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.)
- [X] 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:
- [X] 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 PENSION PLAN OF TUFTS MEDICINE, INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1963

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)
TUFTS MEDICINE, INC.

800 DISTRICT AVE, STE 520
BURLINGTON, MA 01803

2b Employer Identification Number (EIN) 47-2250732

2c Plan Sponsor's telephone number 978-942-2220

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.	10/15/2026	YVONNE MORRIS
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2021
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)**	669
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	602
b	Retired or separated participants receiving benefits	**6b**	647
c	Other retired or separated participants entitled to future benefits	**6c**	652
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1901
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	49
f	Total. Add lines **6d** and **6e**.	**6f**	1950
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I 3H

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

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) [ ]	General assets of the sponsor	**(4)** [ ]	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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CONSOLIDATED PENSION PLAN OF TUFTS MEDICINE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TUFTS MEDICINE, INC.

D Employer Identification Number (EIN)
47-2250732

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	219789196
b Actuarial value	**2b**	216681084

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	610	145598607	145598607
b For terminated vested participants	754	39494629	39494629
c For active participants	669	66819065	66819065
d Total	2033	251912301	251912301

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2520000
c Target normal cost	**6c**	2520000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/22/2026
Date

JENNIFER S. COLLIER
Type or print name of actuary

26-05680
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

617-638-3700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18481036
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6284000
9	Amount remaining (line 7 minus line 8)	0	12197036
10	Interest on line 9 using prior year's actual return of 4.57 %	0	557405
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12754441

Part III Funding Percentages

14	Funding target attainment percentage	14	80.95 %
15	Adjusted funding target attainment percentage	15	80.95 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2520000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	47985658	5085853
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	7605853

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	7605853	7605853

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	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 PENSION PLAN OF TUFTS MEDICINE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TUFTS MEDICINE, INC.

D Employer Identification Number (EIN)
47-2250732

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	617405	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ CPAS P.C.

43-1947695

(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?
10 50	NONE	53033	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

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 PENSION PLAN OF TUFTS MEDICINE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TUFTS MEDICINE, INC.

D Employer Identification Number (EIN)
47-2250732

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: TUFTS MEDICINE, INC MASTER TRUST

b Name of sponsor of entity listed in (a): TUFTS MEDICINE, INC.

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)
04-2374071-001	M	222467779

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

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

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)
25-6078093-023	C	1631091

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

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 PENSION PLAN OF TUFTS MEDICINE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TUFTS MEDICINE, INC.

D Employer Identification Number (EIN)
47-2250732

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	0	21
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4278	1829
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2409587	1629241
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	217375331	222467779
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	219789196	224098870
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	219789196	224098870

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		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)		26896
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		21043866
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		21070762
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16838048	
(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)		16838048
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)	376601	
(4) IQPA audit fees	2i(4)	53033	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	1165	
(7) Actuarial fees	2i(7)	187203	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1716885	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2334887
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19172935
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1897827
l Transfers of assets:			
(1) To this plan	2l(1)		2411847
(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) [X] 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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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		500000
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**			
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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 575036.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

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 PENSION PLAN OF TUFTS MEDICINE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TUFTS MEDICINE, INC.

D Employer Identification Number (EIN)
47-2250732

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 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): 13-5160382

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 43

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 23.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 71.0 %
High-Yield Debt: 2.0 % Real Assets: _____ % Cash or Cash Equivalents: 1.0 % Other: 3.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements

Consolidated Pension Plan of Tufts Medicine, Inc.

December 31, 2025 and 2024

CONSOLIDATED PENSION PLAN OF TUFTS MEDICINE, INC.

Financial Statements

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Notes to Financial Statements	6-20

Supplemental Schedule*:

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

CBIZ CPAs P.C.

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Independent Auditors' Report

The Plan Administrator
Consolidated Pension Plan of Tufts Medicine, Inc.

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit (Modified Cash Basis)

We have performed the audits of the financial statements (modified cash basis) of the Consolidated Pension Plan of Tufts Medicine, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits (modified cash basis) 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 the 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, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion (Modified Cash Basis)

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 (Modified Cash Basis) section:

- The amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements 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 (Modified Cash Basis)

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 Auditors' Responsibilities for the Audit of the Financial Statements (Modified Cash Basis) 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 ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements (Modified Cash Basis)

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. 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements (Modified Cash Basis)

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit (Modified Cash Basis) 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 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 these 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.

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

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

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

CBIZ CPAs P.C.

Boston, Massachusetts
October 14, 2026

CONSOLIDATED PENSION PLAN OF TUFTS MEDICINE, INC.

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

	December 31,	
	2025	***2024***
Assets		
Investments, at fair value:		
Plan interest in Tufts Medical Center, Inc. Master Trust	$ 222,467,779	$ 217,375,331
Cash and cash equivalents	1,631,091	2,413,865
Net assets available for benefits	**$ 224,098,870**	**$ 219,789,196**

See Independent Auditors' Report and accompanying notes to financial statements.

CONSOLIDATED PENSION PLAN OF TUFTS MEDICINE, INC.

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

	Years Ended December 31,	
	2025	***2024***
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 21,043,885	$ 9,934,028
Interest and dividends	26,877	43,000
Total investment income	21,070,762	9,977,028
Plan Sponsor contributions	-	867,303
Total additions to net assets	**21,070,762**	**10,844,331**
Deductions from net assets attributed to:		
Benefits paid to participants	16,838,048	16,439,587
Administrative fees	2,334,887	2,617,165
Total deductions from net assets	**19,172,935**	**19,056,752**
Net increase (decrease) in net assets available for benefits before transfers	**1,897,827**	**(8,212,421)**
Transfers from Tufts Medical Center, Inc. Retirement Program - Participant Contribution Plan	2,411,847	1,119,889
Net increase (decrease) in net assets available for benefits	**4,309,674**	**(7,092,532)**
Net assets available for benefits, beginning of year	219,789,196	226,881,728
Net assets available for benefits, end of year	**$ 224,098,870**	**$ 219,789,196**

See Independent Auditors' Report and accompanying notes to financial statements.

CONSOLIDATED PENSION PLAN OF TUFTS MEDICINE, INC.

Notes to Financial Statements (Modified Cash Basis)

Note 1 - Description of the Plan

The following description of the Consolidated Pension Plan of Tufts Medicine, Inc. (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan sponsored by Tufts Medicine, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility

Effective December 31, 2016, all Plan benefit accruals were frozen and no new participants were allowed to enter the Plan.

Effective December 31, 2017, the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan merged with and into the Consolidated Pension Plan of Tufts Medicine, Inc. and ceased to exist as a separate plan at that time. Members of this plan had to be hired and complete 1 year of service and attain age 21 by December 31, 2005 in order to participate in the Plan. Their benefit is equal to 1% of average monthly compensation times their years of service plus 1% of their average monthly compensation in excess of 1/12 of their covered compensation times their years of service through December 31, 2006 plus 0.5% of average monthly compensation times their years of service plus 0.5% of their average monthly compensation in excess of 1/12 of their covered compensation times their years of service after December 31, 2006 with a maximum of 25 years of service. Benefit accruals for participants as of December 31, 2017 were ceased. Benefits are subject to applicable permitted disparity rules.

Effective December 31, 2023, the Tufts Medical Center, Inc. Retirement Program - Defined Benefit Plan merged with and into the Consolidated Pension Plan of Tufts Medicine, Inc. and ceased to exist as a separate plan at that time. Participation by eligible participants in the Plan was contingent on participation in the Participant Contribution Plan as of October 1, 1989, and previously, participation in the Tufts Medical Center, Inc. Retirement Program - Contribution Plan. Effective January 1, 1995, the non-union staff were no longer eligible for the formula benefit structure, which froze the accrued benefit, and they were offered the cash balance benefit provided they contributed to a tax sheltered annuity plan. For new hires, participation was contingent upon completion of one year of participation service and contributions to a tax sheltered annuity plan. Effective January 1, 2005 for non-union staff and August 1, 2005 for union contracted nurses, the Tufts Medical Center, Inc. Retirement Savings Plan - 403(b) (the "403(b) Plan") was established whereby eligible employees may contribute a percentage of their pre-tax salaries to the 403(b) Plan and receive an employer match after completing the service requirements. As of August 1, 2005, the Plan was frozen to new participants, and all prior participants in the Plan were eligible to participate in the 403(b) Plan. Participants became fully vested as of December 31, 2005. Effective January 1, 2018, the Plan was amended to freeze benefits effective February 28, 2018 and as of that date all current participants stopped accruing benefits. In addition, any participants that were accruing benefits prior to January 1, 2018 were credited with three years of service.

Note 1 - Description of the Plan (Continued)

Funding Policy

Contributions to the Plan are made solely by the Company based on actuarial calculations made by the Plan's actuaries and are subject to the minimum funding requirement of ERISA. Plan sponsor contributions amounted to $867,303 for the year ended December 31, 2024. No Employer contributions were required in order to meet the minimum funding standards for 2025.

Vesting

Each eligible employee with the final pay benefit or members of the cash balance benefit prior to January 1, 2008 become fully vested under the Plan after the completion of five years of service. Eligible employees who were participants prior to January 1, 1985 are 100% vested in their benefits. Each eligible employee with the cash balance benefit after January 1, 2008 becomes fully vested upon completion of three years of service. Participants that were a part of the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan vest upon completion of five years of service. Participants that were accruing benefits prior to January 1, 2018 were credited with three years of service and became fully vested. As noted above, the participants in the Tufts Medical Center, Inc. Retirement Program - Defined Benefit Plan became fully vested as of December 31, 2005.

Pension Benefits (Provisions applicable to former participants of the Consolidated Pension Plan of Tufts Medicine, Inc.)

Prior to January 1, 2000, the Plan provided eligible employees with a final pay benefit equal to 1% of the member's average final compensation times their years of service plus 0.65% of the excess of their average final compensation over their covered compensation times their years of service not to exceed 35 years.

On January 1, 2000, all eligible employees hired on or after this time became eligible for a cash balance benefit. Participants receiving the final pay benefit made an irrevocable election to continue to receive the final pay benefit or begin receiving the cash balance benefit. For participants who elected to start receiving the cash balance benefit, their benefit under the final pay plan was determined as of January 1, 2000 based on a lump-sum equivalent.

Eligible employees rehired after January 1, 2000 receive the cash balance benefit. Eligible employees who were hired prior to October 15, 2003 become eligible for the Plan upon completion of 1 year of service and attaining age 21. Employees hired on or after October 15, 2003 are not permitted to participate.

Note 1 - Description of the Plan (Continued)

Pension Benefits (Provisions applicable to former participants of the Consolidated Pension Plan of Tufts Medicine, Inc.) (Continued)

Each plan year, eligible employees who receive the cash balance benefit receive a compensation credit based on their eligible compensation for the plan year. The compensation credit that participants receive is based on their age and vesting service as of the end of the plan year for which the credit applies. The compensation credit is as follows for plan years through December 31, 2016:

Age and Service as of Plan Year End	Compensation Credit Percentage
Less than 30	2.0%
30 but less than 40	2.5%
40 but less than 50	3.0%
50 but less than 60	3.5%
60 and over	4.0%

In addition, each plan year eligible employees who receive the cash balance benefit receive an interest credit. The interest credit rate is the annual interest rate on 30-year treasuries times their account balance at the beginning of the year. For members who begin taking their benefit during a plan year, their interest credit will be multiplied by the number of months prior to their benefit commencement date.

The Plan permits early retirement with an actuarially reduced benefit for employees who have attained age 55. Their benefit is reduced based on the difference between their early retirement date and normal retirement date. Their benefit is reduced by 1/12 of each of the 1st three years and 1/24 for each of the next 7 years early.

Participants who were a part of the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan can elect to retire early and receive a reduced benefit. Their benefit is reduced by 1/15 for each of the 1st five years and 1/30 for the next 5 years early. Participants who elect early retirement after age 62 and upon completing 25 years of service will not have their benefit reduced.

The normal form of benefit is a life annuity for unmarried participants and joint and survivor annuity for married participants. However, participants may also elect to take their benefit in the form of a life annuity, a 66 2/3% joint and survivor annuity with 10 years certain, cash refund annuity, 10 years certain and life, 15 years certain and life, and, as of January 1, 2008, participants can also take a 75% joint and survivor annuity. Participants with the cash balance benefit may also elect to take a lump-sum distribution.

Note 1 - Description of the Plan (Continued)

Pension Benefits (Provisions applicable to former participants of the Tufts Medical Center, Inc. Retirement Program - Defined Benefit Plan)

Under the formula benefit structure and cash balance benefit, vested terminated participants are eligible to receive a normal retirement benefit at age 65. Benefits may be elected on a reduced basis at any time after age 55 by participants with at least 5 years of service. Participants must begin receiving benefit payments by age 70-1/2 years.

In the event of death prior to retirement of a participant who has met the requirements for vesting or early or normal retirement, a death benefit may be paid to his/her surviving spouse in accordance with the provisions of the Plan document. A participant who becomes totally and permanently disabled after completing 10 years of vesting service and who receives Social Security disability benefits shall continue to earn retirement benefits until age 65 (unless the participant elects an early retirement date), based on compensation in the year preceding disability.

Benefits under the formula benefit structure for union contract nurses are based on average compensation over the highest five consecutive years of participation in the Plan. The annual pension is equal to: (1) 1.12% of the participant's average compensation plus .63% of average compensation above covered compensation, multiplied by: (2) years of service up to 25 years plus one-half of the excess of years of service over 25 years, less (3) the equivalent value of a participant's balance under the Participant Contribution Plan. Covered compensation is Social Security covered compensation rounded to the nearest $600, computed for an individual who reached the age of 65 in the year of termination.

The accrued benefits frozen at December 31, 1994 for non-union staff are payable in monthly installments, plus a cash balance benefit if the participant had elected to enroll in the Tax Shelter Annuity Plan.

For the cash balance benefit, Tufts Medical Center made matching contributions up to a limit of the first 3% of a participant's salary. A cash balance account is maintained for each participant and is funded by both matching credits and interest credits. The cash balance benefit is equal to the cash balance account (the sum of all matching and interest credits) converted to an actuarially equivalent single life annuity commencing on the first day coinciding with or following the normal retirement date. Tufts Medical Center eliminated matching contributions effective December 31, 2004. Effective January 1, 2005, the 403(b) Plan was established whereby eligible participants may contribute a percentage of their pre-tax salaries to the 403(b) Plan.

Effective March 28, 2005, accrued benefits with a cash value equal to or less than $5,000 are distributed in a lump sum upon termination of employment. If the accrued benefit exceeds $5,000, the cash balance portion, if any, may be distributed as a lump sum at the request of the terminated participant.

For accrued benefits with a cash value in excess of $5,000, there are seven optional forms of benefit payment for participants who start annuity payments at age 55 or beyond. These options are: Life Annuity, Joint and 50% Surviving Spouse, Joint and 66-2/3% Surviving Spouse, Joint and 75% Surviving Spouse, Joint and 100% Surviving Spouse, 10-Year Certain and Continuous, and 15-Year Certain and Continuous.

Note 1 - Description of the Plan (Continued)

Pension Benefits (Provisions applicable to former participants of the Tufts Medical Center, Inc. Retirement Program - Defined Benefit Plan) (Continued)

As directed by the Plan administrator (at the participant's option), the trustee will pay an annuity benefit for a retiring participant, with monthly payments equal to an amount determined pursuant to the payment election.

Administrative Expenses

Plan related expenses, including actuarial, investment management-related, and audit expenses, are paid by the Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared under the modified cash basis of accounting. The Plan's investments are valued at their fair value as of December 31, 2025 and 2024 and contributions are recorded on a cash basis when the trustee receives them. This is a comprehensive basis of accounting other than generally accepted accounting principles.

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles under the modified cash basis of accounting requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits as of the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date, the changes in net assets available for benefits during the reporting period, the changes in actuarial present value of accumulated plan benefits, and when applicable, the disclosures of contingent assets and liabilities as of the date of the financial statements. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants or beneficiaries are recorded when paid.

Actuarial Method

The estimated actuarial present value of accumulated plan benefits was determined using the traditional unit credit cost method.

Note 2 - Summary of Significant Accounting Policies (Continued)

Investments, Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment trustee and custodian. See Note 4 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.

Cash and Cash Equivalents

The Plan considers all highly liquid instruments purchased with a maturity of three months or less to be cash equivalents.

Plan Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued, and noted no items requiring disclosure in the financial statements.

In July 2026, the Plan executed a retirement annuity buyout for certain retired participants. As a result of the buyout, the Plan made a $30.2 million payment to Banner Life Insurance Company to purchase annuity contracts covering a portion of the Plan's retiree benefit obligations.

Note 3 - Information Certified by Trustee and Custodian

Plan investments are managed by The Bank of New York Mellon/BNY Mellon, N.A. ("BNY Mellon") the trustee and custodian. The fair value of all investments and all related investment transactions as of and for the years ended December 31, 2025 and 2024, including interest, dividends and net appreciation in fair values, are reported to the Plan and certified as complete and accurate by BNY Mellon, the trustee of the Plan.

Note 4 - Fair Value Measurements

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

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 and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual Funds and Exchange Traded Funds (ETFs)

Valued at the daily closing price as reported by the fund. Mutual funds and ETFs held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds and ETFs held by the Plan are deemed to be actively traded.

Common/Collective Trusts

Valued at the NAV of units of the collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily with one day's notice. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments.

Note 4 - Fair Value Measurements (Continued)

Hedge Funds (Through 2024)

Hedge funds are valued by calculating the NAV of each investment by multiplying the investment's total capital from audited financial statements by the Plan's ownership percentage in that investment. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Redemption rights, including the ability to withdraw from an investment within 15-90 days and fees related to such withdrawal, vary based on each individual investment.

Limited Partnerships

Limited partnerships are valued by calculating the NAV of each investment by multiplying the investment's total capital from audited financial statements by the Plan's ownership percentage in that investment. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Redemptions may be processed monthly with 2-30 business days' notification.

The value of the Plan's interest in the Master Trust is determined with reference to the value of the Master Trust's underlying assets. The following tables set forth, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
Description	***Level 1***	***Level 2***	***Level 3***	***Total***
Total investments in the fair value hierarchy	$ -	$ -	$ -	$ -
Investments measured at NAV practical expedient (a)				247,214,497
Investments at fair value				**$ 247,214,497**

	Assets at Fair Value as of December 31, 2024			
Description	***Level 1***	***Level 2***	***Level 3***	***Total***
Total investments in the fair value hierarchy	$ -	$ -	$ -	$ -
Investments measured at NAV practical expedient (a)				240,829,918
Investments at fair value				**$ 240,829,918**

(a) In accordance with ASC Subtopic 820-10, "Fair Value Measurements," certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified within the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy amounts to amounts presented in the Statements of Net Assets Available for Benefits.

Note 5 - Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table for December 31, 2025 and 2024 sets forth a summary of the Master Trust's investments with a reported NAV:

Investments	*Fair Value 12/31/2025*	*Fair Value 12/31/2024*	*Unfunded Commitments*	*Redemption Frequency*	*Redemption Notice Period*
Exchange traded funds (b)	$ 1,873,019	$ 317,957	$ -	Daily	Daily
Units in common/ collective trust funds (b)	195,865,506	188,114,362	-	Daily	Daily
Limited Partnerships (b)	49,475,973	51,086,888	-	Monthly	Quarterly
Hedge funds (b)	-	1,310,711	-	Monthly	Quarterly
	$ 247,214,497	**$ 240,829,918**	**$ -**		

(b) See Note 4 for descriptions of the investments.

Note 6 - Interest in Master Trust

Certain of the Plan's investment assets are held in a trust account with the trustee and consist of an undivided interest in an investment account of the Master Trust, a master trust established by Tufts Medical Center and administered by the trustee. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income or loss less actual distributions and allocated administrative expenses. Use of the Master Trust permits the commingling of trust assets with the assets of the Participant Contribution Plan for investment and administrative purposes. Although assets of both plans are commingled in the Master Trust, the trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income or loss of the investment assets is allocated by the trustee to each participating plan based on the relationship of the investment assets of each plan to the total of the investment assets of the participating plans.

Note 6 - Interest in Master Trust (Continued)

The investments of the Master Trust are summarized as follows:

	December 31, 2025	
	Plan's Interest in the Master Trust	*Total Master Trust Balances*
Assets		
Investments at fair value		
Exchange traded funds	$ 1,674,771	$ 1,873,019
Units in common/collective trust funds	175,134,248	195,865,506
Limited partnerships	44,239,220	49,475,972
Total investments at fair value	221,048,239	247,214,497
Interest receivable	4,876	5,453
Cash	1,414,664	1,582,125
Total net assets in Master Trust	**$ 222,467,779**	**$ 248,802,075**
Plan's interest in Master Trust as a percentage of the total	89.42%	100.00%

Note 6 - Interest in Master Trust (Continued)

	December 31, 2024	
	Plan's Interest in the Master Trust	*Total Master Trust Balances*
Assets		
Investments at fair value		
Exchange traded funds	$ 281,539	$ 317,957
Units in common/collective trust funds	166,568,065	188,114,362
Limited partnerships	45,235,483	51,086,888
Hedge funds	1,160,584	1,310,711
Total investments at fair value	213,245,671	240,829,918
Interest receivable	5,263	5,944
Receivable for securities sold	2,615,388	2,953,700
Cash	1,548,449	1,748,748
Total Assets	**217,414,771**	**245,538,310**
Liabilities		
Liability for securities purchased	39,440	44,542
Total net assets in Master Trust	**$ 217,375,331**	**$ 245,493,768**
Plan's interest in Master Trust as a percentage of the total	88.55%	100.00%

Note 6 - Interest in Master Trust (Continued)

The changes in net assets of the Master Trust are summarized below:

	December 31, 2025	
	Plan's Interest in the Master Trust	***Total Master Trust***
Changes in net assets:		
Dividend and interest income	$ 1,768,408	$ 1,977,740
Net appreciation in fair value of investments	19,722,676	22,057,320
Investment managers' fees	(325,000)	(363,471)
Net transfers	(16,073,637)	(20,363,282)
Increase in net assets	5,092,447	3,308,307
Net assets:		
Beginning of year	217,375,331	245,493,768
End of year	**$ 222,467,778**	**$ 248,802,075**

	December 31, 2024	
	Plan's Interest in the Master Trust	***Total Master Trust***
Changes in net assets:		
Dividend and interest income	$ 982,320	$ 1,109,387
Net appreciation in fair value of investments	9,540,474	10,774,575
Investment managers' fees	(288,689)	(326,032)
Net transfers	42,286,156	40,084,669
Increase in net assets	52,520,261	51,642,599
Net assets:		
Beginning of year	164,855,070	193,851,169
End of year	**$ 217,375,331**	**$ 245,493,768**

Note 7 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments expected to be paid to (i) retired or terminated participants or their beneficiaries, (ii) beneficiaries of deceased participants, and (iii) presently employed participants or their beneficiaries for their service under the Plan's provisions up to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuarial firm and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment (by means of analyzing factors such as death, disability, withdrawal, or retirement) between the valuation date and the expected payment date.

The significant actuarial assumptions underlying the actuarial computation of the present value of accumulated plan benefits are as follows:

	2025	***2024***
Interest rate	5.30%	5.30%
Mortality	Pri-2012 Mortality Table	Pri-2012 Mortality Table
Average retirement age	Age 65	
Form of payment	Lump sum payable at retirement - Cash balance component Life Annuity - All other components	

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1st.

Note 7 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits as of January 1, is as follows:

	2025	2024
Vested benefits:		
Participants currently receiving payments	$ 147,406,083	$ 144,795,948
Other participants	108,253,104	112,158,162
Total vested benefits	255,659,187	256,954,110
Total actuarial present value of accumulated plan benefits	**$ 255,659,187**	**$ 256,954,110**

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2025 resulted from the following:

Actuarial present value of accumulated plan benefits at beginning of year	$ 256,954,110
Change from year to year:	
Interest due to decrease in the discount period	13,212,607
Benefits paid	(15,319,272)
Actuarial losses	469,609
Assumption changes	342,133
Change for the year	(1,294,923)
Actuarial present value of accumulated plan benefits at end of year	**$ 255,659,187**

Note 8 - Plan Termination

The Company intends to continue the Plan indefinitely but reserves the right to terminate the Plan at any time. Upon termination, the Plan's assets would be allocated for the benefit of Participants and beneficiaries in the manner specified by the Plan and in accordance with ERISA.

If the Plan was terminated, certain benefits under the Plan would be insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The PBGC guaranteed up to $6,689 per month for plans terminating in 2025 and $6,397 per month for plans terminating in 2024 (assuming 65 years of age and a straight-life annuity). Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Note 8 - Plan Termination (Continued)

In the event that the Plan is terminated, the assets then remaining, after providing for the administrative expenses of the Plan, would be allocated first to Participants, spouses or beneficiaries receiving benefits at least three years prior to the termination date; next, to pay all other insured benefits as provided for under Title IV, Section 4044 of ERISA; then to provide all other vested benefits under the provisions of the Plan that are not insured under ERISA; and, finally, to provide all other accrued benefits for Participants who were not vested as of the date of Plan termination.

Note 9 - Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to 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.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events such as an international conflict which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Note 10 - Related-Party Transactions and Party-In-Interest Transactions

During the years ended December 31, 2025 and 2024, the Plan invested in a registered investment company managed by BNY Mellon, the trustee and custodian of the Plan. Transactions in such investments qualify as party-in-interest transactions. In addition, fees paid to the auditor of the Plan qualify as party-in-interest transactions. Cash paid related to recordkeeping services provided by BNY Mellon was $1,165 and $20,621 for the years ended December 31, 2025 and 2024, respectively.

Note 11 - Tax Status

The Plan obtained its latest determination letter on March 15, 2021, in which the Internal Revenue Service (“IRS”) stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (“IRC”). Although the Plan was amended subsequent to the most recent determination letter, the Plan administrator and the Plan’s tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable sections of the IRC. Accordingly, no provision for income taxes has been included in these financial statements.

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 tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	1	0	0	0	0	1
40-44	0	1	2	0	1	10	0	0	0	0	14
45-49	0	4	5	1	7	22	8	1	0	0	48
50-54	0	4	5	3	11	27	29	6	3	0	88
55-59	2	5	6	15	13	28	52	15	5	0	141
60-64	1	7	14	12	17	25	68	61	14	4	223
65-69	0	3	6	12	9	12	25	15	25	11	118
70 & over	0	1	3	9	2	4	8	6	0	3	36
Total	3	25	41	52	60	129	190	104	47	18	669

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN: 47-2250732 / 002
Plan Sponsor: Tufts Medicine, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

• Applicable month	January
• Interest rate basis	3-Segment Rates

Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.31%	5.28%

Annual rates of increase

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on compensation	N/A
• Cash balance interest crediting and annuity conversion rate:	
– Circle Health	4.00% until 2026 and 5.25% for 2027 and later
– Tufts	4.00% until 2026 and 4.75% for 2027 and later
• PCP annuity conversion rate	Mortality table and interest rates based on a two-month (November) lookback, as prescribed under IRC §417(e)(3)
– 2025 – 2029	4.66%
– 2030 – 2044	5.25%
– 2045 and later	5.57%

Plan-related expenses	$2,520,000

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy and disabled lives

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Disability

None.

Termination

- Circle Health

200% of T-5 Turnover Table

The rates at which participants terminate by age are given below:

Age	Percentage
20	15.88
25	15.45
30	14.44
35	12.55
40	10.30
45	7.95
50	5.13
55	1.88
60	0.18
65	0.00

SCHEDULE SB ATTACHMENTS

- Tufts

Rates varying by age and gender. Representative rates below.

Percentage leaving during the year		
Attained Age	Males	Females
20	33.60%	56.25%
25	22.35%	33.60%
30	15.60%	22.35%
35	11.10%	15.60%
40	6.45%	11.10%
45	4.05%	6.45%
50	1.35%	4.05%
55	0.00%	1.35%

Retirement

For purposes of determining the funding target and target normal cost (both disregarding at-risk assumptions), the rates at which participants retire by age are given below:

Percentage retiring during the year		
Age	Tufts	Circle Health
Under 55	0%	0%
55-61	2%	2%
62-64	5%	5%
65-69	20%	25%
70 and above	100%	100%

Benefit commencement date:

- Preretirement death benefit

The later of the death of the active participant or the date the participant would have attained age 55.

- Deferred vested benefit

Circle Health

For the Cash Balance benefit, lump sums are assumed to be paid immediately upon termination of employment.

For the Final Average Pay benefit, annuities are assumed to be paid at age 65.

Tufts

The later of age 65 or termination of employment

- Retirement benefit

Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment

- Circle Health

For participants of the Cash Balance plan:

80% of active participants are assumed to elect lump sum payments while the remaining 20% are assumed to elect annuities. For those electing annuities, 100% of single participants elect a single life annuity, 80% of married participants elect a 66 2/3% joint and survivor annuity with 10 years certain, and 20% of married participants elect a single life annuity. 100% of deferred vested participants are assumed to elect lump sum payments.

Annuities were valued using the mortality table prescribed under IRC §417(e)(3) and interest rates equal to the assumed cash balance interest crediting rate.

For participants of the Final Pay plan:

100% of single participants elect a single life annuity, 80% of married participants elect a 66 2/3% joint and survivor annuity with 10 years certain, and 20% of married participants elect a single life annuity.

- Tufts

Part A and Part B benefits:, 75% are assumed to elect a single life annuity, and 25% are assumed to elect a 50% joint and survivor annuity.

Cash balance benefit: 80% of participants are assumed to elect lump sum payments while the remaining 20% are assumed to elect annuities. For those electing annuities, 75% are assumed to elect a single life annuity, and 25% are assumed to elect a 50% joint and survivor annuity.

For participants with a PCP balance, it is assumed that the balance is received as a single lump sum with the net DB Plan benefit payable to the participant. Any prior transfers from the PCP to the DB Plan are reflected through census data and asset value updates annually such that the added liability and asset value for such transfers is measured on a consistent basis.

Percent married

80%. Used to value pre-retirement surviving spouse benefits and in determining the optional form to be elected upon commencement.

Spouse age

Wife three years younger than husband.

Covered pay

Not applicable.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.30% for 2025, 6.60% for 2024 and 6.80% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third-party administrator furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor or its trustee, BNY Mellon. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Tufts Medicine, Inc., the following assumptions were made for missing or apparently inconsistent data elements:

- Missing beneficiary information was populated based on prior valuation information and if not available, valuation assumptions were used.
- Missing benefit information for inactive participants was populated based on prior valuation information and if not available, valuation assumptions were used.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The cash balance account conversion mortality table was updated to the 2025 mortality table prescribed under IRC §417(e)(3).

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Consolidated Pension Plan of Tufts Medicine, Inc.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Tufts Medicine, Inc.

D Employer Identification Number (EIN)
47-2250732

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	219,789,196
b Actuarial value	**2b**	216,681,084

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	610	145,598,607	145,598,607
b For terminated vested participants	754	39,494,629	39,494,629
c For active participants	669	66,819,065	66,819,065
d Total	2,033	251,912,301	251,912,301

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,520,000
c Target normal cost	**6c**	2,520,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Jennifer S. Collier
Signature of actuary

9/22/2026
Date

Jennifer S. Collier
Type or print name of actuary

2605680
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

617-638-3700
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18,481,036
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6,284,000
9	Amount remaining (line 7 minus line 8)	0	12,197,036
10	Interest on line 9 using prior year's actual return of 4.57 %	0	557,405
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12,754,441

Part III Funding Percentages

14	Funding target attainment percentage	14	80.95 %
15	Adjusted funding target attainment percentage	15	80.95 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2,520,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	47,985,658	5,085,853
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	7,605,853

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	7,605,853	7,605,853

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Circle Health

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.02	1,000	1.000000	0.020000	1.100000
56	0.02	980	0.980000	0.019600	1.097600
57	0.02	960	0.960400	0.019208	1.094856
58	0.02	941	0.941192	0.018824	1.091783
59	0.02	922	0.922368	0.018447	1.088394
60	0.02	904	0.903921	0.018078	1.084705
61	0.02	886	0.885842	0.017717	1.080728
62	0.05	868	0.868126	0.043406	2.691189
63	0.05	825	0.824719	0.041236	2.597866
64	0.05	783	0.783483	0.039174	2.507147
65	0.25	744	0.744309	0.186077	12.095023
66	0.25	558	0.558232	0.139558	9.210825
67	0.25	419	0.418674	0.104668	7.012788
68	0.25	314	0.314005	0.078501	5.338092
69	0.25	236	0.235504	0.058876	4.062445
70	1.00	177	0.176628	0.176628	12.363963
Average age at retirement					65.517404
Rounded for Schedule SB item 22					66

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN: 47-2250732 / 002
Plan Sponsor: Tufts Medicine, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Tufts

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.02	1,000	1.000000	0.020000	1.100000
56	0.02	980	0.980000	0.019600	1.097600
57	0.02	960	0.960400	0.019208	1.094856
58	0.02	941	0.941192	0.018824	1.091783
59	0.02	922	0.922368	0.018447	1.088394
60	0.02	904	0.903921	0.018078	1.084705
61	0.02	886	0.885842	0.017717	1.080728
62	0.05	868	0.868126	0.043406	2.691189
63	0.05	825	0.824719	0.041236	2.597866
64	0.05	783	0.783483	0.039174	2.507147
65	0.20	744	0.744309	0.148862	9.676019
66	0.20	595	0.595447	0.119089	7.859904
67	0.20	476	0.476358	0.095272	6.383195
68	0.20	381	0.381086	0.076217	5.182773
69	0.20	305	0.304869	0.060974	4.207192
70	1.00	244	0.243895	0.243895	17.072665
Average age at retirement					65.816016
Rounded for Schedule SB item 22					66

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN: 47-2250732 / 002
Plan Sponsor: Tufts Medicine, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

• Applicable month	January
• Interest rate basis	3-Segment Rates

Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.31%	5.28%

Annual rates of increase

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on compensation	N/A
• Cash balance interest crediting and annuity conversion rate:	
– Circle Health	4.00% until 2026 and 5.25% for 2027 and later
– Tufts	4.00% until 2026 and 4.75% for 2027 and later
• PCP annuity conversion rate	Mortality table and interest rates based on a two-month (November) lookback, as prescribed under IRC §417(e)(3)
– 2025 – 2029	4.66%
– 2030 – 2044	5.25%
– 2045 and later	5.57%

Plan-related expenses	$2,520,000

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy and disabled lives

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Disability

None.

Termination

- Circle Health

200% of T-5 Turnover Table

The rates at which participants terminate by age are given below:

Age	Percentage
20	15.88
25	15.45
30	14.44
35	12.55
40	10.30
45	7.95
50	5.13
55	1.88
60	0.18
65	0.00

SCHEDULE SB ATTACHMENTS

- Tufts

Rates varying by age and gender. Representative rates below.

Percentage leaving during the year		
Attained Age	Males	Females
20	33.60%	56.25%
25	22.35%	33.60%
30	15.60%	22.35%
35	11.10%	15.60%
40	6.45%	11.10%
45	4.05%	6.45%
50	1.35%	4.05%
55	0.00%	1.35%

Retirement

For purposes of determining the funding target and target normal cost (both disregarding at-risk assumptions), the rates at which participants retire by age are given below:

Percentage retiring during the year		
Age	Tufts	Circle Health
Under 55	0%	0%
55-61	2%	2%
62-64	5%	5%
65-69	20%	25%
70 and above	100%	100%

Benefit commencement date:

- Preretirement death benefit

The later of the death of the active participant or the date the participant would have attained age 55.

- Deferred vested benefit

Circle Health

For the Cash Balance benefit, lump sums are assumed to be paid immediately upon termination of employment.

For the Final Average Pay benefit, annuities are assumed to be paid at age 65.

Tufts

The later of age 65 or termination of employment

- Retirement benefit

Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment

- Circle Health

For participants of the Cash Balance plan:

80% of active participants are assumed to elect lump sum payments while the remaining 20% are assumed to elect annuities. For those electing annuities, 100% of single participants elect a single life annuity, 80% of married participants elect a 66 2/3% joint and survivor annuity with 10 years certain, and 20% of married participants elect a single life annuity. 100% of deferred vested participants are assumed to elect lump sum payments.

Annuities were valued using the mortality table prescribed under IRC §417(e)(3) and interest rates equal to the assumed cash balance interest crediting rate.

For participants of the Final Pay plan:

100% of single participants elect a single life annuity, 80% of married participants elect a 66 2/3% joint and survivor annuity with 10 years certain, and 20% of married participants elect a single life annuity.

- Tufts

Part A and Part B benefits:, 75% are assumed to elect a single life annuity, and 25% are assumed to elect a 50% joint and survivor annuity.

Cash balance benefit: 80% of participants are assumed to elect lump sum payments while the remaining 20% are assumed to elect annuities. For those electing annuities, 75% are assumed to elect a single life annuity, and 25% are assumed to elect a 50% joint and survivor annuity.

For participants with a PCP balance, it is assumed that the balance is received as a single lump sum with the net DB Plan benefit payable to the participant. Any prior transfers from the PCP to the DB Plan are reflected through census data and asset value updates annually such that the added liability and asset value for such transfers is measured on a consistent basis.

Percent married

80%. Used to value pre-retirement surviving spouse benefits and in determining the optional form to be elected upon commencement.

Spouse age

Wife three years younger than husband.

Covered pay

Not applicable.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.30% for 2025, 6.60% for 2024 and 6.80% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third-party administrator furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor or its trustee, BNY Mellon. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Tufts Medicine, Inc., the following assumptions were made for missing or apparently inconsistent data elements:

- Missing beneficiary information was populated based on prior valuation information and if not available, valuation assumptions were used.
- Missing benefit information for inactive participants was populated based on prior valuation information and if not available, valuation assumptions were used.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The cash balance account conversion mortality table was updated to the 2025 mortality table prescribed under IRC §417(e)(3).

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Pension Plan of Circle Health

Plan Provisions

Effective date and most recent amendment

The plan was restated January 1, 2020 and most recently amended merge the Tufts Medical Center Retirement Program – Defined Benefit Plan into this plan and update the name to the Consolidated Pension Plan of Tufts Medicine, Inc.

Circle Health resolved as of September 27, 2016 to freeze the accruals of future benefits under the Plan effective December 31, 2016.

The plan was merged with the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan effective December 31, 2017.

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Effective December 31, 2023, the Plan was amended to reflect the Tufts Medical Center, Inc. Retirement Program – Defined Benefit Plan merging into the Pension Plan of Circle Health. No benefits or provisions changed in light of this amendment.

Covered employees

All employees.

Participation date

Every eligible employee who was a participant in the Plan on December 31, 1999 and who did not elect to be covered under the terms of the cash balance plan continues to be covered under the terms of the final pay plan. No employee who becomes a participant in the Pension Plan of Circle Health, Inc. on or after January 1, 2000 will earn a pension benefit under the terms of the final pay plan.

Employees hired between January 1, 2000 and October 15, 2003 are eligible to participate in the cash balance plan.

Effective October 15, 2003, the plan was closed to new participants and any employee hired on or after October 15, 2003 is not eligible to earn benefits under this plan. No new participants shall be granted entry to the Plan after December 31, 2016 regardless of date of hire.

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service

One year of vesting service is credited for each 12 months of employment (i.e., vesting service is said to be determined on an "elapsed time" basis).

Benefit service

One year of benefit service is credited for each plan year in which the participant completes at least 1,994 hours of service. A participant who completes fewer than 1,994 hours of service during the plan year is credited with a partial year of service based on the number of hours in the table below:

Hours of Service	Years of Benefit Accrual Service
1,994 or more	1
1,821 – 1,993	11/12
1,648 – 1,820	10/12
1,474 – 1,647	9/12
1,301 – 1,473	8/12
1,128 – 1,300	7/12
954 – 1,127	6/12
781 – 953	5/12
608 – 780	4/12
434 – 607	3/12
261 – 433	2/12
173 – 260	1/12
172 or fewer	0

No participant shall earn additional Years of Benefit Accrual Service after December 31, 2016.

Pensionable pay

Total compensation includes any employee pre-tax contributions under IRC §125, §402(a)(8), §402(h), and §403(b). Compensation is limited to $200,000 as indexed per IRC §401(a)(17).

Pensionable pay for the final pay plan is annualized based on the benefit service accrual for the year, provided hours worked in the year were at least 954.

Pensionable pay after December 31, 2016 is not considered in the determination of plan benefits.

Average earnings

For the final pay plan, the average compensation paid to a participant during the five consecutive plan years out of the last ten years of participation which provides the highest such average.

Average earnings are frozen effective December 31, 2016.

Normal retirement date (NRD)

Age 65.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

- Final pay plan

One-twelfth of the sum of (a) and (b) below:

(a) 1% of final average earnings multiplied by years of benefit service

(b) 0.65% of the excess of final average earnings over the Social Security Average Wage times years of benefit service, to a maximum of 35 years

Accrued benefit

- Final pay plan

The monthly pension benefit the participant has accrued based on final average earnings, the Social Security Average Wage, and benefit service as of the date of determination.

- Cash balance plan

The monthly benefit payable at age 65 is based upon the value of the cash balance account. The cash balance account is converted to an accrued benefit payable as an annuity as of the pension start date and in accordance with applicable IRS regulations using the IRS interest rate and IRS mortality table as defined by the Plan. For this purpose, the Plan defines the IRS interest rate using the same basis as the interest crediting rate.

Cash balance account

The sum of the initial account balance and all compensation credits and interest credits awarded throughout the period of plan participation. An initial account balance was established as of January 1, 2000 for each active plan participant equal to the actuarially equivalent lump sum value of the December 31, 1999 accrued benefit under the final pay plan determined using the IRS interest rate and IRS mortality table (as such terms are defined by the Plan) in effect for the 2000 plan year.

Compensation credit

As of 12/31 of each plan year (or as of a participant's date of termination, retirement, or death, if earlier), a participant's cash balance account is credited with an annual compensation credit equal to a percentage of the participant's compensation for that year (while a participant) based upon the sum the participant's age and vesting service (as an employee) as follows:

Age + Service	Percent of Compensation
Less than 30	2.0
30 – 39	2.5
40 – 49	3.0
50 – 59	3.5
60 or more	4.0

Effective December 31, 2016, additional Compensation Credits will not be added to participants' cash balance accounts

SCHEDULE SB ATTACHMENTS

Interest credit	As of 12/31 of each plan year (or as of a participant's date of termination, retirement or death, if earlier), a participant's cash balance account is credited with an annual interest credit equal to the participant's 12/31 account balance of the previous year multiplied by an interest rate equal to the 30 year Treasury Rate from the November of the prior plan year but no less than 2.6%.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service for the final pay plan. Immediate commencement is optional upon retirement for participants in the cash balance plan.
Postponed retirement	Retirement after NRD.
Vested termination	
• Final pay plan	Termination for reasons other than death or retirement after completing five years of vesting service.
• Cash balance plan	Termination for reasons other than death or retirement after completing three years of vesting service.
Disability	Satisfaction of the definition of disability required by the Social Security Administration.
Preretirement death benefit	
• Final pay plan	Upon the death of a participant prior to the pension starting date, if the participant had completed at least five years of vesting service.
• Cash balance plan	Upon the death of a participant prior to the pension starting date.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The accrued benefit reduced 1/12 for each year of the first three years and 1/24 for each of the next seven years' payments commencing after age 55 and prior to age 65. Prior to age 55 for the cash balance plan, the plan's actuarial equivalence is used.
Postponed retirement	The monthly pension benefit determined as the greater of the accrued benefit at time of postponed retirement or the actuarial equivalent of the benefit accrued as of normal retirement.
Vested termination	The accrued benefit calculated at the date of termination and payable at age 65.

Disablement

• Final pay plan	Continued benefit service accruals from the date of disability until the earlier of the end of disability or the normal retirement date. For periods after the date of disability, annual compensation is assumed to be no greater than 120% of the salary rate in effect one year prior to disability.
• Cash balance plan	Continued compensation credit and interest credit accruals from the date of disability until the end of disability or normal retirement. For periods after the date of disability, annual compensation is assumed to be no greater than 120% of the salary rate in effect one year prior to disability.

Preretirement death

• Final pay plan	For married participants and those with children under the age of 18, the spouse's benefit is calculated as though the participant had retired on the date of death and had elected to receive an early retirement pension on the first day of the next calendar month in a reduced amount payable for life with a provision that 66-2/3% of such reduced amount would be continued after death to the spouse as the duly designated beneficiary.
• Cash balance plan	The cash balance account as of the last day of the month in which the death of the participant occurs is paid to the beneficiary.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

If the participant has no spouse as of the date payments begin, then the monthly pension benefit as described above is paid as a life annuity with the option of a 10 year certain annuity, 15 year certain annuity, or cash refund.

Otherwise, benefits are paid in the form of a 66 2/3% joint and survivor annuity with 10 years certain or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the Plan. Actuarial equivalence is based on the 1983 GAM Mortality Table for Males set back 4 years, projected to 1988 with Scale H and a 9.5% interest rate.

Optional forms are a single life annuity, a 66 2/3% joint and survivor annuity with 10 years certain, a 10-year or 15-year certain and life annuity, or a cash refund annuity and 75% Joint and Survivor annuity options. A single lump sum payment is also available for participants in the Cash Balance plan.

Pension Increases

None.

Plan participants' contributions

None.

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

The Visiting Nurse Association of Greater Lowell, Inc. Pension Plan

Plan Provisions

The most recent amendment reflected in the following plan provisions was to enact the group annuity purchase during 2021

The Visiting Nurse Association of Greater Lowell, Inc. Pension Plan merged with the Pension Plan of Circle Health effective December 31, 2017.

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Covered employees All employees who are not per diem, hired on or before December 31, 2005, employees of the Affiliated Employer.

Participation date An eligible employee shall become a participant upon becoming age 21 and attaining one year of eligibility service effective as of the first day of the month coinciding with or next following the date on which such employee met the eligibility requirements, provided the employee was still employed as of such date.

If an employee, who has satisfied the plan's eligibility requirements and would otherwise have become a participant, shall go from a classification of a noneligible employee to an eligible employee, such employee shall become a participant on the date such employee becomes an eligible employee or, if later, the date that the employee would have otherwise entered the plan had the employee always been an eligible employee.

If an employee, who has satisfied the Plan's eligibility requirements and would otherwise become a participant, shall go from a classification of an eligible employee to a noneligible class of employees, such employee shall become a participant in the plan on the date such employee again becomes an eligible employee, or, if later, the date that the employee would have otherwise entered the plan had the employee always been an eligible employee.

In no event shall an employee begin or resume active participation in the plan after December 31, 2017.

Definitions

Vesting service A participant becomes vested after five years of service.

Pension service Years and months of service as a covered employee.

SCHEDULE SB ATTACHMENTS

Pension Benefit	The amount of monthly retirement benefit to be provided for each participant who retires on the normal retirement date shall be equal to the sum of (1) plus (2) (1) 1.0% of such participant's average monthly compensation multiplied by the participant's total period of service (up to 25 years total) through December 31, 2006, plus 1.0% of such average monthly compensation of excess of one-twelfth of covered compensation multiplied by the participant's period of service (up to 25 years total) while a participant through December 31, 2006, computed to the nearest cent. (2) 0.5% of such participant's average monthly compensation multiplied by the participant's period of service (up to 25 years total) while a participant from January 1, 2007, plus 0.5% of such average monthly compensation of excess of one-twelfth of covered compensation multiplied by the participant's period of service (up to 25 years total) while a participant from January 1, 2017 computed to the nearest cent. Benefits ceased to accrue effective December 31, 2017.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	No disability benefits, other than those payable upon termination of employment, are provided in this plan.

SCHEDULE SB ATTACHMENTS

Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The early retirement benefit shall equal the greater of: (1) The participant's accrued benefit reduced by 1/15th for each of the first five years and 1/30th for each of the next five years and reduced actuarially for each additional year thereafter that the first day of the month on which the participant's early retirement benefit commences precedes the participant's normal retirement date (2) The actuarial equivalent of the participant's accrued if such benefit is distributed in a form other than a nondecreasing life annuity payable for a period not less than the life of the participant Participants who have attained age 62 and 25 years of service may commence benefits without reduction.
Postponed retirement	A late retiring participant shall be entitled to a retirement benefit equal to the greater of: (1) the actuarial equivalent of the monthly retirement benefit such participant was entitled to at the close of the plan year (2) the participant's accrued benefit determined at the close of the plan year
Deferred vested termination	The participant's accrued benefit reduced by 1/15th for each of the first five years and 1/30th for each of the next five years and reduced actuarially for each additional year thereafter that the first day of the month on which the participant's early retirement benefit commences precedes the participant's normal retirement date.
Disablement	No disability benefits, other than those payable upon termination of employment, are provided in this plan.

SCHEDULE SB ATTACHMENTS

Preretirement death	A vested participant who dies before the annuity starting date and who has a surviving spouse shall have the death benefit paid to the surviving spouse in the form of a Pre-retirement Survivor Annuity, payable to a child or children if unmarried. The participant may elect the benefit to be paid in the form of a reduced monthly pension payable over the life of the beneficiary, with the provision that, if the participant's designated beneficiary dies prior to completion of 120 monthly payments, such months payments shall be continued to the participant's beneficiary until the monthly payments made to the participant's designated beneficiary and the participant's beneficiary shall total 120.

Other Plan Provisions

Forms of payment	A participant who is married shall receive the value of all of such participant's benefits in the form of a joint and survivor annuity. Following the participant's death, the spouse shall receive 66 2/3% of the rate at which such benefits were payable to the participant. The benefit is guaranteed for 120 payments. The participant may elect to receive a smaller annuity benefit with continuation of payments to the spouse at a rate of 75% of the rate payable to the participant. An unmarried participant shall receive the value of such participant's benefit in the form of a life annuity.
Pension Increases	None.
Plan participants' contributions	None.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Tufts Part A

Plan Provisions

Originally adopted January 1, 1984. The plan was restated January 1, 2013 and most recently amended to merge this plan into the Pension Plan of Circle Health and rename the merged plan the Consolidated Pension Plan of Tufts Medicine, Inc.

The plan sponsor froze future accruals and provided a service enhancement for active participants effective February 28, 2018.

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Covered employees

Employees who:

(a) As of December 31, 1994, were either 65 or older, or age 55 or older with 5 or more years of benefit service, and elected to maintain the prior benefit structure, or

(b) Is a member of a collective bargaining unit.

Part A eligible employees will become Part A participants as of the next January 1 coinciding with or following the date on which he or she commences making participant contributions under the Participant Contribution Plan.

Effective February 28, 2018, all benefit accruals are frozen.

Definitions

Annual compensation

W-2 compensation plus employer contributions, to a tax-sheltered annuity, and to a Section 125 plan. If the participant worked less than 2,000 hours in a year after 1983, the amount above is multiplied by the ratio of 2,000 to the hours of service worked for that year.

Compensation earned after February 28, 2018 will not be used in the determination of benefits.

Average annual compensation

Average of the highest five consecutive years' Annual Compensation

Covered compensation

Social Security covered compensation rounded to the nearest $600, calculated for an individual who reached age 65 in the year of termination.

Covered compensation amounts are frozen effective February 28, 2018.

SCHEDULE SB ATTACHMENTS

Benefit service

Benefit service from the prior plan, plus one year for each year after 1983 in which a participant completes 2,000 hours of service and a fraction of a year for a year after 1983 in which a participant completes less than 2,000 hours of service. If a participant completes less than 2,000 hours of service in a calendar year after 1983:

(i) If an employee becomes a participant or if benefits commence during that year, the participant will be credited with 1/12 of a year of benefit service for each month or partial month of service during that year;

(ii) Otherwise, the participant will be credited with (1) 1/12 of a year of benefit service multiplied by (2) the number of hours of service earned as a participant divided by 167 and rounded to the nearest integer.

Participants who were active and accruing on February 28, 2018 will be credited with a benefit service enhancement equivalent to three times the number of hours worked in 2016.

Effective February 28, 2018, benefit service accruals are eliminated for all participants.

Schedule A benefit

Amount set opposite individual participants names in the Schedule A attached to the plan document which is the annuity equivalent determined as of December 31, 1983, of the individual's contributions and earnings under a prior tax-qualified defined benefit plan which was distributed to the individual.

Participant Contribution Plan

The Participant Contribution Plan is a 401(a) money purchase type plan to which employees must contribute on a post-tax basis in order to be eligible for Part A benefits under the defined benefit plan. Annual contributions required to the plan are 1% of compensation up to $6,600 and 2% of compensation over $6,600. Contributions can be made on a payroll deduction basis.

Effective February 28, 2018, contributions to the Participant Contribution Plan are no longer required as future benefit accruals were eliminated.

Participant Contribution Plan benefit

The Participant Contribution Plan account balance converted to an actuarially equivalent annuity at retirement based on the mortality table and interest rates with a two-month (November) lookback, as prescribed under IRC §417(e)(3).

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	One-twelfth of [(a) times (b)] less (c), but not less than zero, as follows: (a) 1.12% of Average Annual Compensation plus 0.63% of Average Annual Compensation in excess of Covered Compensation. (b) Benefit Service up to 25 years plus ½ of Benefit Service in excess of 25 years. (c) The Schedule A benefit plus, if the participant elects a refund of his or her account balance from the Participant Contribution Plan, the Participant Contribution Plan Benefit. The reduction does not apply if the participant elects to transfer their account balance under the Participant Contribution Plan to the Defined Benefit Plan. The portion of this benefit attributable to the Benefit Service prior to December 31, 1983 cannot be less than the participant's prior plan benefit less the Schedule A benefit.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of service, or age 55 and participated in the plan before January 1, 1984.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of employment.
Disability	10 years of employment and receiving Social Security disability benefits.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
Preretirement surviving dependent children's benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with dependent children.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.

SCHEDULE SB ATTACHMENTS

Early retirement

The monthly pension benefit determined as of the NRD, reduced prior to age 65 according to the following schedule:

Age	Percentage
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Deferred vested termination

The monthly pension benefit determined as of the termination date, multiplied by the appropriate vesting percentage, and payable at NRD. If 100% vested, a participant may elect early commencement of his or her benefit, reduced by the factors applicable to early retirement benefits.

Disablement

The monthly pension benefit payable at NRD calculated as if annual compensation had remained the same as in the year preceding disablement and Benefit Service had continued to accrue until the earliest of when the Social Security disability benefits ceased, the participant reached age 65, or the participant elected to begin receiving reduced early retirement benefits.

Preretirement death

50% of the benefit that the participant would have received had he or she terminated employment on the date of his or her death, elected a refund on his or her account balance from the Participant Contribution Plan (i.e., reduced by the Participant Contribution Plan Benefit), and retired with a joint and 50% survivor option on his or her earliest retirement date.

Preretirement surviving dependent children's benefit

The actuarial equivalent of the Part A accrued benefit, payable in a single payment, divided evenly among the dependent children.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a single life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms are 66-2/3%, 75% and 100% joint and survivor annuity, 10- and 15-year certain and life annuity, or a single life annuity (for married participants).

Actuarial equivalence is based on the mortality table and interest rates with a two-month (November) lookback, as prescribed under IRC §417(e)(3).

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Tufts Part B

Plan Provisions

Originally adopted January 1, 1995. The most recent amendment reflected in the following plan provisions was to merge this plan into the Pension Plan of Circle Health and rename the merged plan the Consolidated Pension Plan of Tufts Medicine, Inc.

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Covered employees	Part B of the plan has no ongoing benefit accruals. No new employees are eligible to participate in the plan.
Eligibility for participation	Employees not eligible for continuing Part A benefits who have completed one year of service and are at least 21 years old may elect to earn a Cash Balance Benefit by making compensation reduction contributions under the Tax Sheltered Annuity Plan. As of January 1, 2005, Part B is frozen.

Definitions

Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service.
Tax sheltered annuity plan	Employees are required to make matchable compensation reduction contributions to the Tax Sheltered Annuity Plan in order to be eligible to receive matching compensation credits to the cash balance account (see Applicable Percentage for Marching Compensation Credits). As of January 1, 2005, Part B is frozen.
Participant Contribution Plan	The Participant Contribution Plan is a 401(a) money purchase type plan for which contributions for Part B participants were frozen as of December 31, 1994. The account balances are allowed to grow with earnings distributed to individual accounts through retirement or termination.
Participant Contribution Plan Benefit	The Participant Contribution Plan account balance converted to an actuarially equivalent annuity at retirement based on the mortality table and interest rates with a two-month (November) lookback, as prescribed under IRC §417(e)(3).

SCHEDULE SB ATTACHMENTS

Matching compensation credits

Matching Compensation Credits:

(a) For a participant on December 31, 1994 who is age 50 or older on January 1, 1995, 200% of the participant's Matchable Compensation Reduction Contributions up to 2.0% of the participant's compensation, and 100% of the participant's Matchable Compensation Reduction Contributions in excess of 2.0% of the participant's compensation;

(b) For a participant on December 31, 1994 who is age 40 or older but not age 50 or older on January 1, 1995, 150% of the participant's Matchable Compensation Reduction Contributions up to 2.0% of the participant's compensation, and 100% of the participant's Matchable Compensation Reduction Contributions in excess of 2.0% of the participant's compensation;

(c) For each other participant not described in (a) or (b) above, 100% of the participant's Matchable Compensation Reduction Contributions.

Matching Compensation Credits were eliminated effective December 31, 2004.

Matchable compensation reduction contributions

Pre-tax compensation reduction contributions made by the participant each plan year under the Tax Sheltered Annuity Plan up to 3.0% of the participant's compensation.

Cash balance benefit

Cash balance account expressed as an actuarially equivalent single life annuity commencing on the first day of the month coinciding with or next following his or her NRD.

Cash balance account

The purpose of the Cash Balance Account is to determine the Cash Balance Benefit. Each Cash Balance Account will consist of Matching Compensation Credits prior to December 31, 2004 and Interest Credits.

Interest credits

The sum of (1) 3.0%, and (2) two-thirds (2/3) of the excess, if any, of the net percentage increase in the value of the assets of the trust fund over 3.0%. Effective December 31, 2004, for plan years beginning after December 31, 2004, the interest credits will be equal to the yield on 10-year Treasury Notes effective on the close of business on the last business day in the month of October preceding such plan year but not less than 3.0%. The interest credit is made at the end of the plan year and applied to the Cash Balance Account at the beginning of the plan year.

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing five years of service, or age 55 and participated in the plan before January 1, 1984.

Postponed retirement

Retirement after NRD.

Deferred vested termination

Frozen accrued benefit as of December 31, 1994: 100% vested

Cash Balance Benefit:

Service	Percentage
Less than 3	0%
3	50%
4	75%
5 or more	100%

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement

Frozen accrued benefit as of December 31, 1994 determined under provision in effect as of that date, offset at retirement or termination date by the Participant Contribution Plan Benefit (the reduction does not apply if the participant elects to transfer their account balance under the Participant Contribution Plan to the Defined Benefit plan), plus the Cash Balance Benefit.

Postponed retirement

Active participants: The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.

Deferred vested participants: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

SCHEDULE SB ATTACHMENTS

Early retirement

The monthly pension benefit determined as of the NRD, reduced prior to age 65 according to the following schedule:

Age	Percentage
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

plus the Cash Balance Benefit.

Preretirement death

50% of the Part A benefit that the participant would have received had he or she terminated employment on the date of his or her death, elected a refund on his or her account balance from the Participant Contribution Plan (i.e., reduced by the Participant Contribution Plan Benefit), and retired with a joint and 50% survivor option on his or her earliest retirement date, plus the Cash Balance Account.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a single life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms are 66-2/3%, 75% and 100% joint and survivor annuity, 10- and 15-year certain and life annuity, a single life annuity (for married participants), or a single lump sum payment (for cash balance benefits).

Actuarial equivalence is based on the mortality table and interest rates with a two-month (November) lookback, as prescribed under IRC §417(e)(3).

SCHEDULE SB ATTACHMENTS

Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions
as of January 1, 2025

The cash balance account conversion mortality table was updated to the 2025 mortality table prescribed under IRC §417(e)(3).

Plan Name:	Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN:	47-2250732 / 002
Plan Sponsor:	Tufts Medicine, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	1	0	0	0	0	1
40-44	0	1	2	0	1	10	0	0	0	0	14
45-49	0	4	5	1	7	22	8	1	0	0	48
50-54	0	4	5	3	11	27	29	6	3	0	88
55-59	2	5	6	15	13	28	52	15	5	0	141
60-64	1	7	14	12	17	25	68	61	14	4	223
65-69	0	3	6	12	9	12	25	15	25	11	118
70 & over	0	1	3	9	2	4	8	6	0	3	36
Total	3	25	41	52	60	129	190	104	47	18	669

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN: 47-2250732 / 002
Plan Sponsor: Tufts Medicine, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2,293,883	4,716,764	14,116,811	21,127,458
2026	2,080,869	1,662,848	13,844,402	17,588,119
2027	2,658,588	2,078,003	13,553,787	18,290,378
2028	3,289,614	2,545,475	13,241,382	19,076,471
2029	3,839,905	2,648,113	12,904,805	19,392,823
2030	4,360,152	2,506,299	12,542,390	19,408,841
2031	4,766,641	3,161,439	12,144,610	20,072,690
2032	5,142,937	3,006,797	11,704,797	19,854,531
2033	5,515,199	2,993,055	11,243,383	19,751,637
2034	5,676,357	3,175,313	10,766,729	19,618,399
2035	5,815,316	3,286,690	10,269,694	19,371,700
2036	5,714,105	2,915,625	9,753,341	18,383,071
2037	5,753,324	3,162,388	9,207,893	18,123,605
2038	5,670,153	2,564,538	8,636,906	16,871,597
2039	5,549,954	2,379,388	8,054,132	15,983,474
2040	5,624,446	2,373,268	7,467,451	15,465,165
2041	5,365,916	2,447,000	6,877,663	14,690,579
2042	5,112,830	2,303,691	6,286,445	13,702,966
2043	4,780,807	2,176,579	5,699,123	12,656,509
2044	4,691,868	2,006,615	5,121,339	11,819,822
2045	4,455,751	1,991,331	4,558,830	11,005,912
2046	4,212,866	1,839,912	4,017,242	10,070,020
2047	4,062,422	1,674,368	3,502,002	9,238,792
2048	3,740,306	1,577,154	3,018,203	8,335,663
2049	3,538,427	1,477,088	2,570,237	7,585,752
2050	3,273,653	1,421,500	2,161,459	6,856,612
2051	3,020,052	1,270,891	1,794,102	6,085,045
2052	2,792,358	1,166,249	1,469,114	5,427,721
2053	2,541,505	1,061,742	1,186,219	4,789,466
2054	2,305,885	958,420	944,036	4,208,341
2055	2,072,784	857,417	740,207	3,670,408
2056	1,847,597	759,860	571,630	3,179,087
2057	1,634,172	666,797	434,679	2,735,648
2058	1,432,663	579,168	325,447	2,337,278
2059	1,245,032	497,752	239,953	1,982,737
2060	1,072,689	423,126	174,319	1,670,134
2061	916,464	355,661	124,903	1,397,028
2062	776,623	295,504	88,408	1,160,535
2063	652,934	242,608	61,958	957,500
2064	544,751	196,763	43,134	784,648
2065	451,114	157,601	29,964	638,679
2066	370,872	124,640	20,889	516,401
2067	302,735	97,304	14,716	414,755
2068	245,364	74,969	10,558	330,891
2069	197,431	56,993	7,769	262,193
2070	157,672	42,741	5,896	206,309
2071	124,925	31,611	4,625	161,161
2072	98,138	23,048	3,742	124,928
2073	76,389	16,560	3,105	96,054
2074	58,866	11,719	2,621	73,206

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN: 47-2250732 / 002
Plan Sponsor: Tufts Medicine, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	14,660,977	15.00000	14,660,977	1,363,548
2. Shortfall	01/01/2024	(5,992,931)	14.00000	(5,622,366)	(547,730)
3. Shortfall	01/01/2023	33,640,535	13.00000	30,044,011	3,080,824
4. Shortfall	01/01/2022	74,131	12.00000	63,111	6,851
5. Shortfall	01/01/2021	2,081,440	11.00000	1,677,526	194,077
6. Shortfall	01/01/2020	(2,808,625)	10.00000	(2,121,471)	(263,692)
7. Shortfall	01/01/2019	13,541,032	9.00000	9,283,870	1,251,975
Total				47,985,658	5,085,853

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN: 47-2250732 / 002
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Circle Health

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.02	1,000	1.000000	0.020000	1.100000
56	0.02	980	0.980000	0.019600	1.097600
57	0.02	960	0.960400	0.019208	1.094856
58	0.02	941	0.941192	0.018824	1.091783
59	0.02	922	0.922368	0.018447	1.088394
60	0.02	904	0.903921	0.018078	1.084705
61	0.02	886	0.885842	0.017717	1.080728
62	0.05	868	0.868126	0.043406	2.691189
63	0.05	825	0.824719	0.041236	2.597866
64	0.05	783	0.783483	0.039174	2.507147
65	0.25	744	0.744309	0.186077	12.095023
66	0.25	558	0.558232	0.139558	9.210825
67	0.25	419	0.418674	0.104668	7.012788
68	0.25	314	0.314005	0.078501	5.338092
69	0.25	236	0.235504	0.058876	4.062445
70	1.00	177	0.176628	0.176628	12.363963
Average age at retirement					65.517404
Rounded for Schedule SB item 22					66

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
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Plan Sponsor: Tufts Medicine, Inc.
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SCHEDULE SB ATTACHMENTS

Tufts

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.02	1,000	1.000000	0.020000	1.100000
56	0.02	980	0.980000	0.019600	1.097600
57	0.02	960	0.960400	0.019208	1.094856
58	0.02	941	0.941192	0.018824	1.091783
59	0.02	922	0.922368	0.018447	1.088394
60	0.02	904	0.903921	0.018078	1.084705
61	0.02	886	0.885842	0.017717	1.080728
62	0.05	868	0.868126	0.043406	2.691189
63	0.05	825	0.824719	0.041236	2.597866
64	0.05	783	0.783483	0.039174	2.507147
65	0.20	744	0.744309	0.148862	9.676019
66	0.20	595	0.595447	0.119089	7.859904
67	0.20	476	0.476358	0.095272	6.383195
68	0.20	381	0.381086	0.076217	5.182773
69	0.20	305	0.304869	0.060974	4.207192
70	1.00	244	0.243895	0.243895	17.072665
Average age at retirement					65.816016
Rounded for Schedule SB item 22					66

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN: 47-2250732 / 002
Plan Sponsor: Tufts Medicine, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2,293,883	4,716,764	14,116,811	21,127,458
2026	2,080,869	1,662,848	13,844,402	17,588,119
2027	2,658,588	2,078,003	13,553,787	18,290,378
2028	3,289,614	2,545,475	13,241,382	19,076,471
2029	3,839,905	2,648,113	12,904,805	19,392,823
2030	4,360,152	2,506,299	12,542,390	19,408,841
2031	4,766,641	3,161,439	12,144,610	20,072,690
2032	5,142,937	3,006,797	11,704,797	19,854,531
2033	5,515,199	2,993,055	11,243,383	19,751,637
2034	5,676,357	3,175,313	10,766,729	19,618,399
2035	5,815,316	3,286,690	10,269,694	19,371,700
2036	5,714,105	2,915,625	9,753,341	18,383,071
2037	5,753,324	3,162,388	9,207,893	18,123,605
2038	5,670,153	2,564,538	8,636,906	16,871,597
2039	5,549,954	2,379,388	8,054,132	15,983,474
2040	5,624,446	2,373,268	7,467,451	15,465,165
2041	5,365,916	2,447,000	6,877,663	14,690,579
2042	5,112,830	2,303,691	6,286,445	13,702,966
2043	4,780,807	2,176,579	5,699,123	12,656,509
2044	4,691,868	2,006,615	5,121,339	11,819,822
2045	4,455,751	1,991,331	4,558,830	11,005,912
2046	4,212,866	1,839,912	4,017,242	10,070,020
2047	4,062,422	1,674,368	3,502,002	9,238,792
2048	3,740,306	1,577,154	3,018,203	8,335,663
2049	3,538,427	1,477,088	2,570,237	7,585,752
2050	3,273,653	1,421,500	2,161,459	6,856,612
2051	3,020,052	1,270,891	1,794,102	6,085,045
2052	2,792,358	1,166,249	1,469,114	5,427,721
2053	2,541,505	1,061,742	1,186,219	4,789,466
2054	2,305,885	958,420	944,036	4,208,341
2055	2,072,784	857,417	740,207	3,670,408
2056	1,847,597	759,860	571,630	3,179,087
2057	1,634,172	666,797	434,679	2,735,648
2058	1,432,663	579,168	325,447	2,337,278
2059	1,245,032	497,752	239,953	1,982,737
2060	1,072,689	423,126	174,319	1,670,134
2061	916,464	355,661	124,903	1,397,028
2062	776,623	295,504	88,408	1,160,535
2063	652,934	242,608	61,958	957,500
2064	544,751	196,763	43,134	784,648
2065	451,114	157,601	29,964	638,679
2066	370,872	124,640	20,889	516,401
2067	302,735	97,304	14,716	414,755
2068	245,364	74,969	10,558	330,891
2069	197,431	56,993	7,769	262,193
2070	157,672	42,741	5,896	206,309
2071	124,925	31,611	4,625	161,161
2072	98,138	23,048	3,742	124,928
2073	76,389	16,560	3,105	96,054
2074	58,866	11,719	2,621	73,206

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN: 47-2250732 / 002
Plan Sponsor: Tufts Medicine, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Pension Plan of Circle Health

Plan Provisions

Effective date and most recent amendment

The plan was restated January 1, 2020 and most recently amended merge the Tufts Medical Center Retirement Program – Defined Benefit Plan into this plan and update the name to the Consolidated Pension Plan of Tufts Medicine, Inc.

Circle Health resolved as of September 27, 2016 to freeze the accruals of future benefits under the Plan effective December 31, 2016.

The plan was merged with the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan effective December 31, 2017.

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Effective December 31, 2023, the Plan was amended to reflect the Tufts Medical Center, Inc. Retirement Program – Defined Benefit Plan merging into the Pension Plan of Circle Health. No benefits or provisions changed in light of this amendment.

Covered employees

All employees.

Participation date

Every eligible employee who was a participant in the Plan on December 31, 1999 and who did not elect to be covered under the terms of the cash balance plan continues to be covered under the terms of the final pay plan. No employee who becomes a participant in the Pension Plan of Circle Health, Inc. on or after January 1, 2000 will earn a pension benefit under the terms of the final pay plan.

Employees hired between January 1, 2000 and October 15, 2003 are eligible to participate in the cash balance plan.

Effective October 15, 2003, the plan was closed to new participants and any employee hired on or after October 15, 2003 is not eligible to earn benefits under this plan. No new participants shall be granted entry to the Plan after December 31, 2016 regardless of date of hire.

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service

One year of vesting service is credited for each 12 months of employment (i.e., vesting service is said to be determined on an "elapsed time" basis).

Benefit service

One year of benefit service is credited for each plan year in which the participant completes at least 1,994 hours of service. A participant who completes fewer than 1,994 hours of service during the plan year is credited with a partial year of service based on the number of hours in the table below:

Hours of Service	Years of Benefit Accrual Service
1,994 or more	1
1,821 – 1,993	11/12
1,648 – 1,820	10/12
1,474 – 1,647	9/12
1,301 – 1,473	8/12
1,128 – 1,300	7/12
954 – 1,127	6/12
781 – 953	5/12
608 – 780	4/12
434 – 607	3/12
261 – 433	2/12
173 – 260	1/12
172 or fewer	0

No participant shall earn additional Years of Benefit Accrual Service after December 31, 2016.

Pensionable pay

Total compensation includes any employee pre-tax contributions under IRC §125, §402(a)(8), §402(h), and §403(b). Compensation is limited to $200,000 as indexed per IRC §401(a)(17).

Pensionable pay for the final pay plan is annualized based on the benefit service accrual for the year, provided hours worked in the year were at least 954.

Pensionable pay after December 31, 2016 is not considered in the determination of plan benefits.

Average earnings

For the final pay plan, the average compensation paid to a participant during the five consecutive plan years out of the last ten years of participation which provides the highest such average.

Average earnings are frozen effective December 31, 2016.

Normal retirement date (NRD)

Age 65.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

- Final pay plan

One-twelfth of the sum of (a) and (b) below:

(a) 1% of final average earnings multiplied by years of benefit service

(b) 0.65% of the excess of final average earnings over the Social Security Average Wage times years of benefit service, to a maximum of 35 years

Accrued benefit

- Final pay plan

The monthly pension benefit the participant has accrued based on final average earnings, the Social Security Average Wage, and benefit service as of the date of determination.

- Cash balance plan

The monthly benefit payable at age 65 is based upon the value of the cash balance account. The cash balance account is converted to an accrued benefit payable as an annuity as of the pension start date and in accordance with applicable IRS regulations using the IRS interest rate and IRS mortality table as defined by the Plan. For this purpose, the Plan defines the IRS interest rate using the same basis as the interest crediting rate.

Cash balance account

The sum of the initial account balance and all compensation credits and interest credits awarded throughout the period of plan participation. An initial account balance was established as of January 1, 2000 for each active plan participant equal to the actuarially equivalent lump sum value of the December 31, 1999 accrued benefit under the final pay plan determined using the IRS interest rate and IRS mortality table (as such terms are defined by the Plan) in effect for the 2000 plan year.

Compensation credit

As of 12/31 of each plan year (or as of a participant's date of termination, retirement, or death, if earlier), a participant's cash balance account is credited with an annual compensation credit equal to a percentage of the participant's compensation for that year (while a participant) based upon the sum the participant's age and vesting service (as an employee) as follows:

Age + Service	Percent of Compensation
Less than 30	2.0
30 – 39	2.5
40 – 49	3.0
50 – 59	3.5
60 or more	4.0

Effective December 31, 2016, additional Compensation Credits will not be added to participants' cash balance accounts

SCHEDULE SB ATTACHMENTS

Interest credit	As of 12/31 of each plan year (or as of a participant's date of termination, retirement or death, if earlier), a participant's cash balance account is credited with an annual interest credit equal to the participant's 12/31 account balance of the previous year multiplied by an interest rate equal to the 30 year Treasury Rate from the November of the prior plan year but no less than 2.6%.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service for the final pay plan. Immediate commencement is optional upon retirement for participants in the cash balance plan.
Postponed retirement	Retirement after NRD.
Vested termination	
• Final pay plan	Termination for reasons other than death or retirement after completing five years of vesting service.
• Cash balance plan	Termination for reasons other than death or retirement after completing three years of vesting service.
Disability	Satisfaction of the definition of disability required by the Social Security Administration.
Preretirement death benefit	
• Final pay plan	Upon the death of a participant prior to the pension starting date, if the participant had completed at least five years of vesting service.
• Cash balance plan	Upon the death of a participant prior to the pension starting date.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The accrued benefit reduced 1/12 for each year of the first three years and 1/24 for each of the next seven years' payments commencing after age 55 and prior to age 65. Prior to age 55 for the cash balance plan, the plan's actuarial equivalence is used.
Postponed retirement	The monthly pension benefit determined as the greater of the accrued benefit at time of postponed retirement or the actuarial equivalent of the benefit accrued as of normal retirement.
Vested termination	The accrued benefit calculated at the date of termination and payable at age 65.

Disablement

• Final pay plan	Continued benefit service accruals from the date of disability until the earlier of the end of disability or the normal retirement date. For periods after the date of disability, annual compensation is assumed to be no greater than 120% of the salary rate in effect one year prior to disability.
• Cash balance plan	Continued compensation credit and interest credit accruals from the date of disability until the end of disability or normal retirement. For periods after the date of disability, annual compensation is assumed to be no greater than 120% of the salary rate in effect one year prior to disability.

Preretirement death

• Final pay plan	For married participants and those with children under the age of 18, the spouse's benefit is calculated as though the participant had retired on the date of death and had elected to receive an early retirement pension on the first day of the next calendar month in a reduced amount payable for life with a provision that 66-2/3% of such reduced amount would be continued after death to the spouse as the duly designated beneficiary.
• Cash balance plan	The cash balance account as of the last day of the month in which the death of the participant occurs is paid to the beneficiary.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

If the participant has no spouse as of the date payments begin, then the monthly pension benefit as described above is paid as a life annuity with the option of a 10 year certain annuity, 15 year certain annuity, or cash refund.

Otherwise, benefits are paid in the form of a 66 2/3% joint and survivor annuity with 10 years certain or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the Plan. Actuarial equivalence is based on the 1983 GAM Mortality Table for Males set back 4 years, projected to 1988 with Scale H and a 9.5% interest rate.

Optional forms are a single life annuity, a 66 2/3% joint and survivor annuity with 10 years certain, a 10-year or 15-year certain and life annuity, or a cash refund annuity and 75% Joint and Survivor annuity options. A single lump sum payment is also available for participants in the Cash Balance plan.

Pension Increases

None.

Plan participants' contributions

None.

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

The Visiting Nurse Association of Greater Lowell, Inc. Pension Plan

Plan Provisions

The most recent amendment reflected in the following plan provisions was to enact the group annuity purchase during 2021

The Visiting Nurse Association of Greater Lowell, Inc. Pension Plan merged with the Pension Plan of Circle Health effective December 31, 2017.

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Covered employees All employees who are not per diem, hired on or before December 31, 2005, employees of the Affiliated Employer.

Participation date An eligible employee shall become a participant upon becoming age 21 and attaining one year of eligibility service effective as of the first day of the month coinciding with or next following the date on which such employee met the eligibility requirements, provided the employee was still employed as of such date.

If an employee, who has satisfied the plan's eligibility requirements and would otherwise have become a participant, shall go from a classification of a noneligible employee to an eligible employee, such employee shall become a participant on the date such employee becomes an eligible employee or, if later, the date that the employee would have otherwise entered the plan had the employee always been an eligible employee.

If an employee, who has satisfied the Plan's eligibility requirements and would otherwise become a participant, shall go from a classification of an eligible employee to a noneligible class of employees, such employee shall become a participant in the plan on the date such employee again becomes an eligible employee, or, if later, the date that the employee would have otherwise entered the plan had the employee always been an eligible employee.

In no event shall an employee begin or resume active participation in the plan after December 31, 2017.

Definitions

Vesting service A participant becomes vested after five years of service.

Pension service Years and months of service as a covered employee.

SCHEDULE SB ATTACHMENTS

Pension Benefit	The amount of monthly retirement benefit to be provided for each participant who retires on the normal retirement date shall be equal to the sum of (1) plus (2) (1) 1.0% of such participant's average monthly compensation multiplied by the participant's total period of service (up to 25 years total) through December 31, 2006, plus 1.0% of such average monthly compensation of excess of one-twelfth of covered compensation multiplied by the participant's period of service (up to 25 years total) while a participant through December 31, 2006, computed to the nearest cent. (2) 0.5% of such participant's average monthly compensation multiplied by the participant's period of service (up to 25 years total) while a participant from January 1, 2007, plus 0.5% of such average monthly compensation of excess of one-twelfth of covered compensation multiplied by the participant's period of service (up to 25 years total) while a participant from January 1, 2017 computed to the nearest cent. Benefits ceased to accrue effective December 31, 2017.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	No disability benefits, other than those payable upon termination of employment, are provided in this plan.

SCHEDULE SB ATTACHMENTS

Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The early retirement benefit shall equal the greater of: (1) The participant's accrued benefit reduced by 1/15th for each of the first five years and 1/30th for each of the next five years and reduced actuarially for each additional year thereafter that the first day of the month on which the participant's early retirement benefit commences precedes the participant's normal retirement date (2) The actuarial equivalent of the participant's accrued if such benefit is distributed in a form other than a nondecreasing life annuity payable for a period not less than the life of the participant Participants who have attained age 62 and 25 years of service may commence benefits without reduction.
Postponed retirement	A late retiring participant shall be entitled to a retirement benefit equal to the greater of: (1) the actuarial equivalent of the monthly retirement benefit such participant was entitled to at the close of the plan year (2) the participant's accrued benefit determined at the close of the plan year
Deferred vested termination	The participant's accrued benefit reduced by 1/15th for each of the first five years and 1/30th for each of the next five years and reduced actuarially for each additional year thereafter that the first day of the month on which the participant's early retirement benefit commences precedes the participant's normal retirement date.
Disablement	No disability benefits, other than those payable upon termination of employment, are provided in this plan.

SCHEDULE SB ATTACHMENTS

Preretirement death	A vested participant who dies before the annuity starting date and who has a surviving spouse shall have the death benefit paid to the surviving spouse in the form of a Pre-retirement Survivor Annuity, payable to a child or children if unmarried. The participant may elect the benefit to be paid in the form of a reduced monthly pension payable over the life of the beneficiary, with the provision that, if the participant's designated beneficiary dies prior to completion of 120 monthly payments, such months payments shall be continued to the participant's beneficiary until the monthly payments made to the participant's designated beneficiary and the participant's beneficiary shall total 120.

Other Plan Provisions

Forms of payment	A participant who is married shall receive the value of all of such participant's benefits in the form of a joint and survivor annuity. Following the participant's death, the spouse shall receive 66 2/3% of the rate at which such benefits were payable to the participant. The benefit is guaranteed for 120 payments. The participant may elect to receive a smaller annuity benefit with continuation of payments to the spouse at a rate of 75% of the rate payable to the participant. An unmarried participant shall receive the value of such participant's benefit in the form of a life annuity.
Pension Increases	None.
Plan participants' contributions	None.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Tufts Part A

Plan Provisions

Originally adopted January 1, 1984. The plan was restated January 1, 2013 and most recently amended to merge this plan into the Pension Plan of Circle Health and rename the merged plan the Consolidated Pension Plan of Tufts Medicine, Inc.

The plan sponsor froze future accruals and provided a service enhancement for active participants effective February 28, 2018.

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Covered employees

Employees who:

(a) As of December 31, 1994, were either 65 or older, or age 55 or older with 5 or more years of benefit service, and elected to maintain the prior benefit structure, or

(b) Is a member of a collective bargaining unit.

Part A eligible employees will become Part A participants as of the next January 1 coinciding with or following the date on which he or she commences making participant contributions under the Participant Contribution Plan.

Effective February 28, 2018, all benefit accruals are frozen.

Definitions

Annual compensation

W-2 compensation plus employer contributions, to a tax-sheltered annuity, and to a Section 125 plan. If the participant worked less than 2,000 hours in a year after 1983, the amount above is multiplied by the ratio of 2,000 to the hours of service worked for that year.

Compensation earned after February 28, 2018 will not be used in the determination of benefits.

Average annual compensation

Average of the highest five consecutive years' Annual Compensation

Covered compensation

Social Security covered compensation rounded to the nearest $600, calculated for an individual who reached age 65 in the year of termination.

Covered compensation amounts are frozen effective February 28, 2018.

SCHEDULE SB ATTACHMENTS

Benefit service

Benefit service from the prior plan, plus one year for each year after 1983 in which a participant completes 2,000 hours of service and a fraction of a year for a year after 1983 in which a participant completes less than 2,000 hours of service. If a participant completes less than 2,000 hours of service in a calendar year after 1983:

(i) If an employee becomes a participant or if benefits commence during that year, the participant will be credited with 1/12 of a year of benefit service for each month or partial month of service during that year;

(ii) Otherwise, the participant will be credited with (1) 1/12 of a year of benefit service multiplied by (2) the number of hours of service earned as a participant divided by 167 and rounded to the nearest integer.

Participants who were active and accruing on February 28, 2018 will be credited with a benefit service enhancement equivalent to three times the number of hours worked in 2016.

Effective February 28, 2018, benefit service accruals are eliminated for all participants.

Schedule A benefit

Amount set opposite individual participants names in the Schedule A attached to the plan document which is the annuity equivalent determined as of December 31, 1983, of the individual's contributions and earnings under a prior tax-qualified defined benefit plan which was distributed to the individual.

Participant Contribution Plan

The Participant Contribution Plan is a 401(a) money purchase type plan to which employees must contribute on a post-tax basis in order to be eligible for Part A benefits under the defined benefit plan. Annual contributions required to the plan are 1% of compensation up to $6,600 and 2% of compensation over $6,600. Contributions can be made on a payroll deduction basis.

Effective February 28, 2018, contributions to the Participant Contribution Plan are no longer required as future benefit accruals were eliminated.

Participant Contribution Plan benefit

The Participant Contribution Plan account balance converted to an actuarially equivalent annuity at retirement based on the mortality table and interest rates with a two-month (November) lookback, as prescribed under IRC §417(e)(3).

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	One-twelfth of [(a) times (b)] less (c), but not less than zero, as follows: (a) 1.12% of Average Annual Compensation plus 0.63% of Average Annual Compensation in excess of Covered Compensation. (b) Benefit Service up to 25 years plus ½ of Benefit Service in excess of 25 years. (c) The Schedule A benefit plus, if the participant elects a refund of his or her account balance from the Participant Contribution Plan, the Participant Contribution Plan Benefit. The reduction does not apply if the participant elects to transfer their account balance under the Participant Contribution Plan to the Defined Benefit Plan. The portion of this benefit attributable to the Benefit Service prior to December 31, 1983 cannot be less than the participant's prior plan benefit less the Schedule A benefit.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of service, or age 55 and participated in the plan before January 1, 1984.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of employment.
Disability	10 years of employment and receiving Social Security disability benefits.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
Preretirement surviving dependent children's benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with dependent children.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.

SCHEDULE SB ATTACHMENTS

Early retirement

The monthly pension benefit determined as of the NRD, reduced prior to age 65 according to the following schedule:

Age	Percentage
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Deferred vested termination

The monthly pension benefit determined as of the termination date, multiplied by the appropriate vesting percentage, and payable at NRD. If 100% vested, a participant may elect early commencement of his or her benefit, reduced by the factors applicable to early retirement benefits.

Disablement

The monthly pension benefit payable at NRD calculated as if annual compensation had remained the same as in the year preceding disablement and Benefit Service had continued to accrue until the earliest of when the Social Security disability benefits ceased, the participant reached age 65, or the participant elected to begin receiving reduced early retirement benefits.

Preretirement death

50% of the benefit that the participant would have received had he or she terminated employment on the date of his or her death, elected a refund on his or her account balance from the Participant Contribution Plan (i.e., reduced by the Participant Contribution Plan Benefit), and retired with a joint and 50% survivor option on his or her earliest retirement date.

Preretirement surviving dependent children's benefit

The actuarial equivalent of the Part A accrued benefit, payable in a single payment, divided evenly among the dependent children.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a single life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms are 66-2/3%, 75% and 100% joint and survivor annuity, 10- and 15-year certain and life annuity, or a single life annuity (for married participants).

Actuarial equivalence is based on the mortality table and interest rates with a two-month (November) lookback, as prescribed under IRC §417(e)(3).

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Tufts Part B

Plan Provisions

Originally adopted January 1, 1995. The most recent amendment reflected in the following plan provisions was to merge this plan into the Pension Plan of Circle Health and rename the merged plan the Consolidated Pension Plan of Tufts Medicine, Inc.

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Covered employees	Part B of the plan has no ongoing benefit accruals. No new employees are eligible to participate in the plan.
Eligibility for participation	Employees not eligible for continuing Part A benefits who have completed one year of service and are at least 21 years old may elect to earn a Cash Balance Benefit by making compensation reduction contributions under the Tax Sheltered Annuity Plan. As of January 1, 2005, Part B is frozen.

Definitions

Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service.
Tax sheltered annuity plan	Employees are required to make matchable compensation reduction contributions to the Tax Sheltered Annuity Plan in order to be eligible to receive matching compensation credits to the cash balance account (see Applicable Percentage for Marching Compensation Credits). As of January 1, 2005, Part B is frozen.
Participant Contribution Plan	The Participant Contribution Plan is a 401(a) money purchase type plan for which contributions for Part B participants were frozen as of December 31, 1994. The account balances are allowed to grow with earnings distributed to individual accounts through retirement or termination.
Participant Contribution Plan Benefit	The Participant Contribution Plan account balance converted to an actuarially equivalent annuity at retirement based on the mortality table and interest rates with a two-month (November) lookback, as prescribed under IRC §417(e)(3).

SCHEDULE SB ATTACHMENTS

Matching compensation credits

Matching Compensation Credits:

(a) For a participant on December 31, 1994 who is age 50 or older on January 1, 1995, 200% of the participant's Matchable Compensation Reduction Contributions up to 2.0% of the participant's compensation, and 100% of the participant's Matchable Compensation Reduction Contributions in excess of 2.0% of the participant's compensation;

(b) For a participant on December 31, 1994 who is age 40 or older but not age 50 or older on January 1, 1995, 150% of the participant's Matchable Compensation Reduction Contributions up to 2.0% of the participant's compensation, and 100% of the participant's Matchable Compensation Reduction Contributions in excess of 2.0% of the participant's compensation;

(c) For each other participant not described in (a) or (b) above, 100% of the participant's Matchable Compensation Reduction Contributions.

Matching Compensation Credits were eliminated effective December 31, 2004.

Matchable compensation reduction contributions

Pre-tax compensation reduction contributions made by the participant each plan year under the Tax Sheltered Annuity Plan up to 3.0% of the participant's compensation.

Cash balance benefit

Cash balance account expressed as an actuarially equivalent single life annuity commencing on the first day of the month coinciding with or next following his or her NRD.

Cash balance account

The purpose of the Cash Balance Account is to determine the Cash Balance Benefit. Each Cash Balance Account will consist of Matching Compensation Credits prior to December 31, 2004 and Interest Credits.

Interest credits

The sum of (1) 3.0%, and (2) two-thirds (2/3) of the excess, if any, of the net percentage increase in the value of the assets of the trust fund over 3.0%. Effective December 31, 2004, for plan years beginning after December 31, 2004, the interest credits will be equal to the yield on 10-year Treasury Notes effective on the close of business on the last business day in the month of October preceding such plan year but not less than 3.0%. The interest credit is made at the end of the plan year and applied to the Cash Balance Account at the beginning of the plan year.

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing five years of service, or age 55 and participated in the plan before January 1, 1984.

Postponed retirement

Retirement after NRD.

Deferred vested termination

Frozen accrued benefit as of December 31, 1994: 100% vested

Cash Balance Benefit:

Service	Percentage
Less than 3	0%
3	50%
4	75%
5 or more	100%

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement

Frozen accrued benefit as of December 31, 1994 determined under provision in effect as of that date, offset at retirement or termination date by the Participant Contribution Plan Benefit (the reduction does not apply if the participant elects to transfer their account balance under the Participant Contribution Plan to the Defined Benefit plan), plus the Cash Balance Benefit.

Postponed retirement

Active participants: The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.

Deferred vested participants: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

SCHEDULE SB ATTACHMENTS

Early retirement

The monthly pension benefit determined as of the NRD, reduced prior to age 65 according to the following schedule:

Age	Percentage
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

plus the Cash Balance Benefit.

Preretirement death

50% of the Part A benefit that the participant would have received had he or she terminated employment on the date of his or her death, elected a refund on his or her account balance from the Participant Contribution Plan (i.e., reduced by the Participant Contribution Plan Benefit), and retired with a joint and 50% survivor option on his or her earliest retirement date, plus the Cash Balance Account.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a single life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms are 66-2/3%, 75% and 100% joint and survivor annuity, 10- and 15-year certain and life annuity, a single life annuity (for married participants), or a single lump sum payment (for cash balance benefits).

Actuarial equivalence is based on the mortality table and interest rates with a two-month (November) lookback, as prescribed under IRC §417(e)(3).

SCHEDULE SB ATTACHMENTS

Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Consolidated Pension Plan of Tufts Medicine, Inc.
EIN: 47-2250732 • PN: 002
Schedule H Line 4i - Assets Held
Pland Year Ending December 31, 2025

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Market Value
EB Temporary Investment Fund	Common Collective Trust	1,631,091
Value in Master Trust	Master Trust	222,467,779
	Total	**224,098,870**

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	14,660,977	15.00000	14,660,977	1,363,548
2. Shortfall	01/01/2024	(5,992,931)	14.00000	(5,622,366)	(547,730)
3. Shortfall	01/01/2023	33,640,535	13.00000	30,044,011	3,080,824
4. Shortfall	01/01/2022	74,131	12.00000	63,111	6,851
5. Shortfall	01/01/2021	2,081,440	11.00000	1,677,526	194,077
6. Shortfall	01/01/2020	(2,808,625)	10.00000	(2,121,471)	(263,692)
7. Shortfall	01/01/2019	13,541,032	9.00000	9,283,870	1,251,975
Total				47,985,658	5,085,853

Plan Name: Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN: 47-2250732 / 002
Plan Sponsor: Tufts Medicine, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions
as of January 1, 2025

The cash balance account conversion mortality table was updated to the 2025 mortality table prescribed under IRC §417(e)(3).

Plan Name:	Consolidated Pension Plan of Tufts Medicine, Inc.
EIN / PN:	47-2250732 / 002
Plan Sponsor:	Tufts Medicine, Inc.
Valuation Date:	January 1, 2025