

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

- A** This return/report is for:
  - a multiemployer plan
  - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - a single-employer plan
  - a DFE (specify) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - the DFVC program
  - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>BOSTON MEDICAL CENTER 403(B) RETIREMENT PLAN</u>  | <b>1b</b> Three-digit plan number (PN) ▶ <u>002</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>BOSTON MEDICAL CENTER</u><br><br><u>960 MASSACHUSETTS AVENUE,</u><br><u>3RD FLOOR</u><br><u>BOSTON, MA 02118</u> | <b>1c</b> Effective date of plan<br><u>07/01/1996</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>04-3314093</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>617-638-8000</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. | 10/10/2025 | KERRY RYAN   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2025 | KERRY RYAN   |
|                  | 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                      |

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

Form 5500 (2024)  
v. 240311

|   |  |  |       |
|---|--|--|-------|
| <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: |  | <b>4b</b> EIN                              |       |
| <b>a</b> Sponsor's name   |  |  |       |
| <b>c</b> Plan Name  |  | <b>4d</b> PN                               |       |
| <b>5</b> Total number of participants at the beginning of the plan year   |  | <b>5</b>                                   | 16884 |
| <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> ).                                      |  |  |       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....   |  | <b>6a(1)</b>                               | 11386 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....   |  | <b>6a(2)</b>                               | 16171 |
| <b>b</b> Retired or separated participants receiving benefits.....  |  | <b>6b</b>                                  | 0     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....  |  | <b>6c</b>                                  | 5377  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....   |  | <b>6d</b>                                  | 21548 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....  |  | <b>6e</b>                                  | 47    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....   |  | <b>6f</b>                                  | 21595 |
| <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) .....  |  | <b>6g(1)</b>                               | 15817 |
| <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) .....  |  | <b>6g(2)</b>                               | 20388 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....   |  | <b>6h</b>                                  | 0     |
| <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:  
 2F 2G 2L 2M 2R 2S 2T 3D 3H

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

|  |   |   |   |
|--|---|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)  |   | <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              |
| (4) <input type="checkbox"/> General assets of the sponsor |   |   |   |

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

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

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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>BOSTON MEDICAL CENTER 403(B) RETIREMENT PLAN</b>                  |  | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOSTON MEDICAL CENTER</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>04-3314093</b> |

**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

**TIAA-CREF**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>13-1624203</b> | <b>69345</b>         | <b>100910</b>                                | <b>2595</b>  | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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 .....  | 237579922             |
| <b>5</b>   | Current value of plan's interest under this contract in separate accounts at year end.....   | 85187727              |
| <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 .....   | <b>6b</b>             |
| <b>c</b>   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>             |
| <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 ▶  | <b>6d</b>             |
| <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 checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                       |
| <b>b</b>   | Balance at the end of the previous year .....  | <b>7b</b> 224255989   |
| <b>c</b>   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 6506215  |
|  | (2) Dividends and credits.....   | <b>7c(2)</b>          |
|  | (3) Interest credited during the year.....   | <b>7c(3)</b> 9332919  |
|  | (4) Transferred from separate account .....  | <b>7c(4)</b> 28452658 |
|  | (5) Other (specify below).....   | <b>7c(5)</b> 567680   |
|  | ▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS   |                       |
|  | (6) Total additions .....  | <b>7c(6)</b> 44859472 |
| <b>d</b>   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 269115461   |
| <b>e</b>   | <b>Deductions:</b>   |                       |
|  | (1) Disbursed from fund to pay benefits or purchase annuities during year  | <b>7e(1)</b> 15553111 |
|  | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 94876    |
|  | (3) Transferred to separate account .....  | <b>7e(3)</b> 15753338 |
|  | (4) Other (specify below).....   | <b>7e(4)</b> 134214   |
| ▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS |  |                       |
|  | (5) Total deductions .....   | <b>7e(5)</b> 31535539 |
| <b>f</b>   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 237579922   |

**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>    |
| <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>    |
|          | (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> |
|          | (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>BOSTON MEDICAL CENTER 403(B) RETIREMENT PLAN</b>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOSTON MEDICAL CENTER</b> | <b>D</b> Employer Identification Number (EIN)<br><b>04-3314093</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

TIAA  
  
13-1624203

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

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

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

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

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

TIAA

13-1624203

| (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? |
|-------------------------------------|---|--|--|--|---|--|
| 15 17 27 28<br>38 50 52 54<br>64 66 | NONE  | 826611   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

AON HEWITT INV CONSULTING, INC

36-3109431

| (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 50                  | NONE  | 230000   | 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)

DANIEL DENNIS & COMPANY LLP

04-2734675

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 16010  | 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"/>                                     |

**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.

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> 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 D</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> | <b>DFE/Participating Plan 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> | OMB No. 1210-0110<br><br><hr/> <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>BOSTON MEDICAL CENTER 403(B) RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>BOSTON MEDICAL CENTER</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-3314093</u> |            |

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

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>TIAA REAL ESTATE</u>       |  |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>TIAA-CREF</u>              |  |
| <b>c</b> EIN-PN <u>13-1624203-004</u>             | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2849264</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                               |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                               |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                               |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                               |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                               |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                               |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



|  |  |  |
|--|--|--|
| <b>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> | <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 <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>BOSTON MEDICAL CENTER 403(B) RETIREMENT PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOSTON MEDICAL CENTER</b>            | <b>D</b> Employer Identification Number (EIN)<br><b>04-3314093</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>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 1255092               | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 2277457               | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 10837161              | 13589099        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 3341732               | 2849264         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1208338471            | 1453021586      |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 224255989             | 237579922       |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 7268070               | 7664830         |

| 1d Employer-related investments:                                  |       | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities.....                                      | 1d(1) |                       |                 |
| (2) Employer real property.....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation.....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e).....      | 1f    | 1457573972            | 1714704701      |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    |                       |                 |
| h Operating payables.....   | 1h    |                       |                 |
| i Acquisition indebtedness.....                                   | 1i    |                       |                 |
| j Other liabilities.....  | 1j    |                       |                 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    | 0                     | 0               |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 1457573972            | 1714704701      |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |          | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) | 34248539   |           |
| (B) Participants.....  | 2a(1)(B) | 71942969   |           |
| (C) Others (including rollovers).....  | 2a(1)(C) | 35823874   |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 142015382 |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) |            |           |
| (B) U.S. Government securities.....  | 2b(1)(B) |            |           |
| (C) Corporate debt instruments.....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants).....  | 2b(1)(D) |            |           |
| (E) Participant loans.....   | 2b(1)(E) | 1062674    |           |
| (F) Other.....   | 2b(1)(F) | 9332919    |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 10395593  |
| (2) Dividends:   |          |            |           |
| (A) Preferred stock.....   | 2b(2)(A) |            |           |
| (B) Common stock.....  | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) | 47924035   |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 47924035  |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:   |          |            |           |
| (A) Aggregate proceeds.....  | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets:  |          |            |           |
| (A) Real estate.....   | 2b(5)(A) |            |           |
| (B) Other.....   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | -133877   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 145818677 |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 1444434   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 347464244 |

**Expenses**

|   |               |          |          |
|---|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 85162881 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 3433340  |          |
| (3) Other .....   | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 88596221 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          | 648151   |
| <b>h</b> Interest expense .....   | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:   |               |          |          |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 40580    |          |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  | 740642   |          |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 16010    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 275389   |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....  | <b>2i(8)</b>  | 563      |          |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....   | <b>2i(11)</b> | 15959    |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 1089143  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 90333515 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 257130729 |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan .....  | <b>2l(1)</b> |  |           |
| (2) From this plan .....  | <b>2l(2)</b> |  |           |

**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: DANIEL DENNIS & COMPANY LLP

(2) EIN: 04-2734675

**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   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | 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>BOSTON MEDICAL CENTER 403(B) RETIREMENT PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BOSTON MEDICAL CENTER</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-3314093</u> |            |

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

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

|   |   |   |
|---|---|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 82-2826183

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

|  |   |  |
|--|---|--|
| <b>3</b> 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) .....  | 6a |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b |  |
| <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)..... | 6c |  |

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

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

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

|                 |                   |
|-----------------|-------------------|
| <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 J500954A.

**BOSTON MEDICAL CENTER  
403(b) RETIREMENT PLAN**

Financial Statements, Supplemental Schedule  
and  
Independent Auditors' Report

December 31, 2024 and 2023



**DANIEL DENNIS & Co**  
Certified Public Accountants

*Independent Auditors' Report*

To the Plan Administrator and Participants of the  
**Boston Medical Center 403(b) Retirement Plan**

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

We have performed audits of the financial statements of Boston Medical Center 403(b) Retirement 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 Boston Medical Center 403(b) 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 a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 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 Auditors' 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Boston Medical Center 403(b) 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 Boston Medical Center 403(b) Retirement Plan's ability to 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.

## **Auditors' 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 auditors' 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 Boston Medical Center 403(b) 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 Boston Medical Center 403(b) 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 Schedule Required by ERISA**

The supplemental schedule: Schedule H, Line 4i – 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, is 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).

*Daniel Dennis & Company LLP*  
October 2, 2025

**Boston Medical Center**  
**403(b) Retirement Plan**  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023

|  | 2024                    | 2023                    |
|--|-------------------------|-------------------------|
| <b>Assets</b>                            |                         |                         |
| Investments at fair value                | \$ 1,628,927,333        | \$ 1,370,476,831        |
| Investments at contract value            | <u>72,188,269</u>       | <u>72,727,431</u>       |
| Total investments                        | <u>1,701,115,602</u>    | <u>1,443,204,262</u>    |
| Receivables:                             |                         |                         |
| Employer contributions                   | -                       | 1,255,092               |
| Participant contributions                | -                       | 2,277,457               |
| Notes receivable from participants       | <u>15,852,800</u>       | <u>12,452,711</u>       |
| Total receivables                        | <u>15,852,800</u>       | <u>15,985,260</u>       |
| Total assets                             | <u>1,716,968,402</u>    | <u>1,459,189,522</u>    |
| <b>Net assets available for benefits</b> | <u>\$ 1,716,968,402</u> | <u>\$ 1,459,189,522</u> |

*See accompanying notes to the financial statements.*

**Boston Medical Center**  
**403(b) Retirement Plan**  
Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2024 and 2023

|   | 2024                    | 2023                    |
|---|-------------------------|-------------------------|
| <b>Additions</b>  |                         |                         |
| Investment income:  |                         |                         |
| Net appreciation  |                         |                         |
| in fair value of investments                                  | \$ 145,684,796          | \$ 184,581,967          |
| Interest and dividends  | <u>58,305,935</u>       | <u>36,639,653</u>       |
| Total investment income                                       | <u>203,990,731</u>      | <u>221,221,620</u>      |
| Interest income on notes receivable from participants         | <u>1,020,725</u>        | <u>628,844</u>          |
| Contributions:  |                         |                         |
| Employer  | 34,248,539              | 29,617,313              |
| Participant   | 71,942,969              | 61,256,406              |
| Rollovers   | <u>35,823,874</u>       | <u>6,512,477</u>        |
| Total contributions   | <u>142,015,382</u>      | <u>97,386,196</u>       |
| Total additions   | <u>347,026,838</u>      | <u>319,236,660</u>      |
| <b>Deductions</b>   |                         |                         |
| Benefits paid to participants                                 | 85,162,881              | 80,249,309              |
| Benefits paid to insurance carriers                           | 3,433,340               | 3,468,278               |
| Administrative expenses                                       | <u>651,737</u>          | <u>328,129</u>          |
| Total deductions  | <u>89,247,958</u>       | <u>84,045,716</u>       |
| <b>Net increase</b>   | 257,778,880             | 235,190,944             |
| <b>Net assets available for benefits at beginning of year</b> | <u>1,459,189,522</u>    | <u>1,223,998,578</u>    |
| <b>Net assets available for benefits at end of year</b>       | <u>\$ 1,716,968,402</u> | <u>\$ 1,459,189,522</u> |

*See accompanying notes to the financial statements.*

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

**1. Description of Plan**

The following description of the Boston Medical Center 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description or the Plan Document for more complete information of the Plan's provisions.

*General*

The Plan is a 403(b) defined contribution retirement plan covering all full-time employees of Boston Medical Center (BMC). Elective deferrals can be made immediately upon becoming employed or re-employed by BMC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). BMC is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to BMC.

*Participant Contributions*

Each year participants can contribute the lesser of the participant's includable compensation, as defined in the Plan Document, for the calendar year or the maximum allowed under section 402(g)(1)(B) of the Internal Revenue Code (IRC), which was \$23,000 for 2024 and \$22,500 for 2023, and is adjusted for cost-of-living after 2024 to the extent provided under the procedures established in section 415(d) of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan includes an automatic enrollment and escalation feature and a provision for Roth contributions. Newly hired employees are automatically enrolled with a default contribution of 3%, increasing by 1% each year until a maximum of 15% is reached.

*Employer Contributions*

For eligible employees whose benefits are negotiated by a collective bargaining unit and who was a contributory participant in the Boston University Medical Center Hospital Retirement Plan as of June 30, 1996, and continued as a contributing participant under the Plan as of July 1, 1996 with elective deferrals greater than or equal to 2% of compensation, the employer will make a matching contribution of 12%.

For eligible employees who were employees of the City of Boston Department of Health and Hospitals on June 30, 1996 and was a vested participant in the Commonwealth of Massachusetts's Boston Retirement System on June 30, 1996, or who would have been vested in that system as of September 30, 1997, had such individual continued employment under that system with elective deferrals of at least 1% of compensation, the employer will make a matching contribution of 1.5%.

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

**1. Description of Plan – Continued**

*Employer Contributions – Continued*

For eligible employees who are employees at BMC South and BMC Brighton hospitals and who are not participants in the Massachusetts Nurses Association union or the International Union of Operating Engineers union or the ATC union, the employer will making matching contributions as follows: (a) for employees who are members of the Service Employees International Union (SEIU) and whose most recent hire date is November 1, 2019 or prior, the employer will make non-discretionary matching contributions equal to 50% of participant contributions not to exceed the following based on age plus years of service, as determined as of the first day of the plan year,: 3% of eligible participant compensation for the contribution period for participants whose age plus years of service is less than 60, 4% of eligible participant compensation for the contribution period for participants whose age plus years of service is at least 60 but less than 80 and 5% of eligible participant compensation for the contribution period for participants whose age plus years of service is more than 80; (b) for employees who are members of the SEIU and whose most recent hire date is after November 1, 2019, the employer will make non-discretionary matching contributions equal to 50% of participant contributions not exceeding 3% of eligible compensation for the contribution period; (c) all other employees of BMC South and BMC Brighton hospitals will receive a matching contribution equal to 50% of participant contributions not to exceed 1.5% of eligible compensation for the contribution period.

For all other participants with one year of service or 1,000 hours during their first year of employment, or 1,000 during any subsequent calendar year, except for employees classified as per diem or house officers as described in the Plan Document, the employer will make matching contributions on behalf of participants who contribute a minimum of 2% of compensation based on the following schedule:

| <i>Years of<br/>Employment</i> | <i>Employer Contribution<br/>Percentage of Compensation</i> |
|--------------------------------|---|
| 1 - 4                          | 3%  |
| 5 - 9                          | 5%  |
| 10 - 19                        | 7%  |
| 20 plus                        | 8%  |

*Participant Accounts*

Each participant's account is credited with the participant's contribution and an allocation of employer contributions, plan earnings/(losses) and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

**1. *Description of Plan – Continued***

Investment allocation and contribution rates are determined by the participant and may be changed or discontinued at any time. Participants are provided with the option to allocate their contributions into any of the different investment options through Teachers Insurance and Annuity Association and College Retirement Equities Fund's (TIAA) investment platform that includes multiple investment options.

*Vesting*

Participants are immediately vested in their contributions and employer contributions plus actual earnings thereon.

*Notes Receivable from Participants*

Prior to the implementation of Plan loans (Note 4), participants could borrow from their respective accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the greater of (i) the outstanding balance on any loan from the Plan to the participant on the date the loan is made or (ii) the highest outstanding balance on loans from the Plan to the Participant during the one-year period ending on the day before the date the loan is approved by BMC, or 50% of their vested account balance. Effective January 2019, the Plan reinstated the participant's ability to borrow from their accounts. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined at the time of the loan by the Plan administrator. Principal and interest is paid ratably by the participant to TIAA. During the Plan years ended December 31, 2024 and 2023, all loans were issued with an interest rate from 4.25% - 9.50%.

*Payments of Benefits/Distributions*

On termination of service due to death, disability or retirement, a participant (or the beneficiary upon the participant's death) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, monthly installments, quarterly installments, annual installments, annuity or ad-hoc distributions. The Plan will make mandatory distributions following termination if the participant's account balance is equal to or less than \$5,000. Participants may make hardship withdrawals from the Plan while still employed, but only after exhausting all other financial resources, including loans from the Plan.

*Administrative Expenses*

Administrative expenses, which relate to certain investment fees, are paid via a reduction of participant account balances.

*Party-in-Interest Transactions*

Plan investments consist of certain funds managed by TIAA, the custodian, as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions.

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

**1. *Description of Plan – Continued***

*Plan Termination*

Although it has not expressed any intent to do so, BMC has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

**2. *Summary of Significant Accounting Policies***

*Basis of Accounting*

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

*Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Investment Valuation and Income Recognition*

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 7 for discussion of fair value measurements.

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

*Payment of Benefits*

Benefits are recorded when paid.

*Notes Receivable from Participants*

Notes receivable from participants are recorded at their unpaid principal balance plus any accrued, but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

**3. *Risk and Uncertainties***

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

**4. *Collateral for Plan Loans***

Prior to the Plan amendment effective January 1, 2019, plan loans were issued as separate contracts by TIAA as contemplated under IRC section 72(p)(5) and do not represent Plan assets. Loans are collateralized using a participant's TIAA Traditional account balance in an amount equal to 110% of the outstanding loan balance. Participants were able to borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, 45% of the total TIAA accumulated balances (reduced by current outstanding loan balance) and 90% of the TIAA Traditional account balance. Principal and interest is paid ratably by the participant to TIAA and each payment will reduce amounts collateralized by the borrowing participant's TIAA Traditional account balance. The collateralized balance is not available for transfer, withdrawal, retirement income benefits or survivor benefits. The amount of assets pledged as collateral at December 31, 2024 and 2023 totaled \$1,128,343 and \$1,150,491 respectively. At December 31, 2024 and 2023, interest rates on Plan loans ranged from 4.00% to 7.77%.

**5. *Income Tax Status***

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under IRC Section 403(b).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. 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 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 open tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

**6. *Information Prepared and Certified by Custodian (Unaudited)***

Certain information included in the accompanying financial statements and supplemental schedule was obtained by management and agreed to or derived from information that has been prepared and certified to as complete and accurate by TIAA, the custodian and a qualified institution, as of and for the years ended December 31, 2024 and 2023. The information certified by the custodian is as follows:

|  | 2024             | 2023             |
|--|------------------|------------------|
| Investments at fair value:                     |                  |                  |
| Registered investment companies                | \$ 1,453,021,586 | \$ 1,208,338,471 |
| Annuity contracts - nonbenefit responsive      | \$ 165,391,653   | \$ 151,528,558   |
| Pooled separate accounts                       | \$ 2,849,264     | \$ 3,341,732     |
| Self-directed accounts                         | \$ 7,664,830     | \$ 7,268,070     |
| Investments at contract value:                 |                  |                  |
| Annuity contracts - fully benefit responsive   | \$ 72,188,269    | \$ 72,727,431    |
| Notes receivable from participants             | \$ 15,852,800    | \$ 12,452,711    |
| Net appreciation in fair value of investments  | \$ 145,684,796   | \$ 184,581,967   |
| Interest and dividends                         | \$ 58,305,935    | \$ 36,639,653    |
| Interest on notes receivable from participants | \$ 1,020,725     | \$ 628,844       |

**7. *Fair Value Measurements***

FASB ASC 820, *Fair Value Measurement* (ASC 820), provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

7. ***Fair Value Measurements – Continued***

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's 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 relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Registered Investment Companies*

Valued using market quotations or prices obtained from independent pricing services, except those held by the TIAA Money Market fund, whose holdings are valued at amortized cost. Each fund determines and publishes its share price or net asset value each day.

*Non-Benefit Responsive Annuity Contracts*

Valued at contract value, which approximates fair value calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

*Pooled Separate Accounts*

Valued at the market value of the underlying real estate holdings or other real estate related investments as determined using external appraisals. The valuation is posted publicly on a daily basis.

*Self-Directed Accounts*

Self-Directed accounts are comprised of cash/cash equivalents and mutual funds. Mutual funds are valued at the quoted net asset value of shares held by the Plan at year-end. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

7. ***Fair Value Measurements – Continued***

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value:

***Assets at Fair Value as of December 31, 2024***

| <i>Description</i>              | <i>Level 1</i>          | <i>Level 3</i>        | <i>Total</i>            |
|---------------------------------|-------------------------|-----------------------|-------------------------|
| Registered investment companies | \$ 1,453,021,586        | \$ -                  | \$ 1,453,021,586        |
| Annuity contracts               | -                       | 165,391,653           | 165,391,653             |
| Pooled separate accounts        | 2,849,264               | -                     | 2,849,264               |
| Self-directed accounts          | <u>7,664,830</u>        | <u>-</u>              | <u>7,664,830</u>        |
| Total investments at fair value | <u>\$ 1,463,535,680</u> | <u>\$ 165,391,653</u> | <u>\$ 1,628,927,333</u> |

***Assets at Fair Value as of December 31, 2023***

| <i>Description</i>              | <i>Level 1</i>          | <i>Level 3</i>        | <i>Total</i>            |
|---------------------------------|-------------------------|-----------------------|-------------------------|
| Registered investment companies | \$ 1,208,338,471        | \$ -                  | \$ 1,208,338,471        |
| Annuity contracts               | -                       | 151,528,558           | 151,528,558             |
| Pooled separate accounts        | 3,341,732               | -                     | 3,341,732               |
| Self-directed accounts          | <u>7,268,070</u>        | <u>-</u>              | <u>7,268,070</u>        |
| Total investments at fair value | <u>\$ 1,218,948,273</u> | <u>\$ 151,528,558</u> | <u>\$ 1,370,476,831</u> |

The Plan has various processes and controls in place to ensure that fair value is reasonably estimated. BMC confirms the valuation methodology for Plan assets and is responsible for the determination of fair value through its relationship with the Plan. BMC compares trade prices of securities and annuities to fair value estimates from multiple pricing sources, and performs due diligence to confirm that independent pricing services use market-based parameters for valuation. Valuation approaches are reviewed on an ongoing basis and revised as necessary based on changing market conditions to ensure values represent a reasonable exit price.

The following table presents information about significant unobservable inputs related to the Plan’s investment in assets categorized as Level 3 in the ASC 820 fair value hierarchy at December 31, 2024 and 2023:

| <i>Instrument</i>                         | <i>Fair Value</i>     | <i>Principal Valuation Technique</i> | <i>Significant Unobservable Inputs</i> | <i>Range of Significant Input Values</i> | <i>Weighted Average</i> |
|---|-----------------------|--------------------------------------|--|--|-------------------------|
| TIAA Traditional Non-Benefit Responsive 1 | \$ 65,142,518         | Discounted cash flow                 | Risk-adjusted discount rate applied    | 3.65% - 6.50%                            | 4.59%                   |
| TIAA Traditional Non-Benefit Responsive 2 | <u>100,249,135</u>    | Discounted cash flow                 | Risk-adjusted discount rate applied    | 3.90% - 6.75%                            | 4.63%                   |
| Total                                     | <u>\$ 165,391,653</u> |                                      |  |  |                         |

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

7. ***Fair Value Measurements – Continued***

| <i>Instrument</i>                         | <i>Fair Value</i>     | <i>Principal Valuation Technique</i> | <i>Significant Unobservable Inputs</i> | <i>Range of Significant Input Values</i> | <i>Weighted Average</i> |
|---|-----------------------|--------------------------------------|--|--|-------------------------|
| TIAA Traditional Non-Benefit Responsive 1 | \$ 65,179,038         | Discounted cash flow                 | Risk-adjusted discount rate applied    | 4.00% - 6.75%                            | 4.81%                   |
| TIAA Traditional Non-Benefit Responsive 2 | <u>86,349,520</u>     | Discounted cash flow                 | Risk-adjusted discount rate applied    | 4.25% - 7.00%                            | 4.75%                   |
| Total                                     | <u>\$ 151,528,558</u> |                                      |  |  |                         |

The TIAA Traditional Non-Benefit Responsive account balances are reported at contract value, which approximates fair value. Contract value is the aggregation of contributions, plus interest and transfers, if any, less withdrawals and transfers, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period.

Contract value approximates a discounted cash flow calculated using an appropriate risk-adjusted market discount rate which correlates closely with historical crediting rates.

*Changes in Fair Value of Level 3 Assets*

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value to another. BMC evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. No transfers into or out of level 3 occurred during the years ended December 31, 2024 and 2023.

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 Annuity Contract investments for the year ended December 31, 2024 and 2023:

|           | <i>2024</i>          | <i>2023</i>          |
|-----------|----------------------|----------------------|
| Purchases | <u>\$ 24,219,542</u> | <u>\$ 19,473,760</u> |

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

**8. *Benefit Responsive Contracts***

*TIAA Traditional Annuity*

TIAA Traditional Annuity (TIAA Traditional) are unallocated fixed annuity contracts that are fully and unconditionally guaranteed by TIAA, an insurance company. TIAA Traditional provides a guarantee of principal, a guaranteed minimum rate of interest (between 1% and 3%) and the potential for additional interest at an annually established discretionary rate if declared by TIAA. Additional interest, when declared, remains in effect for the “declaration year,” which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant’s account purchases a guaranteed amount of lifetime annuity income. When a participant’s account in the TIAA Traditional is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the plan and does not represent an obligation of the Plan.

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of TIAA Traditional at December 31, 2024 and 2023 is \$7,128,953 and \$8,200,805 respectively. There are no events that limit the Plan’s ability to execute transactions at contract value with TIAA, and no events and circumstances that would permit issuers to terminate the contracts and settle at amounts that differ from contract value.

*TIAA Stable Value*

TIAA Stable Value is a fixed rate group annuity contract offered by TIAA. Contributions are maintained in a non-unitized separate account of TIAA and buy a contractual or guaranteed amount of future benefits for the participant. TIAA Stable Value is immediately liquid to participants and does not have participant level withdrawal restrictions. There are, however, “equity wash” provisions that prevent the immediate transfer of amounts to any competing funds available in the Plan. As such, TIAA Stable Value is a fully benefit responsive contract.

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

**8. *Benefit Responsive Contracts – Continued***

The TIAA Stable Value contract provides a guaranteed rate of interest between 1% and 3% before deductions for contract fees with the potential for crediting of additional interest above the guaranteed minimum. The guaranteed rate is negotiated between TIAA and the Plan. Additional interest, when declared by the TIAA Board of Trustees, remains in effect from January 1 through June 30 and from July 1 through December 31, and are not guaranteed for future periods.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Fair value of such contract does not differ significantly from contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

The contract value of TIAA Stable Value at December 31, 2024 and 2023, is \$65,059,316 and \$64,526,626 respectively. There are no reserves against contract value for credit risk of the contract issuer or otherwise. There are no events that limit the Plan's ability to execute transactions at contract value with TIAA, and no events and circumstances that would permit issuers to terminate the contracts and settle at amounts that differ from contract value.

**9. *Reconciliation of Form 5500***

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500.

|  | <i>2024</i>             | <i>2023</i>             |
|--|-------------------------|-------------------------|
| Net assets available for benefits per the financial statements                     | \$ 1,716,968,402        | \$ 1,459,189,522        |
| Certain deemed distributions of participant loans                                  | <u>(2,263,701)</u>      | <u>(1,615,550)</u>      |
| Net assets available for benefits per Form 5500                                    | <u>\$ 1,714,704,701</u> | <u>\$ 1,457,573,972</u> |
|  | <i>2024</i>             | <i>2023</i>             |
| Net increase in plan assets available for benefits<br>per the financial statements | \$ 257,778,880          | \$ 235,190,944          |
| Changes in certain deemed distributions of participant loans                       | <u>(648,151)</u>        | <u>(1,132,023)</u>      |
| Net increase in plan assets available for benefits per Form 5500                   | <u>\$ 257,130,729</u>   | <u>\$ 234,058,921</u>   |

**Boston Medical Center**  
**403(b) Retirement Plan**  
Notes to Financial Statements - *Continued*  
December 31, 2024 and 2023

**10. *Subsequent Events***

The Plan has evaluated subsequent events through October 2, 2025, which is the date the financial statement were available to be issued. No material subsequent events have occurred since December 31, 2024, that requires recognition or disclosure in these financial statements.

**SUPPLEMENTAL  
SCHEDULE**

**Boston Medical Center**  
**403(b) Retirement Plan**  
EIN 04-3314093 – Plan #002  
*Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*  
December 31, 2024

| <i>(a) (b) Identity of Issue, Borrower, Lessor or Similar Party</i> | <i>(c) Description of Investment<br/>including Maturity Date, Rate of<br/>Interest, Collateral, Par, or</i> | <i>(d) Cost</i> | <i>(e) Current Value</i> |
|---|---|-----------------|--------------------------|
|   | <i>Maturity Value</i>   |                 |                          |
| * <i>Participants Loans</i>   | 4.25 - 9.50%  | \$ -            | <u>\$ 15,852,800</u>     |
| <i>Registered Investment Companies</i>                              | <i>Shares</i>   |                 |                          |
| * CREF Stock R2   | 47,475  | **              | 43,267,525               |
| * CREF Money Market R2  | 85,665  | **              | 2,538,881                |
| * CREF Social Choice R2   | 8,039   | **              | 2,951,147                |
| * CREF Global Equities R2   | 19,446  | **              | 6,732,522                |
| * CREF Growth R2  | 29,102  | **              | 15,265,971               |
| * CREF Equity Index R2  | 16,999  | **              | 8,737,246                |
| * CREF Inflation-Linked Bond R2                                     | 7,874   | **              | 663,736                  |
| * CREF Core Bond R2   | 16,300  | **              | 2,181,435                |
| Nuveen Internatl Eq Idx R6  | 2,816,629   | **              | 61,965,830               |
| Nuveen LfCycle Ix 2010 R6   | 538,116   | **              | 8,755,140                |
| Nuveen LfCycle Ix 2015 R6   | 664,209   | **              | 11,291,547               |
| Nuveen LfCycle Ix 2020 R6   | 2,198,033   | **              | 41,432,916               |
| Nuveen LfCycle Ix 2025 R6   | 3,553,274   | **              | 75,862,402               |
| Nuveen LfCycle Ix 2030 R6   | 5,000,820   | **              | 120,769,805              |
| Nuveen LfCycle Ix 2035 R6   | 3,175,690   | **              | 85,013,224               |
| Nuveen LfCycle Ix 2040 R6   | 3,303,306   | **              | 96,720,807               |
| Nuveen LfCycle Ix 2045 R6   | 2,740,506   | **              | 84,599,419               |
| Nuveen LfCycle Ix 2050 R6   | 2,664,432   | **              | 83,902,954               |
| Nuveen LfCycle Ix 2055 R6   | 2,515,508   | **              | 64,095,142               |
| Nuveen LfCycle Ix 2060 R6   | 1,102,204   | **              | 21,812,614               |
| Nuveen LfCycle Ix 2065 R6   | 249,147   | **              | 3,535,397                |
| Nuveen LfCyc Ix Ret Inc R6  | 241,720   | **              | 3,862,687                |
| Nuveen Money Market R6  | 162,770   | **              | 162,770                  |
| Nuveen S&P 500 Index R6   | 3,740,585   | **              | 239,734,097              |
| PIMCO Total Return Instl  | 2,208,365   | **              | 18,726,932               |
| Vanguard Extended Mkt Idx Inst                                      | 268,791   | **              | 38,724,759               |
| Vanguard Ttl Bd Mkt Idx Inst  | 4,588,262   | **              | 43,496,728               |
| Deutsche Real Estate Sec R6   | 886,881   | **              | 19,218,701               |
| The Hartford Mid Cap Fund R6  | 863,025   | **              | 30,162,710               |
| Champlain Small Company Instl                                       | 783,631   | **              | 17,616,016               |
| Vanguard FTSE Social Idx Instl                                      | 527,658   | **              | 21,422,900               |
| T. Rowe Price Blue Chip Gr I  | 800,372   | **              | 149,981,725              |
| Dodge&CoxInternationalStockX  | 557,433   | **              | <u>27,815,901</u>        |
| Total registered investment companies                               |   |                 | <u>1,453,021,586</u>     |

**Boston Medical Center  
403(b) Retirement Plan**

EIN 04-3314093 – Plan #002

*Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued*

December 31, 2024

*(c) Description of Investment  
including Maturity Date, Rate of  
Interest, Collateral, Par, or*

| <i>(a) (b) Identity of Issue, Borrower, Lessor or Similar Party</i> | <i>Maturity Value</i> |    | <i>(d) Cost (e) Current Value</i> |
|---|-----------------------|----|-----------------------------------|
| <i>Annuity Contracts</i>  |                       |    |                                   |
| * TIAA Stable Value   | -                     | ** | 65,059,316                        |
| * TIAA Traditional Benefit Responsive                               | -                     | ** | 7,128,953                         |
| * TIAA Traditional Non Benefit Responsive                           | -                     | ** | 65,142,518                        |
| * TIAA Traditional Non Benefit Responsive 2                         | -                     | ** | 100,249,135                       |
| Total annuity contracts   |                       |    | <u>237,579,922</u>                |
| <i>Pooled Separate Accounts</i>                                     |                       |    |                                   |
| * TIAA Real Estate  | 6,177                 | ** | <u>2,849,264</u>                  |
| <i>Self-Directed Accounts</i>                                       |                       |    |                                   |
| Mutual Funds:   |                       |    |                                   |
| Adirondack Small-Cap Fund   | 132                   | ** | 4,195                             |
| American Balanced Fund Class F1                                     | 5,650                 | ** | 193,802                           |
| American Century Focused Dynamic Growth Fund Class A                | 35                    | ** | 2,370                             |
| Amg Yacktman Focused Fund Class N                                   | 5,498                 | ** | 101,649                           |
| Baron Growth Fund Retail Class                                      | 650                   | ** | 58,214                            |
| Calvert Global Energy Solutions Fund Class A                        | 138                   | ** | 1,446                             |
| Calvert Global Water Fund Class A                                   | 53                    | ** | 1,415                             |
| Dodge & Cox Income Fund Class I                                     | 2,239                 | ** | 27,720                            |
| Federated Hermes Tr Us Trsy Ii                                      | -                     | ** | 1,185,462                         |
| Fidelity 500 Index Fund   | 42                    |    | 8,677                             |
| Fidelity Advisor Emerging Asia Fund Class I                         | 6                     | ** | 297                               |
| Fidelity Asset Manager 60% Fund                                     | 102                   | ** | 1,580                             |
| Fidelity Balanced Fund  | 5,637                 | ** | 166,616                           |
| Fidelity Blue Chip Growth Fund                                      | 774                   | ** | 175,890                           |
| Fidelity Contra Fund  | 35,011                | ** | 736,283                           |
| Fidelity Environment And Alternative Energy Portfolio               | 157                   | ** | 6,197                             |
| Fidelity Equity Dividend Income Fund                                | 1,306                 | ** | 36,753                            |
| Fidelity International Capital Appreciation Fund                    | 856                   | ** | 23,586                            |
| Fidelity Long-Term Treasury Bond Index Fund                         | 4,042                 | ** | 37,065                            |
| Fidelity Low Priced Stock Fund                                      | 4,137                 | ** | 168,588                           |
| Fidelity Nasdaq Composite Index Fund                                | 325                   | ** | 79,549                            |
| Fidelity Natural Resources Fund                                     | 20                    | ** | 812                               |
| Fidelity Otc Portfolio  | 5,121                 | ** | 109,950                           |
| Fidelity Puritan Fund   | 7,765                 | ** | 192,972                           |
| Fidelity Real Estate Investment Portfolio                           | 927                   | ** | 35,766                            |
| Fidelity Select Biotechnology Portfolio                             | 793                   | ** | 14,991                            |

**Boston Medical Center  
403(b) Retirement Plan**

EIN 04-3314093 – Plan #002

*Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued*

December 31, 2024

*(c) Description of Investment  
including Maturity Date, Rate of  
Interest, Collateral, Par, or*

| <i>(a) (b) Identity of Issue, Borrower, Lessor or Similar Party</i> | <i>Maturity Value</i> | <i>(d) Cost</i> | <i>(e) Current Value</i> |
|---|-----------------------|-----------------|--------------------------|
| Fidelity Select Defense And Aerospace Portfolio                     | 4,224                 | **              | 76,920                   |
| Fidelity Select Gold Portfolio                                      | 15,899                | **              | 390,803                  |
| Fidelity Select Health Care Services Portfolio                      | 1,195                 | **              | 118,986                  |
| Fidelity Select Medical Technology And Devices Portfolio            | 1,528                 | **              | 95,026                   |
| Fidelity Select Pharmaceuticals Portfolio                           | 4,084                 | **              | 103,574                  |
| Fidelity Select Semiconductors Portfolio                            | 129                   | **              | 4,311                    |
| Fidelity Select Software And It Services Portfolio                  | 2,243                 | **              | 61,531                   |
| Fidelity Select Transportation Portfolio                            | 522                   | **              | 54,208                   |
| Fidelity Small-Cap Growth Fund                                      | 1,806                 | **              | 60,443                   |
| Fidelity Strategic Income Fund                                      | 264                   | **              | 3,056                    |
| Fidelity Telecom And Utilities Fund                                 | 1,642                 | **              | 54,051                   |
| First Eagle Global Fund Class A                                     | 1,316                 | **              | 88,185                   |
| Fpa Crescent Fund   | 2,366                 | **              | 95,127                   |
| Harbor Large-Cap Value Fund Investor Class                          | 1,362                 | **              | 29,659                   |
| Hartford Mid-Cap Fund Class I                                       | 1,055                 | **              | 28,455                   |
| Hem Dividend Sector Plus Fund Investor Class                        | 11,654                | **              | 207,672                  |
| Hem Income Plus Fund Investor Class                                 | 3,172                 | **              | 51,288                   |
| Hem Tactical Growth Fund Investor Class                             | 9,659                 | **              | 265,042                  |
| Hennessy Focus Fund Investor Class                                  | 1,902                 | **              | 82,168                   |
| Matthews Pacific Tiger Fund Investor Class                          | 1,708                 | **              | 30,190                   |
| Nationwide Amundi Strategic Income Fund Institutional Service       | 20,568                | **              | 205,274                  |
| Nuveen Equity Index Fund Class R6                                   | 32                    | **              | 1,332                    |
| Nuveen International Equity Index Fund Class R6                     | 31                    | **              | 674                      |
| Nuveen Large-Cap Responsible Equity Fund Retirement Class           | 3,440                 | **              | 92,645                   |
| Nuveen Lifestyle Aggressive Growth Fund Class R6                    | 47                    | **              | 932                      |
| Nuveen Managed Allocation Fund Retirement Class                     | 488                   | **              | 6,032                    |
| Nuveen S&P 500 Index Fund Class R6                                  | 12                    | **              | 782                      |
| Permanent Portfolio Class I   | 1,235                 | **              | 74,199                   |
| Pimco Real Return Fund Class A                                      | 5,719                 | **              | 57,021                   |
| Profund Bitcoin Fund Investor Class                                 | 249                   | **              | 7,555                    |
| Rydex Inverse S&P 500 2X Strategy Fund Class H                      | 1,438                 | **              | 31,321                   |
| Sprott Gold Equity Fund Investor Class                              | 8,708                 | **              | 448,471                  |
| T. Rowe Price All-Cap Opportunities Fund Investor Class             | 152                   | **              | 11,143                   |
| T. Rowe Price Blue Chip Growth Fund                                 | 43                    | **              | 8,077                    |
| T. Rowe Price Communications And Technology Fund Investor Class     | 545                   | **              | 84,038                   |
| T. Rowe Price Dividend Growth Fund                                  | 93                    | **              | 7,118                    |
| T. Rowe Price Health Sciences Fund                                  | 744                   | **              | 59,198                   |
| T. Rowe Price New Horizons Fund                                     | 1,336                 | **              | 74,562                   |
| Tcw Total Return Bond Fund Class N                                  | 50                    | **              | 394                      |
| Vanguard 500 Index Fund Admiral Shares                              | 814                   | **              | 441,631                  |

**Boston Medical Center**  
**403(b) Retirement Plan**  
EIN 04-3314093 – Plan #002  
*Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued*  
December 31, 2024

| <i>(a) (b) Identity of Issue, Borrower, Lessor or Similar Party</i> | <i>(c) Description of Investment<br/>including Maturity Date, Rate of<br/>Interest, Collateral, Par, or<br/>Maturity Value</i> | <i>(d) Cost</i> | <i>(e) Current Value</i> |
|---|--|-----------------|--------------------------|
| Vanguard Balanced Index Fund Admiral Shares                         | 2,426  | **              | 117,614                  |
| Vanguard Dividend Growth Fund Investor Class                        | 2,061  | **              | 74,630                   |
| Vanguard Emerging Markets Stock Index Fund Admiral Shares           | 241  | **              | 8,861                    |
| Vanguard Energy Index Fund Admiral Shares                           | 75   | **              | 4,553                    |
| Vanguard Information Tech Index Fund Admiral Shares                 | 8  | **              | 2,657                    |
| Vanguard International Growth Fund                                  | 925  | **              | 29,565                   |
| Vanguard Mid-Cap Index Fund Admiral Shares                          | 70   | **              | 22,954                   |
| Vanguard Small-Cap Growth Index Fund Admiral Shares                 | 210  | **              | 20,635                   |
| Vanguard Target Retirement 2050 Fund                                | 1,768  | **              | 88,118                   |
| Vanguard Target Vanguard Target Fund                                | 159  | **              | 8,855                    |
| Vanguard Stock Market Index Fund Admiral Shares                     | 92   | **              | 13,042                   |
| Vanguard U.S. Growth Fund   | 819  | **              | 58,484                   |
| Vanguard Utilities Index Fund Admiral Shares                        | 48   | **              | 3,972                    |
| Vanguard Wellesley Income Fund Investor Shares                      | 6,657  | **              | 164,886                  |
| Vanguard Wellington Fund  | 3,761  | **              | <u>161,065</u>           |
| Total self-directed accounts  |  |                 | <u>7,664,830</u>         |
| Total investments and notes receivable from participants            |  |                 | <u>\$ 1,716,968,402</u>  |

- \* - Represents party-in-interest transactions  
\*\* - Cost omitted for participant-directed investments

|                         |   |
|-------------------------|---|
| <b>Plan Name</b>        | <b>Boston Medical Center 403(b) Retirement Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>04-3314093</b>                                   |
| <b>ERISA Plan #</b>     | <b>002</b>  |
| <b>Plan Year Ending</b> | <b>December 31, 2024</b>                            |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>  | <b>Attachment</b> |
|----------------------|---------------|---|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                         |   |
|-------------------------|---|
| <b>Plan Name</b>        | <b>Boston Medical Center 403(b) Retirement Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>04-3314093</b>                                   |
| <b>ERISA Plan #</b>     | <b>002</b>  |
| <b>Plan Year Ending</b> | <b>December 31, 2024</b>                            |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>  | <b>Attachment</b> |
|----------------------|---------------|---|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |