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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2008

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)
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC.

404 ONTARIO STREET
FULTON, NY 13069

2b Employer Identification Number (EIN) 15-0616994

2c Plan Sponsor's telephone number 315-592-5365

2d Business code (see instructions) 621900

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.	10/05/2021	ZACHARY MENTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2021	ZACHARY MENTER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

4d PN

c Plan Name OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(K) PROFIT SHARING PLAN

5	Total number of participants at the beginning of the plan year	**5**	123
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)**	112
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	106
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	122
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	122
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	63
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 Characteristics Codes in the instructions:

2E 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(K) PROFIT SHARING PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC.	15-0616994

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)

CAPITAL GROUP RETIREMENT PLAN SERV.

95-6817943

(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?
64	RECORDKEEPER	6877	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LPL FINANCIAL, LLC

95-2834236

(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?
27	INVESTMENT AD VISOR	6510	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(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 [ ]

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)

(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 ☐

(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 ☐

(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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC.

D Employer Identification Number (EIN)
15-0616994

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: FEDERATED CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

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)
95-6817943-000	P	2059

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX ADMI

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

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)
95-6817943-000	P	10069

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROWTH INDEX ADM

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

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)
95-6817943-000	P	21864

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MIDCAP VALUE INDEX ADMIRAL

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

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)
95-6817943-000	P	7998

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MIDCAP GROWTH INDEX ADMIRA

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

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)
95-6817943-000	P	25377

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EMERGING MKTSSTOCK IDX ADM

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

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)
95-6817943-000	P	2283

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LARGE-CAP VALUE IDX INSTL

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

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)
95-6817943-000	P	16126

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LARGE-CAP GR IDX INSTL

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24278

a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES RUSSELL 2000 SM-CAP INDEX K

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9571

a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES RUSSELL 1000 LG-CAP INDEX K

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21110

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA REAL ESTATE SECURITIES I

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6895

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SECUR. I

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16356

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2015 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29853

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4772

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44938

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134191

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS2035 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235973

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2040 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78059

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2045 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 279429

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2050 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 277206

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2055 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24898

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39916

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2065 TARGET DATE

b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST

c EIN-PN 95-6817943-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2012

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)**
(Complete as many entries as needed to report all participating plans)

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC.

D Employer Identification Number (EIN)
15-0616994

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		1992
(2) Participant contributions	1b(2)		3351
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	73811	87515
(9) Value of interest in common/collective trusts	1c(9)	3214	2059
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1041282	1313174
(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)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1118307	1408091
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1118307	1408091

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)	70188	
	(B) Participants	2a(1)(B)	118629	
	(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)		188817
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)	3560	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3560
	(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)	42065	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		42065
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		154521
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		388963
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	85891	
(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)		85891
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	13288	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13288
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		99179
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		289784
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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: DERMODY BURKE & BROWN **(2)** EIN: 01-0723685

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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		90000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC.

D Employer Identification Number (EIN)
15-0616994

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): 95-6817943

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**

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 contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2020 and 2019

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OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC.
401(k) PROFIT SHARING PLAN

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

PLAN ADMINISTRATOR
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC.
401(k) PROFIT SHARING PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(k) PROFIT SHARING PLAN**, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

September 29, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

	2020	2019
INVESTMENTS, at Fair Value		
Mutual Funds	$ 1,313,174	$ 1,041,282
Collective Trust Fund	2,059	3,214
Total Investments	1,315,233	1,044,496
RECEIVABLES		
Employer Contributions	1,992	0
Participant Contributions	3,351	0
Notes Receivable from Participants	87,515	73,811
Total Receivables	92,858	73,811
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,408,091	$ 1,118,307

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2020 and 2019

	2020	2019
ADDITIONS		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ 154,521	$ 138,398
Dividend and Interest Income	42,065	53,295
Total Investment Income	196,586	191,693
Interest Income on Notes Receivable from Participants	3,560	5,007
Contributions:		
Participant	118,629	78,197
Sponsor	70,188	35,540
Rollover	0	11,618
Total Contributions	188,817	125,355
Total Additions	388,963	322,055
DEDUCTIONS		
Benefits Paid to Participants	85,891	151,864
Administrative Expenses	13,288	0
Total Deductions	99,179	151,864
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	289,784	170,191
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	1,118,307	948,116
End of Year	$ 1,408,091	$ 1,118,307

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the Oswego County Ambulance and Hearse Service, Inc. 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for complete information.

General

The Plan is a defined contribution plan covering all of Oswego County Ambulance and Hearse Service, Inc. (the "Plan Sponsor" or the "Company") employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan management is responsible for oversight of the Plan. Plan management determines the appropriateness of the Plan's investment offerings and monitors performance.

Eligibility

The Plan covers all employees of the Company except nonresident aliens and union employees, who have attained 21 years of age.

Contributions

Employees who are eligible to participate may elect to defer up to the maximum amount allowed under the law into the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefits or defined contribution plans (rollover). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Participants direct the investment of their contributions into various investment options offered by the Plan. These contributions belong to the participant and cannot be forfeited for any reason. Roth contributions are allowed.

In addition, the Company makes matching contributions in an amount to be determined by the Plan management each year. During the years ended December 31, 2020 and 2019, the Company made matching contributions to the Plan of $70,188 and $35,540, respectively. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of Plan earnings or losses. Participant accounts are charged with an allocation of administration expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions portion of their account is based on years of continuous service. Participants are vested based on qualifying years of service as follows:

Years of Service	Vesting Percentage
Less Than 2 Years	None
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years or More	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Active participants may only have one note outstanding at a time. Terms of the notes receivable range from 1 to 5 years, or up to 15 years for the purchase of a primary residence. The notes receivable are secured by the balance in the participants' account and bear interest at the prevailing market rates (Prime rates) at the time of issuance, which range from 3.25% to 6.50%. Spousal consents are required upon execution of the notes. Principal and interest are paid ratably through payroll deduction.

Payment of Benefits

Upon termination of service due to death, disability, separation of employment, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account. A participant of at least 59-1/2 years of age may also be eligible to receive in-service distribution subject to other requirements.

Hardship Withdrawals

Hardship withdrawals are not permitted.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Forfeited Accounts

Upon termination, participants' non-vested account balances are forfeited. Forfeitures may be used to reduce employer contributions or pay Plan expenses. During 2020 and 2019, forfeitures used to reduce employer contributions amounted to $1,747 and $-0-, respectively. During 2020 and 2019, there were no forfeitures used to pay Plan expenses. Forfeited non-vested accounts totaled $1,802 and $2,921 for years ended December 31, 2020 and 2019, respectively.

Administration of the Plan

The Plan's contributions are held and managed by Capital Bank and Trust Company (the "Trustee"), which invests cash received and interest, and makes distributions to participants. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Recordkeeping and investment manager fees incurred by the Plan are paid from Plan assets. Certain administrative expenses are paid by the Plan Sponsor.

Changes to Plan due to COVID-19 Pandemic

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to increased volatility in financial markets. The extent to which such increased volatility will impact the value of the Plan's assets will depend on future developments that are highly uncertain and cannot be predicted.

Previously, on December 20, 2019, the "Setting Every Community Up for Retirement Enhancement (SECURE Act)" was signed into law. The SECURE Act includes several relief provisions available to the Plan and its participants as well. The Plan's management has evaluated the relief provisions available to Plan participants under the SECURE Act and has implemented the following provisions:

- Increase the Required Minimum Distributions age from 70 ½ years to 72 years.

In accordance with the SECURE Act, the Plan will be amended to retroactively adopt these provisions no later than the last day of the plan year that begins in 2022. The SECURE Act provided transition relief for plan administrators and payors in making required minimum distributions in 2020.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investments 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 Management determines the Plan's valuation policies utilizing information provided by the Trustee and record-keeper. 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed as incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Benefit Payments

Benefit payments are recorded when paid.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES – Continued

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

Management has evaluated subsequent events through September 29, 2021, which is the date the financial statements were available to be issued.

NOTE 3 – CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained a certification from the Trustee that all of the information provided by them is complete and accurate.

The following information included in the accompanying financial statements and supplemental schedule of assets (held at end of year) was obtained from data that has been prepared and certified as complete and accurate by the Trustee as of and for the years ended December 31, 2020 and 2019:

	2020	2019
Investments, at Fair Value	$ 1,313,174	$ 1,041,282
Notes Receivable from Participants	$ 87,515	$ 73,811
Investment Income	$ 196,586	$ 191,693
Interest Income on Notes Receivable from Participants	$ 3,560	$ 5,007

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

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).

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

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

Level 2 – Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

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, 2020 and 2019.

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

Collective Trust Fund: Valued at the NAV of units of a collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the 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. Transactions (purchases and sales) may occur daily. 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.

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2020 and 2019 are reported in net appreciation in fair value of investments.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020

	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Fair Value
Mutual Funds	$ 1,313,174	$ 0	$ 0	$ 1,313,174
Total Assets in the Fair Value Hierarchy	1,313,174	0	0	1,313,174
Investments Measured at NAV (Collective Trust Fund)	0	0	0	2,059
Total Investments at Fair Value	$ 1,313,174	$ 0	$ 0	$ 1,315,233

Assets at Fair Value as of December 31, 2019

	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Fair Value
Mutual Funds	$ 1,041,282	$ 0	$ 0	$ 1,041,282
Total Assets in the Fair Value Hierarchy	1,041,282	0	0	1,041,282
Investments Measured at NAV (Collective Trust Fund)	0	0	0	3,214
Total Investments at Fair Value	$ 1,041,282	$ 0	$ 0	$ 1,044,496

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes the investments measured at fair value based on NAV per share as of December 31:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Federated Capital Preservation Fund	$ 2,059	N/A	Daily	12 months

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Federated Capital Preservation Fund	$ 3,214	N/A	Daily	12 months

NOTE 5 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Capital Bank and Trust Company is the Trustee of the Plan's assets. As such, transactions between Capital Bank and Trust Company and the Plan qualify as party-in-interest transactions. The Plan's assets included shares of mutual funds managed by American Funds Service Company, who partners with Empower Institutional, collectively to serve as the Plan's record keeper during the respective year and, therefore, these transactions qualify as party-in-interest transactions. Transactions involving participant notes receivable also qualify as party-in interest transactions. As described in Note 2, the Plan Sponsor paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA and are exempt from prohibitive transaction rules.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 7 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the prototype plan sponsor by a letter dated March 31, 2014 that the Plan, which is a prototype plan, and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been restated since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE 8 – RISKS AND UNCERTAINTIES

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2020

Employer Identification No.: 15-0616994
Plan No.: 001
Schedule H, Line 4i

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		(d) Cost	(e) Current Value
*	American Funds 2015 Target Date Fund R6	Mutual Fund	Shares	**	$ 29,853
*	American Funds 2020 Target Date Fund R6	Mutual Fund	Shares	**	4,772
*	American Funds 2025 Target Date Fund R6	Mutual Fund	Shares	**	44,938
*	American Funds 2030 Target Date Fund R6	Mutual Fund	Shares	**	134,191
*	American Funds 2035 Target Date Fund R6	Mutual Fund	Shares	**	235,973
*	American Funds 2040 Target Date Fund R6	Mutual Fund	Shares	**	78,059
*	American Funds 2045 Target Date Fund R6	Mutual Fund	Shares	**	279,429
*	American Funds 2050 Target Date Fund R6	Mutual Fund	Shares	**	277,206
*	American Funds 2055 Target Date Fund R6	Mutual Fund	Shares	**	24,898
*	American Funds 2060 Target Date Fund R6	Mutual Fund	Shares	**	39,916
*	American Funds 2065 Target Date Fund R6	Mutual Fund	Shares	**	2,012
	DFA Inflation-Protected Securities I	Mutual Fund	Shares	**	16,356
	DFA Real Estate Securities I	Mutual Fund	Shares	**	6,895
	Ishares Russell 1000 Large-Cap Index K	Mutual Fund	Shares	**	21,110
	Ishares Russell 2000 Small-Cap Index K	Mutual Fund	Shares	**	9,571
	TIAA-CREF Large-Cap GR IDX INSTL	Mutual Fund	Shares	**	24,278
	TIAA-CREF Large-Cap Value IDX INSTL	Mutual Fund	Shares	**	16,126
	Vanguard Emerging MKTS Stock Idx ADM	Mutual Fund	Shares	**	2,283
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	Shares	**	25,377
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund	Shares	**	7,998
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	Shares	**	21,864
	Vanguard Small Cap Value Index Admiral	Mutual Fund	Shares	**	10,069
	Federate Capital Preservation Fund R6P	Collective Trust Funds	Shares	**	2,059
	Total Investments				1,315,233
*	Notes Receivable from Participants	Interest rates ranging from 3.25% to 6.50%, with maturity dates through September 2025. Collateral consists of each participant's account in the Plan.		-0-	87,515
					$ 1,402,748

* Party-in-interest, as defined by ERISA.

** In accordance with ERISA, cost has been omitted as the investments are participant-directed.

OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2020 and 2019

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

PLAN ADMINISTRATOR
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC.
401(k) PROFIT SHARING PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(k) PROFIT SHARING PLAN**, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

September 29, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

	2020	2019
INVESTMENTS, at Fair Value		
Mutual Funds	$ 1,313,174	$ 1,041,282
Collective Trust Fund	2,059	3,214
Total Investments	1,315,233	1,044,496
RECEIVABLES		
Employer Contributions	1,992	0
Participant Contributions	3,351	0
Notes Receivable from Participants	87,515	73,811
Total Receivables	92,858	73,811
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,408,091	$ 1,118,307

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2020 and 2019

	2020	2019
ADDITIONS		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ 154,521	$ 138,398
Dividend and Interest Income	42,065	53,295
Total Investment Income	196,586	191,693
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Administrative Expenses	13,288	0
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NET ASSETS AVAILABLE FOR BENEFITS		
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NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

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Eligibility

The Plan covers all employees of the Company except nonresident aliens and union employees, who have attained 21 years of age.

Contributions

Employees who are eligible to participate may elect to defer up to the maximum amount allowed under the law into the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefits or defined contribution plans (rollover). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Participants direct the investment of their contributions into various investment options offered by the Plan. These contributions belong to the participant and cannot be forfeited for any reason. Roth contributions are allowed.

In addition, the Company makes matching contributions in an amount to be determined by the Plan management each year. During the years ended December 31, 2020 and 2019, the Company made matching contributions to the Plan of $70,188 and $35,540, respectively. Contributions are subject to certain IRS limitations.

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NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions portion of their account is based on years of continuous service. Participants are vested based on qualifying years of service as follows:

Years of Service	Vesting Percentage
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3 Years	40%
4 Years	60%
5 Years	80%
6 Years or More	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Active participants may only have one note outstanding at a time. Terms of the notes receivable range from 1 to 5 years, or up to 15 years for the purchase of a primary residence. The notes receivable are secured by the balance in the participants' account and bear interest at the prevailing market rates (Prime rates) at the time of issuance, which range from 3.25% to 6.50%. Spousal consents are required upon execution of the notes. Principal and interest are paid ratably through payroll deduction.

Payment of Benefits

Upon termination of service due to death, disability, separation of employment, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account. A participant of at least 59-1/2 years of age may also be eligible to receive in-service distribution subject to other requirements.

Hardship Withdrawals

Hardship withdrawals are not permitted.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Forfeited Accounts

Upon termination, participants' non-vested account balances are forfeited. Forfeitures may be used to reduce employer contributions or pay Plan expenses. During 2020 and 2019, forfeitures used to reduce employer contributions amounted to $1,747 and $-0-, respectively. During 2020 and 2019, there were no forfeitures used to pay Plan expenses. Forfeited non-vested accounts totaled $1,802 and $2,921 for years ended December 31, 2020 and 2019, respectively.

Administration of the Plan

The Plan's contributions are held and managed by Capital Bank and Trust Company (the "Trustee"), which invests cash received and interest, and makes distributions to participants. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Recordkeeping and investment manager fees incurred by the Plan are paid from Plan assets. Certain administrative expenses are paid by the Plan Sponsor.

Changes to Plan due to COVID-19 Pandemic

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to increased volatility in financial markets. The extent to which such increased volatility will impact the value of the Plan's assets will depend on future developments that are highly uncertain and cannot be predicted.

Previously, on December 20, 2019, the "Setting Every Community Up for Retirement Enhancement (SECURE Act)" was signed into law. The SECURE Act includes several relief provisions available to the Plan and its participants as well. The Plan's management has evaluated the relief provisions available to Plan participants under the SECURE Act and has implemented the following provisions:

- Increase the Required Minimum Distributions age from 70 ½ years to 72 years.

In accordance with the SECURE Act, the Plan will be amended to retroactively adopt these provisions no later than the last day of the plan year that begins in 2022. The SECURE Act provided transition relief for plan administrators and payors in making required minimum distributions in 2020.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investments 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 Management determines the Plan's valuation policies utilizing information provided by the Trustee and record-keeper. 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed as incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Benefit Payments

Benefit payments are recorded when paid.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES – Continued

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

Management has evaluated subsequent events through September 29, 2021, which is the date the financial statements were available to be issued.

NOTE 3 – CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained a certification from the Trustee that all of the information provided by them is complete and accurate.

The following information included in the accompanying financial statements and supplemental schedule of assets (held at end of year) was obtained from data that has been prepared and certified as complete and accurate by the Trustee as of and for the years ended December 31, 2020 and 2019:

	2020	2019
Investments, at Fair Value	$ 1,313,174	$ 1,041,282
Notes Receivable from Participants	$ 87,515	$ 73,811
Investment Income	$ 196,586	$ 191,693
Interest Income on Notes Receivable from Participants	$ 3,560	$ 5,007

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

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).

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

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

Level 2 – Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

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, 2020 and 2019.

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

Collective Trust Fund: Valued at the NAV of units of a collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the 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. Transactions (purchases and sales) may occur daily. 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.

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2020 and 2019 are reported in net appreciation in fair value of investments.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020

	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Fair Value
Mutual Funds	$ 1,313,174	$ 0	$ 0	$ 1,313,174
Total Assets in the Fair Value Hierarchy	1,313,174	0	0	1,313,174
Investments Measured at NAV (Collective Trust Fund)	0	0	0	2,059
Total Investments at Fair Value	$ 1,313,174	$ 0	$ 0	$ 1,315,233

Assets at Fair Value as of December 31, 2019

	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Fair Value
Mutual Funds	$ 1,041,282	$ 0	$ 0	$ 1,041,282
Total Assets in the Fair Value Hierarchy	1,041,282	0	0	1,041,282
Investments Measured at NAV (Collective Trust Fund)	0	0	0	3,214
Total Investments at Fair Value	$ 1,041,282	$ 0	$ 0	$ 1,044,496

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes the investments measured at fair value based on NAV per share as of December 31:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Federated Capital Preservation Fund	$ 2,059	N/A	Daily	12 months

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Federated Capital Preservation Fund	$ 3,214	N/A	Daily	12 months

NOTE 5 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Capital Bank and Trust Company is the Trustee of the Plan's assets. As such, transactions between Capital Bank and Trust Company and the Plan qualify as party-in-interest transactions. The Plan's assets included shares of mutual funds managed by American Funds Service Company, who partners with Empower Institutional, collectively to serve as the Plan's record keeper during the respective year and, therefore, these transactions qualify as party-in-interest transactions. Transactions involving participant notes receivable also qualify as party-in interest transactions. As described in Note 2, the Plan Sponsor paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA and are exempt from prohibitive transaction rules.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 7 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the prototype plan sponsor by a letter dated March 31, 2014 that the Plan, which is a prototype plan, and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been restated since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE 8 – RISKS AND UNCERTAINTIES

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2020

Employer Identification No.: 15-0616994
Plan No.: 001
Schedule H, Line 4i

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		(d) Cost	(e) Current Value
*	American Funds 2015 Target Date Fund R6	Mutual Fund	Shares	**	$ 29,853
*	American Funds 2020 Target Date Fund R6	Mutual Fund	Shares	**	4,772
*	American Funds 2025 Target Date Fund R6	Mutual Fund	Shares	**	44,938
*	American Funds 2030 Target Date Fund R6	Mutual Fund	Shares	**	134,191
*	American Funds 2035 Target Date Fund R6	Mutual Fund	Shares	**	235,973
*	American Funds 2040 Target Date Fund R6	Mutual Fund	Shares	**	78,059
*	American Funds 2045 Target Date Fund R6	Mutual Fund	Shares	**	279,429
*	American Funds 2050 Target Date Fund R6	Mutual Fund	Shares	**	277,206
*	American Funds 2055 Target Date Fund R6	Mutual Fund	Shares	**	24,898
*	American Funds 2060 Target Date Fund R6	Mutual Fund	Shares	**	39,916
*	American Funds 2065 Target Date Fund R6	Mutual Fund	Shares	**	2,012
	DFA Inflation-Protected Securities I	Mutual Fund	Shares	**	16,356
	DFA Real Estate Securities I	Mutual Fund	Shares	**	6,895
	Ishares Russell 1000 Large-Cap Index K	Mutual Fund	Shares	**	21,110
	Ishares Russell 2000 Small-Cap Index K	Mutual Fund	Shares	**	9,571
	TIAA-CREF Large-Cap GR IDX INSTL	Mutual Fund	Shares	**	24,278
	TIAA-CREF Large-Cap Value IDX INSTL	Mutual Fund	Shares	**	16,126
	Vanguard Emerging MKTS Stock Idx ADM	Mutual Fund	Shares	**	2,283
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	Shares	**	25,377
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund	Shares	**	7,998
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	Shares	**	21,864
	Vanguard Small Cap Value Index Admiral	Mutual Fund	Shares	**	10,069
	Federate Capital Preservation Fund R6P	Collective Trust Funds	Shares	**	2,059
	Total Investments				1,315,233
*	Notes Receivable from Participants	Interest rates ranging from 3.25% to 6.50%, with maturity dates through September 2025. Collateral consists of each participant's account in the Plan.		-0-	87,515
					$ 1,402,748

* Party-in-interest, as defined by ERISA.

** In accordance with ERISA, cost has been omitted as the investments are participant-directed.

OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2020 and 2019

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

PLAN ADMINISTRATOR
OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC.
401(k) PROFIT SHARING PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC. 401(k) PROFIT SHARING PLAN**, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

September 29, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

	2020	2019
INVESTMENTS, at Fair Value		
Mutual Funds	$ 1,313,174	$ 1,041,282
Collective Trust Fund	2,059	3,214
Total Investments	1,315,233	1,044,496
RECEIVABLES		
Employer Contributions	1,992	0
Participant Contributions	3,351	0
Notes Receivable from Participants	87,515	73,811
Total Receivables	92,858	73,811
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,408,091	$ 1,118,307

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2020 and 2019

	2020	2019
ADDITIONS		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ 154,521	$ 138,398
Dividend and Interest Income	42,065	53,295
Total Investment Income	196,586	191,693
Interest Income on Notes Receivable from Participants	3,560	5,007
Contributions:		
Participant	118,629	78,197
Sponsor	70,188	35,540
Rollover	0	11,618
Total Contributions	188,817	125,355
Total Additions	388,963	322,055
DEDUCTIONS		
Benefits Paid to Participants	85,891	151,864
Administrative Expenses	13,288	0
Total Deductions	99,179	151,864
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	289,784	170,191
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	1,118,307	948,116
End of Year	$ 1,408,091	$ 1,118,307

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the Oswego County Ambulance and Hearse Service, Inc. 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for complete information.

General

The Plan is a defined contribution plan covering all of Oswego County Ambulance and Hearse Service, Inc. (the "Plan Sponsor" or the "Company") employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan management is responsible for oversight of the Plan. Plan management determines the appropriateness of the Plan's investment offerings and monitors performance.

Eligibility

The Plan covers all employees of the Company except nonresident aliens and union employees, who have attained 21 years of age.

Contributions

Employees who are eligible to participate may elect to defer up to the maximum amount allowed under the law into the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefits or defined contribution plans (rollover). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Participants direct the investment of their contributions into various investment options offered by the Plan. These contributions belong to the participant and cannot be forfeited for any reason. Roth contributions are allowed.

In addition, the Company makes matching contributions in an amount to be determined by the Plan management each year. During the years ended December 31, 2020 and 2019, the Company made matching contributions to the Plan of $70,188 and $35,540, respectively. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of Plan earnings or losses. Participant accounts are charged with an allocation of administration expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions portion of their account is based on years of continuous service. Participants are vested based on qualifying years of service as follows:

Years of Service	Vesting Percentage
Less Than 2 Years	None
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years or More	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Active participants may only have one note outstanding at a time. Terms of the notes receivable range from 1 to 5 years, or up to 15 years for the purchase of a primary residence. The notes receivable are secured by the balance in the participants' account and bear interest at the prevailing market rates (Prime rates) at the time of issuance, which range from 3.25% to 6.50%. Spousal consents are required upon execution of the notes. Principal and interest are paid ratably through payroll deduction.

Payment of Benefits

Upon termination of service due to death, disability, separation of employment, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account. A participant of at least 59-1/2 years of age may also be eligible to receive in-service distribution subject to other requirements.

Hardship Withdrawals

Hardship withdrawals are not permitted.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Forfeited Accounts

Upon termination, participants' non-vested account balances are forfeited. Forfeitures may be used to reduce employer contributions or pay Plan expenses. During 2020 and 2019, forfeitures used to reduce employer contributions amounted to $1,747 and $-0-, respectively. During 2020 and 2019, there were no forfeitures used to pay Plan expenses. Forfeited non-vested accounts totaled $1,802 and $2,921 for years ended December 31, 2020 and 2019, respectively.

Administration of the Plan

The Plan's contributions are held and managed by Capital Bank and Trust Company (the "Trustee"), which invests cash received and interest, and makes distributions to participants. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Recordkeeping and investment manager fees incurred by the Plan are paid from Plan assets. Certain administrative expenses are paid by the Plan Sponsor.

Changes to Plan due to COVID-19 Pandemic

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to increased volatility in financial markets. The extent to which such increased volatility will impact the value of the Plan's assets will depend on future developments that are highly uncertain and cannot be predicted.

Previously, on December 20, 2019, the "Setting Every Community Up for Retirement Enhancement (SECURE Act)" was signed into law. The SECURE Act includes several relief provisions available to the Plan and its participants as well. The Plan's management has evaluated the relief provisions available to Plan participants under the SECURE Act and has implemented the following provisions:

- Increase the Required Minimum Distributions age from 70 ½ years to 72 years.

In accordance with the SECURE Act, the Plan will be amended to retroactively adopt these provisions no later than the last day of the plan year that begins in 2022. The SECURE Act provided transition relief for plan administrators and payors in making required minimum distributions in 2020.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investments 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 Management determines the Plan's valuation policies utilizing information provided by the Trustee and record-keeper. 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed as incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Benefit Payments

Benefit payments are recorded when paid.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES – Continued

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

Management has evaluated subsequent events through September 29, 2021, which is the date the financial statements were available to be issued.

NOTE 3 – CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained a certification from the Trustee that all of the information provided by them is complete and accurate.

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	2020	2019
Investments, at Fair Value	$ 1,313,174	$ 1,041,282
Notes Receivable from Participants	$ 87,515	$ 73,811
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December 31, 2020 and 2019

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

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, 2020 and 2019.

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

Collective Trust Fund: Valued at the NAV of units of a collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the 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. Transactions (purchases and sales) may occur daily. 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.

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NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020

	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Fair Value
Mutual Funds	$ 1,313,174	$ 0	$ 0	$ 1,313,174
Total Assets in the Fair Value Hierarchy	1,313,174	0	0	1,313,174
Investments Measured at NAV (Collective Trust Fund)	0	0	0	2,059
Total Investments at Fair Value	$ 1,313,174	$ 0	$ 0	$ 1,315,233

Assets at Fair Value as of December 31, 2019

	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Fair Value
Mutual Funds	$ 1,041,282	$ 0	$ 0	$ 1,041,282
Total Assets in the Fair Value Hierarchy	1,041,282	0	0	1,041,282
Investments Measured at NAV (Collective Trust Fund)	0	0	0	3,214
Total Investments at Fair Value	$ 1,041,282	$ 0	$ 0	$ 1,044,496

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes the investments measured at fair value based on NAV per share as of December 31:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Federated Capital Preservation Fund	$ 2,059	N/A	Daily	12 months

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Federated Capital Preservation Fund	$ 3,214	N/A	Daily	12 months

NOTE 5 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Capital Bank and Trust Company is the Trustee of the Plan's assets. As such, transactions between Capital Bank and Trust Company and the Plan qualify as party-in-interest transactions. The Plan's assets included shares of mutual funds managed by American Funds Service Company, who partners with Empower Institutional, collectively to serve as the Plan's record keeper during the respective year and, therefore, these transactions qualify as party-in-interest transactions. Transactions involving participant notes receivable also qualify as party-in interest transactions. As described in Note 2, the Plan Sponsor paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA and are exempt from prohibitive transaction rules.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 7 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the prototype plan sponsor by a letter dated March 31, 2014 that the Plan, which is a prototype plan, and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been restated since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE 8 – RISKS AND UNCERTAINTIES

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2020

Employer Identification No.: 15-0616994
Plan No.: 001
Schedule H, Line 4i

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		(d) Cost	(e) Current Value
*	American Funds 2015 Target Date Fund R6	Mutual Fund	Shares	**	$ 29,853
*	American Funds 2020 Target Date Fund R6	Mutual Fund	Shares	**	4,772
*	American Funds 2025 Target Date Fund R6	Mutual Fund	Shares	**	44,938
*	American Funds 2030 Target Date Fund R6	Mutual Fund	Shares	**	134,191
*	American Funds 2035 Target Date Fund R6	Mutual Fund	Shares	**	235,973
*	American Funds 2040 Target Date Fund R6	Mutual Fund	Shares	**	78,059
*	American Funds 2045 Target Date Fund R6	Mutual Fund	Shares	**	279,429
*	American Funds 2050 Target Date Fund R6	Mutual Fund	Shares	**	277,206
*	American Funds 2055 Target Date Fund R6	Mutual Fund	Shares	**	24,898
*	American Funds 2060 Target Date Fund R6	Mutual Fund	Shares	**	39,916
*	American Funds 2065 Target Date Fund R6	Mutual Fund	Shares	**	2,012
	DFA Inflation-Protected Securities I	Mutual Fund	Shares	**	16,356
	DFA Real Estate Securities I	Mutual Fund	Shares	**	6,895
	Ishares Russell 1000 Large-Cap Index K	Mutual Fund	Shares	**	21,110
	Ishares Russell 2000 Small-Cap Index K	Mutual Fund	Shares	**	9,571
	TIAA-CREF Large-Cap GR IDX INSTL	Mutual Fund	Shares	**	24,278
	TIAA-CREF Large-Cap Value IDX INSTL	Mutual Fund	Shares	**	16,126
	Vanguard Emerging MKTS Stock Idx ADM	Mutual Fund	Shares	**	2,283
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	Shares	**	25,377
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund	Shares	**	7,998
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	Shares	**	21,864
	Vanguard Small Cap Value Index Admiral	Mutual Fund	Shares	**	10,069
	Federate Capital Preservation Fund R6P	Collective Trust Funds	Shares	**	2,059
	Total Investments				1,315,233
*	Notes Receivable from Participants	Interest rates ranging from 3.25% to 6.50%, with maturity dates through September 2025. Collateral consists of each participant's account in the Plan.		-0-	87,515
					$ 1,402,748

* Party-in-interest, as defined by ERISA.

** In accordance with ERISA, cost has been omitted as the investments are participant-directed.