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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
CONSOLIDATED RETIREE MEDICAL SAVINGS ACCOUNT PROGRAM OF MASS GENERAL BRIGHAM AND MEMBER ORGANIZATIONS

1b Three-digit plan number (PN) ▶ 560

1c Effective date of plan 07/01/1996

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MASS GENERAL BRIGHAM INCORPORATED

399 REVOLUTION DRIVE
SUITE 245
SOMERVILLE, MA 02145

2b Employer Identification Number (EIN) 04-3230035

2c Plan Sponsor's telephone number 833-275-6947

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2026	BRIAN MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	10934
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	5236
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6778
b	Retired or separated participants receiving benefits	**6b**	5764
c	Other retired or separated participants entitled to future benefits	**6c**	179
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	12721
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[X] General assets of the sponsor	**(4)**	[X] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSOLIDATED RETIREE MEDICAL SAVINGS ACCOUNT PROGRAM OF MASS GENERAL BRIGHAM AND MEMBER ORGANIZATIONS

B Three-digit plan number (PN) ▶ 560

C Plan sponsor's name as shown on line 2a of Form 5500
MASS GENERAL BRIGHAM INCORPORATED

D Employer Identification Number (EIN)
04-3230035

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ALIGHT SOLUTIONS LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 38 50 99	ADMINISTRATOR	516760	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STATE STREET BANK & TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50	TRUSTEE/CUSTODIAN	24415	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROPES AND GRAY

800 BOYLSTON ST
BOSTON, MA 02199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10806	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALIGHT SOLUTIONS LLC	12	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALEGEUS TECHNOLOGIES 90-0808825	65% OF NET INTERCHANGE REVENUE FOR DEBIT CARD SWIPES	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSOLIDATED RETIREE MEDICAL SAVINGS ACCOUNT PROGRAM OF MASS GENERAL BRIGHAM AND MEMBER ORGANIZATIONS

B Three-digit plan number (PN) ▶ 560

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MASS GENERAL BRIGHAM INCORPORATED

D Employer Identification Number (EIN)
04-3230035

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER TRUST AGREEMENT FOR WELFARE

b Name of sponsor of entity listed in (a): MASS GENERAL BRIGHAM INCORPORATED

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3480219-005	M	279056043

a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY ACTIVE EMERGING MARKETS

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3509880-001	C	48318

a Name of MTIA, CCT, PSA, or 103-12 IE: ACWI INTEGRATED ALPHA SELECT

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6487105-001	C	430798

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL ALPHA SELECT CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6041595-001	C	55009

a Name of MTIA, CCT, PSA, or 103-12 IE: GI LINKED BOND INDEX CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-2773120-001	C	53282

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US GOVERNMENT BOND INDX NL CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6928353-001	C	22233

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US CREDIT INDEX NL CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3508893-001	C	12048

a Name of MTIA, CCT, PSA, or 103-12 IE: US AGGREGATE BOND INDEX NL CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6928341-001	C	1081

a Name of MTIA, CCT, PSA, or 103-12 IE: BLOOMBERG ROLL SEL COMM IND NL CTF

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-7019396-001	C	111620

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. REIT INDX NL CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6903137-001	C	996

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMED US CREDIT INDX NL CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3508899-001	C	1001

a Name of MTIA, CCT, PSA, or 103-12 IE: S+P 500 (R) INDX NL CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6625099-001	C	180213

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. HIGH YIELD BOND INDEX NL CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3508891-001	C	1116

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMED. U.S. GOV BD INDEX NL CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6928347-001	C	997

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSOLIDATED RETIREE MEDICAL SAVINGS ACCOUNT PROGRAM OF MASS GENERAL BRIGHAM AND MEMBER ORGANIZATIONS

B Three-digit plan number (PN) ▶ 560

C Plan sponsor's name as shown on line 2a of Form 5500
MASS GENERAL BRIGHAM INCORPORATED

D Employer Identification Number (EIN)
04-3230035

Part I Asset and Liability Statement

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	119523	117114
(2) Participant contributions	1b(2)	930734	819725
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	10893
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	918710
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	224645116	279056043
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	150975
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	225695373	281073460
Liabilities			
1g Benefit claims payable	1g	601646	894707
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	303345	520944
1k Total liabilities (add all amounts in lines 1g through1j)	1k	904991	1415651
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	224790382	279657809

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1628576	
(B) Participants	2a(1)(B)	13770055	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		15398631
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	542	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		542
(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)	7661	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7661
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		177479
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		49260265
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		15056
c Other income	2c		-10425
d Total income. Add all **income** amounts in column (b) and enter total	2d		64849209
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10330319	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10330319
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	514660	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	24415	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	10806	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		549881
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10880200
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		53969009
l Transfers of assets:			
(1) To this plan	2l(1)		898418
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WOLF & COMPANY, P.C. **(2)** EIN: 04-2689883

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

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

Financial Statements and Supplemental Schedule

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

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

Contents

WOLF
& COMPANY, P.C.

Independent Auditor's Report

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

Opinion
We have audited the financial statements of Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its benefit obligations and net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter-Supplemental Schedule Required by ERISA
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL'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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Boston, Massachusetts
July 7, 2026

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

Statements of Benefit Obligations and Net Assets Available for Benefits

December 31,	2025	2024
Benefit Obligations		
Postretirement benefit obligations	$ 247,764,000	$ 234,817,000
Assets		
Investments, at fair value:		
Plan interest in Master Trust	279,056,043	224,645,116
Investment in Voluntary Employee Beneficiary Association Trust	1,080,578	-
Total investments, at fair value	280,136,621	224,645,116
Receivables:		
Employee contributions	819,725	930,734
Employer contributions	117,114	119,523
Total receivables	936,839	1,050,257
Total assets	281,073,460	225,695,373
Liabilities		
Accrued benefit claims payable to administrator	791,267	601,646
Accrued benefit claims payable to The McLean Hospital Corporation	103,440	-
Accrued administrative expense payable	42,550	39,741
Accrued investment expenses	478,394	263,604
Total liabilities	1,415,651	904,991
Net assets available for benefits	279,657,809	224,790,382
Excess (deficit) of net assets available for benefits over benefit obligations	$ 31,893,809	$ (10,026,618)

See accompanying notes to the financial statements.

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

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

Year Ended December 31,		2025
Net increase in benefit obligations:		
Increase during the year attributed to:		
Benefits earned and other changes	$	12,947,000
Net increase in net assets available for benefits:		
Additions:		
Net investment income:		
Plan interest in Master Trust investment income		49,260,265
Net appreciation in fair value of investments		186,965
Interest and dividend income		8,256
Total net investment income		49,455,486
Contributions:		
Employee		13,770,055
Employer		1,628,576
Total contributions		15,398,631
Total additions		64,854,117
Deductions:		
Benefit claim payments to participants		10,330,319
Administrative expenses		554,789
Total deductions		10,885,108
Net increase		53,969,009
Transfers:		
Transfer in from McLean Plan (see Note 1)		898,418
Increase in excess of net assets available for benefits over benefit obligations		41,920,427
Excess (deficit) of net assets available for benefits over benefit obligations:		
Beginning of year		(10,026,618)
End of year	$	31,893,809

See accompanying notes to financial statements.

1. Description of Plan

General

The Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations (the Program) was established by Mass General Brigham Incorporated (the Company or, the Plan Sponsor) to provide Retiree Medical Savings Accounts (RMSA) plans to substantially all employees of the Company and most of the affiliates of the Company (collectively the RMSA Participating Employers). Effective January 1, 2024, the Company consolidated legacy RMSA plans into a single RMSA plan (the RMSA Plan) document and harmonized certain plan features across the RMSA Participating Employers. Effective January 1, 2025, the Program was amended to consolidate the Medical Benefits Plan for Retirees of the McLean Hospital Corporation (the McLean Plan) into the Program.

The following descriptions provide only general information regarding the provisions of the Program. Participants should refer to the respective plan documents for a complete description of the RMSA Plan and the McLean Plan provisions.

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

The McLean Plan holds the frozen plan assets and provides postretirement medical benefits coverage to retired employees, and their eligible dependents, of The McLean Hospital Corporation (McLean Plan Sponsor). A Voluntary Employee Beneficiary Association Trust (VEBA Trust) was established under Section 501(c)(9) of the IRC to fund the benefits. The McLean Plan is subject to the provisions of ERISA.

Contributions and Vesting

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

Prior to January 1, 2024, the Company provided a year-end match for RMSA Plan participants of 50 percent of the first $1,000 contributed, up to $500 a year, and a maximum of $7,500 over the course of a participant's career. The Brigham and Women's Hospital, Inc. (BWH), Brigham and Women's Faulkner Hospital, Inc., North Shore Medical Center, Inc. (NSMC), Newton-Wellesley Hospital (NWH) and Martha's Vineyard Hospital, Inc. provided a year-end match of 50 percent of the first $1,500 contributed, up to $750 a year, and a maximum of $11,250 over the course of a participant's career. The match will be forfeited if the participant terminates employment before reaching age 55 and completing 5 years of service.

Effective January 1, 2024, the RMSA Plan was restated to cease employer match contributions for non-union employees and certain union employees of the RMSA Participating Employers.

Interest and Participant's Accounts

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

Interest is earned on each RMSA Plan participant's savings account and on the RMSA Participating Employers' match. Interest accumulates tax-free on a participant's account and is credited at year-end based on the account's opening balance each year. The interest will generally equal the one-year Treasury Bond rate for the month of September preceding such twelve month period plus 100 basis points, but not less than 5 percent or more than 12 percent.

Benefits

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

The McLean Plan provides postretirement medical benefits to retirees and their eligible dependents. Retirees and their eligible dependents are entitled to the benefits of the McLean Plan provided they were at least age 55, and credited with five or more years of services under the Consolidated Cash Balance Program of Mass General Brigham and Member Organizations (CCBP) and had not collected their CCBP benefit in the form of a lump sum withdrawal.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Fair values of investments in the Master Trust and the VEBA Trust are determined by reference to published market quotations or through the use of various valuation approaches, including market, income and cost approaches. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Postretirement Benefits

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

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

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

December 31,	2025	2024
Weighted-average discount rate	5.08%	4.91%
Interest credit rate	5.50%	5.50%
Average retirement age	55 - 70	55 - 70
Mortality	2012 mortality rates underlying the Pri-2012 Mortality table with Scale MP-2021 projections	2012 mortality rates underlying the Pri-2012 Mortality table with Scale MP-2021 projections

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

Benefit Payments

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

McLean Plan benefit claim payments are recorded when paid.

Administrative Expenses

The Program's expenses are paid either by the Program (through the Master Trust or the VEBA Trust) or by the RMSA Participating Employers or the McLean Plan Sponsor, as provided by the plan document. Expenses that are paid directly by the RMSA Participating Employers or the McLean Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Program that are paid by the RMSA Plan and the McLean Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in the net investment income presented in the accompanying statement of changes in net assets available for benefits.

3. Interest in Master Trust

The assets of the RMSA Plan are pooled and invested in the Master Trust. The assets of the Master Trust are invested in commingled funds managed by State Street Bank and Trust Company (State Street). At December 31, 2025 and 2024, the RMSA Plan had a 100 percent interest in the net assets of the Master Trust.

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

December 31,	2025	2024
Investments, at fair value:		
SSgA Equity funds	$ 189,140,040	$ 141,753,629
SSgA Bond funds	85,297,976	73,377,756
SSgA Money market funds	4,618,027	9,513,731
Total investments, at fair value	$ 279,056,043	$ 224,645,116

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

December 31,	2025
Investment income:	
Net appreciation in fair value of investments	$ 47,000,069
Interest and dividends	2,260,196
Total investment income	$ 49,260,265

4. Fair Value Measurements

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

Fair Value Hierarchy

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

The hierarchy is described below:

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

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

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

Valuation Techniques

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

	December 31, 2025		
	Fair Value Measurements Using		
	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Commingled Funds	$ 43,516,614	$ 236,620,007	$ 280,136,621
Total investments, at fair value	$ 43,516,614	$ 236,620,007	$ 280,136,621

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

5. Benefit Obligations

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

December 31,	2025	2024
Current retirees and beneficiaries	$ 109,429,000	$ 113,071,000
Active employees	138,335,000	121,746,000
	$ 247,764,000	$ 234,817,000

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

Year ended December 31, 2025	
Actuarial present value of accumulated benefits, beginning of year	$ 234,817,000
Participant contributions	13,881,000
Additional benefits accumulated (including the effect of noninvestment experience)	971,000
Actuarial gain	(576,000)
Interest due to decrease in discount period	11,334,000
Assumption changes	(2,882,000)
Benefits paid	(10,037,000)
Merger	256,000
Total change	12,947,000
Actuarial present value of accumulated benefits, end of year	$ 247,764,000

6. Transactions with Parties-in-Interest

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

7. Plan Termination

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

8. Tax Status

The Master Trust established under the RMSA Plan to hold the RMSA Plan's assets is intended to be exempt pursuant to the appropriate section of the IRC. The Master Trust obtained an exemption letter from the

Internal Revenue Service (IRS) dated March 7, 2002, in which the IRS stated that the design of the RMSA Plan was in compliance with the applicable requirements of the IRC. The Plan Sponsor believes that the RMSA Plan and Master Trust are currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Sponsor believes that the Master Trust was tax-exempt as of the financial statement date. Accordingly, no provisions for income tax has been recorded in the accompanying financial statements.

The VEBA Trust established under the McLean Plan to hold the McLean Plan's assets is intended to be exempt pursuant to Section 501(c)(9) of the IRC, and accordingly, the VEBA Trust's net investment income is exempt from income taxes. The VEBA Trust has obtained an exemption letter, dated June 26, 1997, from the IRS in which the IRS stated that the design of the VEBA Trust was in compliance with the applicable requirements of the IRC. The McLean Plan Sponsor believes that the McLean Plan, as amended and the VEBA Trust continue to qualify and operate in accordance with applicable provisions of the IRC.

Accounting guidance requires the Plan Sponsor to evaluate tax positions taken by the Program and recognize a liability (or asset) if the Program has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has concluded there are no uncertain positions taken. The Program is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to examinations for years prior to 2022.

9. Risks and Uncertainties

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

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

10. Subsequent Events

The Program has assessed the impact of subsequent events through July 7, 2026, which is the date the financial statements were available for issuance. There were no such events, other than listed below, that required adjustment or disclosure in the notes to the audited financial statements.

Effective January 1, 2026, the RMSA Plan was amended to include Service Employees International Union (SEIU) Residents and Fellows union employees of The McLean Hospital Corporation, The General Hospital Corporation, Massachusetts General Physicians Organization, Inc., and Spaulding Rehabilitation, Inc., and to cease employer match contributions for certain SEIU Residents and Fellows union employees of the Company, BWH, Brigham and Women's Physicians Organization, Inc., NWH and American Federation of State, County and Municipal Employees of NSMC.

Supplemental Schedule

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

Schedule H, line 4i-Schedule of Assets (Held at End of Year - December 31, 2025

EIN/PN: 04-3230035/560

(a) Party- in-interest	*(b) Identity of issue, borrower, lessor, or similar party*	*(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value*	*(d) Cost*	*(e) Current value*
*	SSGA	ACWI Integrated Alpha Select	$ 222,163	$ 430,798
*	SSGA	S&P 500 Index Non-Lending Fund	157,304	180,213
*	SSGA	Bloomber Roll Select Commodity Index	94,967	111,620
*	SSGA	iMGP High Income Fund	105,566	106,688
*	SSGA	International Alpha Select	44,181	55,009
*	SSGA	Global Inflation-Linked Bond Index Fund	51,465	53,282
*	SSGA	Daily Active Emerging Markets	39,292	48,318
*	SSGA	Long US Government Bond Index	22,539	22,233
*	SSGA	SPDR Gold Shares	14,106	21,797
*	SSGA	SPDR Bloomberg International Corporate Bond Fund	19,952	21,385
*	SSGA	Long US Credit Index	12,064	12,048
*	SSGA	Government Money Market	10,893	10,893
*	SSGA	SSgA High Yield Bond Index	1,075	1,116
*	SSGA	SPDR Bloomberg International Treasury Bond Fund	1,124	1,104
*	SSGA	US Aggregate Bond Index	1,026	1,081
*	SSGA	Intermediate Credit Index	940	1,001
*	SSGA	Intermediate US Government Bond Index	959	997
*	SSGA	State Street REIT Index Non-Lending Series	976	995
	Total registered investments		800,592	1,080,578
	Total investments in Voluntary Employee Beneficiary Association Trust per financial statements		800,592	1,080,578
	Total investments per Form 5500		$ 800,592	$ 1,080,578

** Represents a party-in-interest as defined by ERISA.*

There were no investment assets which were both aquired and disposed of during the plan year.

See independent auditor's report

Plan Name	**Consolidated Retiree Medical Savings Account Program of Mass General Brigham and Member Organizations**
Plan Sponsor EIN	**04-3230035**
ERISA Plan #	**560**
Plan Year Ending	**December 31, 2025**

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).

Form/Schedule	Line #	Description	Attachment
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	