948,239   |
| Interest and dividend income                                | 53,259,347       | 33,849,375       |
| Total investment income                                     | 155,524,406      | 165,797,614      |
| Interest income from participant loans                      | 815,676          | 476,347          |
| Contributions:  |                  |                  |
| Employees   | 76,934,118       | 72,519,635       |
| Employer  | 52,606,582       | 48,418,810       |
| Rollover  | 61,969,566       | 5,767,406        |
| Total contributions   | 191,510,266      | 126,705,851      |
| Total additions   | 347,850,348      | 292,979,812      |
| <b>Deductions from net assets attributed to:</b>            |                  |                  |
| Benefits paid directly to participants                      | 127,279,690      | 88,300,283       |
| Administrative expenses                                     | 930,506          | 881,047          |
| Total deductions  | 128,210,196      | 89,181,330       |
| <b>Net increase</b>   | 219,640,152      | 203,798,482      |
| <b>Net assets available for benefits, beginning of year</b> | 1,190,603,988    | 986,805,506      |
| <b>Net assets available for benefits, end of year</b>       | \$ 1,410,244,140 | \$ 1,190,603,988 |

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

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**1. DESCRIPTION OF THE PLAN:**

The following brief description of the Baystate Health, Inc. Retirement Plan (the “Plan”), formerly known as the Baystate Health, Inc. Retirement Contribution Account Plan, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a 403(b) defined contribution plan, most recently amended and restated May 27, 2022, covering the eligible employees of participating organizations of Baystate Health, Inc., including Baystate Noble Hospital. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The following organizations within Baystate Health, Inc. (“BH”) participate in the Plan: Baystate Administrative Services, Inc., Baystate Franklin Medical Center, Inc., Baystate Health Foundation, Inc., Baystate Medical Center, Inc., Baystate Visiting Nurse Association & Hospice, Baystate Wing Hospital Corporation, Baystate Noble Hospital, Baystate Total Home Care, Inc. and Baystate Medical Practices, Inc.

**Administration of the Plan**

Baystate Health, Inc. is the Plan sponsor and is responsible for the monitoring and administration of the Plan. Fidelity Management Trust Company (“Fidelity”), the Plan’s third-party administrator, is responsible for the general administration of the Plan and acts as the Plan’s trustee. Fidelity also serves as the asset custodian of the Plan.

The Retirement Administration Committee appointed by the Board of Directors of the Company is responsible for the operation of the Plan in a uniform and non-discriminatory manner and has the right to make rules and decisions concerning the operation of the Plan and the eligibility for benefits.

**Eligibility**

**Employees of Baystate Health Inc.**

The Plan covers substantially all full time, non-leased, non-union employees of the participating Baystate Health, Inc. (“BH”) organizations hired or rehired on or after January 1, 2005. Employees are automatically enrolled in the Plan for elective deferrals on their date of hire and also become eligible for employer matching contributions. Employees become eligible for non-elective employer contributions upon being employed on the last day of the year and having 1,000 hours of service.

**Employees of Baystate Noble Hospital**

Effective May 27, 2022, the Plan covers all employees of Noble with the exception of leased employees, independent contractors, and non-common law employees. Employees are eligible to enroll in elective deferrals on their date of hire. Employees are eligible for matching and non-elective contributions on the first day of each plan quarter after completing one year of service.

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**1. DESCRIPTION OF THE PLAN: (CONTINUED)**

**Contributions**

Participants may make pre-tax and Roth contributions of their annual wages subject to annual limitations determined by the Internal Revenue Code. Participants direct the investment of these contributions into various investment options offered by the Plan.

**Employees of Baystate Health Inc.**

All eligible employees of BH are automatically enrolled in elective deferrals at 3% of eligible compensation unless they affirmatively elect a lesser deferral percent or affirmatively elect not to participate in the Plan. In addition, certain participants were allowed to transfer contract balances into this plan from a former 403(b) deferred annuity plan.

Each year, BH will contribute a non-elective core contribution from 3% to 5% of the participant's compensation, as defined in the Plan. For the Plan years ended December 31, 2024 and 2023, the BH core contributions on the participant's behalf are based on years of service as of December 31 of each calendar year. Previously core contributions were based on years of service as of January 1 of each calendar year. BH will contribute a matching contribution equal to 50% of the first 4% of a participants' compensation contributed as an elective deferral.

BH matching contributions will be credited to participant's accounts as soon as practical after the payroll period to which it is attributable. A true-up matching contribution will be made at the end of the year, as applicable, for any participant whose compensation or elective deferral contribution percentage changed during the Plan year. BHS core and matching contributions are made after the end of each calendar year and are subject to certain limitations.

**Employees of Baystate Noble Hospital**

All eligible employees of Noble are automatically enrolled at 4% of eligible compensation unless they affirmatively elect a lesser deferral percent or affirmatively elect not to participate in the Plan. The deferral rate is increased on January 1 of each year by 1% annually, not to exceed 10% for these participants.

Employees of Noble are eligible for discretionary employer matching contributions. The employer match was 50% of employee contributions, up to 4% for 2024 and 2023. Per diem employees are eligible for employer contributions if they have attained at least 1,000 hours of service during the consecutive twelve-month period beginning on the employee's employment commencement date or during any Plan year beginning after their employment commencement date.

Noble may also make non-elective contributions. All contract employees of Noble are eligible for a core contribution of 2% of compensation. All contract employees of Noble who are over age 45 and have 10 years of service as of May 1, 2007 are also eligible for a transitional contribution. The transitional benefit is as follows:

| <u>Age</u> |    |
|------------|----|
| 45-49      | 2% |
| 50-54      | 4% |
| 55-59      | 6% |
| 60+        | 8% |

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**1. DESCRIPTION OF THE PLAN: (CONTINUED)**

**Participant accounts**

Each participant's account is credited with the participant's voluntary contributions and an allocation of the BH and Noble contributions and Plan earnings (losses) and is charged with an allocation of administrative expenses. Earnings allocations are based on participant account balances, compensation or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are immediately vested in their salary reduction amounts contributed to the Plan, plus actual earnings thereon.

**Employees of Baystate Health Inc.**

Participants become 100 percent vested in their employer contributions upon the earliest occurrence of either (a) earning three years of credited service, (b) attainment of normal retirement age or (c) death or disability while employed.

**Employees of Baystate Noble Hospital**

Vesting in the Company's contributions increases annually, based on the following:

| <u>Years of<br/>Vesting Service</u> | <u>Vested<br/>Interest</u> |
|-------------------------------------|----------------------------|
| 1                                   | 25%                        |
| 2                                   | 50%                        |
| 3                                   | 75%                        |
| 4                                   | 100%                       |

Participants also become 100% vested in all employer contributions when the participant retires, dies, becomes disabled, reaches age 65 while employed, or the Plan is terminated. Participants must have attained age 18 before their service can be considered for vesting purposes.

**Participant loans**

Participants may borrow from their accounts a minimum of \$1,000, up to an amount not to exceed the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 - 5 years with extended terms for the purchase of a primary residence (not to exceed 15 years). The loans are secured by the balance in the participant's account. The loans bear interest at a rate of prime plus 1% (4.25% - 9.50%). Principal and interest are paid ratably through direct payments to the custodian by the participants, so long as the participant is employed by Baystate Health and thereafter by regular installment payments.

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**1. DESCRIPTION OF THE PLAN: (CONTINUED)**

**SECURE 2.0 Act of 2022**

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022, to increase retirement savings, improve retirement rules, and lower employer costs of setting up a retirement plan. Plan amendments required by the Act generally need not to be made until the end of the first plan year beginning on or after January 1, 2026, however, plans must operate in accordance with effective date of each new provision.

Major provisions of this Act that may effect the Plan include:

- Effective January 1, 2024, the limit for mandatory cash outs was raised from \$5,000 to \$7,000.
- Effective January 1, 2025, further expansion of eligibility to long-term part-time workers, which will allow participation after two consecutive years of 500 or more hours.
- Effective January 1, 2026, catch up contributions for any participants over age 50 who earn over \$145,000 are now required to be made on a Roth basis.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

**Basis of accounting**

The accompanying financial statements have been prepared using the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America.

**Forfeitures**

A forfeiture is a loss of all or a portion of BH and Noble contributions and earnings thereon allocated to an account of a participant separating from service before becoming 100% vested. The nonvested portion of the account represents forfeitures, which are used to reduce future BH contributions or to offset administrative expenses. For the years ended December 31, 2024 and 2023, \$2,641,189 and \$422,719 were used to reduce BH contributions, respectively. During 2024 and 2023, \$149,885 and \$227,189 was used to offset expenses. The forfeited non-vested, non-allocated balance was \$1,993,448 and \$2,214,116 at December 31, 2024 and 2023, respectively.

**Investment valuation and income recognition**

Investments held by the Plan are stated at fair value, with the exception of fully benefit-responsive investment contracts which are reported at contract value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Contract value reflects the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan and is the relevant measure for the portion of assets attributable to fully benefit-responsive investment contracts. All investments are participant directed.

The Plan administrator is responsible for determining the Plan's valuation policies and analyzing information provided by the investment advisors and record keeper that is used to determine the fair value of the Plan's investments. See Note 3 for further discussion of fair value measurements.

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (CONTINUED)**

**Investment valuation and income recognition (continued)**

In accordance with the policy of stating investments at fair value, net unrealized appreciation in fair value is reflected in the statements of changes in net assets available for benefits. The net appreciation in the fair value of its investments consists of realized gains and losses and unrealized appreciation on those investments.

Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis. Purchase and sale of securities are recorded on a trade-date basis. Earnings on investments, with the exception of participant loans, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each of the participant's individual account balance to the aggregate of the participant account balances. The portion of interest included in each loan payment by a participant is recognized as interest income in the participant's account.

**Benefit payments**

On termination of service, vested participants are eligible to receive the value of their retirement account. The Plan offers several payment options for retirement and disability benefits, including lump sum payments and annuities. The option for early retirement may be exercised after attaining the age of 59.5. The Plan also allows for other in-service and hardship distributions. Additionally, mandatory distributions will occur upon severance from employment for vested balances less than \$5,000.

Effective November 22, 2024, the Plan was amended to include the following provisions of the SECURE 2.0 Act:

- Withdrawals for certain emergency expenses are allowed, up to \$1,000, with the option to repay within 3 years.
- Withdrawals for an individual case of domestic abuse will be penalty-free.
- Distributions of up to \$22,000 will be allowed for individuals affected by qualified federally declared disasters.

Benefit payments to participants are recorded upon distribution.

**Administrative expenses**

Plan expenses relating to the management of the investments are paid by the Plan (see Note 7), however, the Plan sponsor pays other administrative expenses of the Plan, which are excluded from these financial statements.

**Use of estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Risks and uncertainties**

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

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (CONTINUED)**

**Notes receivable from participants**

Participant loans receivable are recorded at their unpaid balance plus any accrued but unpaid interest. Since the participants' remaining vested investment balance is sufficient to cover the outstanding loan amount, there is no allowance for doubtful accounts at December 31, 2024 and 2023. Interest is calculated and included in the repayment terms of the loan when the loan is initiated and is recognized with the amortization of the loan as each payment is remitted. Loans are monitored for repayment under the original loan terms and defaulted when active participants cease payments past the allowed grace period. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. For terminated participants, once a distribution is requested, the outstanding loan balance will be netted against the remaining vested investment balance.

**3. FAIR VALUE MEASUREMENTS:**

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

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

Level 2 Inputs to the valuation methodology include:

- 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 measurements.

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

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**3. FAIR VALUE MEASUREMENTS: (CONTINUED)**

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 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 Securities and Exchange Commission (SEC). These funds are valued at the closing price recorded on the active market in which these individual securities are traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| <b>Fair Value Measurements at December 31, 2024</b> |                         |                  |                |                |
|---|-------------------------|------------------|----------------|----------------|
|   | <b>Total Fair Value</b> | <b>Level 1</b>   | <b>Level 2</b> | <b>Level 3</b> |
| Investments at fair value:                          |                         |                  |                |                |
| Mutual funds  | \$ 1,317,376,003        | \$ 1,317,376,003 | \$ -           | \$ -           |

| <b>Fair Value Measurements at December 31, 2023</b> |                         |                  |                |                |
|---|-------------------------|------------------|----------------|----------------|
|   | <b>Total Fair Value</b> | <b>Level 1</b>   | <b>Level 2</b> | <b>Level 3</b> |
| Investments at fair value:                          |                         |                  |                |                |
| Mutual funds  | \$ 1,101,738,003        | \$ 1,101,738,003 | \$ -           | \$ -           |

**4. INFORMATION CERTIFIED BY CUSTODIAN:**

The Plan administrator has elected the method of compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Fidelity Management Trust Company ("Fidelity"), the custodian of the Plan, certified to the Plan administrator the fair value and physical custody of investments and notes receivables from participants to be complete and accurate as of December 31, 2024 and 2023 and investment transactions for the Plan years ended December 31, 2024 and 2023 and investments included in the statements of net assets available for benefits, investment income, net appreciation in the fair value of investments included in the statements of changes in net assets available for benefits and the information contained in Notes 3 and 8 concerning investments and information included in the schedule of assets (held at end of year).

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**5. PLAN TERMINATION:**

Although it has not expressed any intent to do so, BH and Noble have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, affected participants would become 100% vested in the benefits accrued and funded at the time of Plan termination.

**6. INCOME TAX STATUS:**

The underlying nonstandardized 403(b) prototype plan document has not yet obtained an opinion letter from the Internal Revenue Service stating that the form of the Plan is qualified under Internal Revenue Code. However, the Plan administrator and Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

During the year ended December 31, 2023, Plan management discovered an operational error where years of service were improperly calculated for the core contributions of certain employee groups of Baystate Health, Inc. over a period of several plan years. The error was discovered when reviewing an error in the calculation of the 2022 core contribution calculation. Upon discovery, Plan management has worked with ERISA counsel and third party administrators to recalculate the core contribution. The required corrective matching contributions, including estimated lost earnings, are estimated to be approximately \$2,498,100, which is included in employer contributions receivable on the Statement of Net Assets Available for Benefits at December 31, 2024. Plan management is in the process of finalizing the corrective contribution. The Plan Administrator does not believe that the correction of this matter had an adverse impact on the Plan's tax status; therefore, no provision for income taxes has been included in the Plan's financial statements.

During the year ended December 31, 2022, Plan management discovered an operational error where years of service were improperly calculated for the core contributions of employees of Baystate Health, Inc. The error was discovered following the initial funding of the core contribution in April 2023. Upon discovery, Plan management worked with ERISA counsel and the Plan's recordkeeper to recalculate the core contribution. The required corrective matching contributions were \$3,105,528, which was reduced by the use of forfeitures of \$422,719. The corrective core contribution of \$2,682,809 was made on May 5, 2023. The Plan Administrator does not believe that the correction of this matter had an adverse impact on the Plan's tax status; therefore, no provision for income taxes has been included in the Plan's financial statements.

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**7. RELATED PARTY TRANSACTIONS:**

Fidelity manages the Plan's investments and is the custodian as defined by the Plan. These transactions qualify as party-in-interest transactions. Fees paid by the Plan to Fidelity for administrative services were approximately \$930,000 and \$881,000 for the years ended December 31, 2024 and 2023, respectively. Certain other fees paid by the Plan for investment management services were included in net appreciation in the fair value of investments, as they are paid through revenue sharing rather than a direct payment.

Certain employees and officers of BH, who may also be participants in the Plan, perform administrative services at no cost to the Plan.

**8. INVESTMENT CONTRACTS:**

**New York Guaranteed Contract**

The New York Life Guaranteed Interest Account (GIA) is a general account group annuity contract that provides a low-risk, stable investment option, consistent with preservation of principal. The GIA offers participants competitive yields and limited volatility, with a guarantee of principal and accumulated interest. These guarantees are offered through a group annuity contract that is issued by New York Life Insurance Company. The initial crediting rate for each contract lasts through December 31 of the first year and will reset every January 1 and July 1 in subsequent years. The GIA offers a guaranteed minimum crediting rate that can never fall below 1.00% and participant-initiated withdrawal requests are allowed daily at contract value. For the period January 1, 2024 through December 31, 2024, the crediting rate was 4.00%. For the period January 1, 2023 through December 31, 2023, the crediting rate was 3.45%.

Currently, contributions to the GIA group annuity contract are invested in a fixed income portfolio within New York Life's general account. The general account is invested primarily in a conservative array of securities and cash-equivalent investments in accordance with the investment restrictions of New York Insurance Law. These investments are intended to provide a stable crediting rate consistent with preservation of principal. The New York Life Insurance Company general account is managed by NYL Investors LLC, a Registered Investment Adviser and wholly owned subsidiary of New York Life.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**8. INVESTMENT CONTRACTS: (CONTINUED)**

**Capital Preservation Account**

Prior to May 27, 2022, contributions made to the Capital Preservation Fund were invested in MassMutual's General Investment Account, which is managed by Great-West Life & Annuity Insurance Company ("Great West"), through guaranteed investment contracts. This fund was transferred to Fidelity as part of the change in custodians of the Plan. The guaranteed investment contract issuer is contractually obligated to repay the principal at a specified interest rate. Contributions made to this account earn a fixed rate of interest. The contract value of the guaranteed investment account represents contributions made under the contract, plus interest, less any funds used to pay retirement benefits and administrative expenses. The fund was included in the financial statements at contract value as determined and reported to the Plan by Great West. There are no reserves against contract value for credit risk of the contract issuer. The principal balance is guaranteed as is the rate of return. For the period January 1, 2023 through March 31, 2023, the guaranteed crediting rate was 2.45%. For the period April 1, 2023 through June 1, 2023, the guaranteed crediting rate was 3.00%.

On June 1, 2023, the total balance of Capital Preservation Account of approximately \$46,139,000 was transferred to the New York Guaranteed Contract.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

**9. SUBSEQUENT EVENTS:**

Management has evaluated subsequent events through September 16, 2025, the date on which the financial statements were available to be issued.

**SUPPLEMENTAL INFORMATION**

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2024**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|--|--|-------------|-------------------------|
| *   | New York Life Insurance Company                                | New York Life Guaranteed<br>Interest Account   | **          | \$ 47,401,664           |
| *   | Fidelity Management Trust Company                              | Hartford Schrodgers International<br>Multi-Cap   | **          | 15,425,729              |
| *   | Fidelity Management Trust Company                              | T. Rowe Price Instl Large Cap<br>Core Growth Fund  | **          | 55,617,530              |
| *   | Fidelity Management Trust Company                              | Vanguard Equity Income Fund  | **          | 32,218,298              |
| *   | Fidelity Management Trust Company                              | Vanguard Institutional Index Plus  | **          | 127,011,554             |
| *   | Fidelity Management Trust Company                              | Vanguard Inflation Protection<br>Securities Fund   | **          | 7,549,388               |
| *   | Fidelity Management Trust Company                              | Vanguard Small Cap Index Fund  | **          | 34,393,944              |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2020 Fund  | **          | 48,412,877              |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2025 Fund  | **          | 123,986,124             |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2030 Fund  | **          | 148,708,091             |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2035 Fund  | **          | 141,663,732             |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2040 Fund  | **          | 122,686,238             |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2045 Fund  | **          | 126,345,667             |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2050 Fund  | **          | 110,610,490             |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2055 Fund  | **          | 76,407,755              |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2060 Fund  | **          | 40,977,702              |
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement<br>2065 Fund  | **          | 13,327,648              |

(Continued)

**BAYSTATE HEALTH, INC.  
RETIREMENT PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)  
AS OF DECEMBER 31, 2024**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|--|--|-------------|-------------------------|
| *   | Fidelity Management Trust Company                              | Vanguard Target Retirement Inc.  | **          | 19,747,864              |
| *   | Fidelity Management Trust Company                              | Vanguard Total Bond Market Index Fund  | **          | 16,302,843              |
| *   | Fidelity Management Trust Company                              | Vanguard Total Intl Stock Index Fund   | **          | 20,326,390              |
| *   | Fidelity Management Trust Company                              | MM Total Return Bond I   | **          | 16,171,795              |
| *   | Fidelity Management Trust Company                              | Invesco Oppenheimer Developing Markets Fund  | **          | 8,275,387               |
| *   | Fidelity Management Trust Company                              | PIMCO All Asset Fund   | **          | 4,174,956               |
| *   | Fidelity Management Trust Company                              | Westwood Small Cap ULT   | **          | 4,817,057               |
| *   | Fidelity Management Trust Company                              | Fidelity Government Money Market   | **          | 2,216,944               |
|     |  |  |             | <u>1,364,777,667</u>    |
| *   | Participant loans  | Loan securities<br>Interest range 4.25 – 9.50%   | -0-         | <u>11,248,845</u>       |
|     |  |  |             | <u>\$ 1,376,026,512</u> |

An "\*" in column (a) identifies those "parties in interest" as defined in the Department of Labor regulations.

An "\*\*\*" in column (d) identifies "cost information omitted" with respect to participant directed funds as defined in the Department of Labor regulations.

Employer Identification Number: 04-2105941  
Plan Number: 003