Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1998

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)
FINGER LAKES REGIONAL HEALTH

196 NORTH STREET
GENEVA, NY 14456

2b Employer Identification Number (EIN) 22-3193606

2c Plan Sponsor's telephone number 315-787-4460

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	CHAD HOFFMAN-FRAGALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	1713
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)**	1154
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1183
b Retired or separated participants receiving benefits	**6b**	62
c Other retired or separated participants entitled to future benefits	**6c**	493
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1738
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f Total. Add lines **6d** and **6e**.	**6f**	1750
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1685
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
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:

2F 2G 2L 2M 2T

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)** [X] 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)** [X] 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)** [X] 1 **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 A (Form 5500)	Insurance 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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
FINGER LAKES REGIONAL HEALTH	22-3193606

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

1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
13-5581829	65978	L7950322	184	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	8749831

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((**1**) + (**2**) - (**3**))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (**1**) and (**2**))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2022
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FINGER LAKES REGIONAL HEALTH

D Employer Identification Number (EIN)
22-3193606

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).. . . . . [X] 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

THE VANGUARD GROUP, INC.

23-1945930

(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)

THE VANGUARD GROUP, INC.

23-1945930

(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?
15 16 25 37 38 52 99	NONE	139087	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HANYS BENEFIT SERVICES

14-1764768

(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?
16	NONE	128309	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE VANGUARD GROUP, INC.	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PGIM INVESTMENTS LLC 22-3468527	10 BPS

(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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM	**B** Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FINGER LAKES REGIONAL HEALTH	**D** Employer Identification Number (EIN) 22-3193606

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: METLIFE STABLE VALUE 403 B CL O

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

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)
13-5581829-000	P	8749831

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FINGER LAKES REGIONAL HEALTH

D Employer Identification Number (EIN)
22-3193606

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)	1594309	1662071
(2) Participant contributions	1b(2)		
(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)	1025695	997021
(9) Value of interest in common/collective trusts	1c(9)		
(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)	92943565	76934445
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	8744986	8749831

		(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	104308555	88343368
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	104308555	88343368

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)	1584402	
(B) Participants	2a(1)(B)	4916038	
(C) Others (including rollovers)	2a(1)(C)	46374	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6546814
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)	41707	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		41707
(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)	2903422	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2903422
(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)	-10562	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		10562
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	96398	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		96398

		(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)		-18204272
c Other income	2c		43789
d Total income. Add all **income** amounts in column (b) and enter total	2d		-8561580
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7045175	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	18773	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7063948
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		75363
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)	264296	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		264296
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7403607
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-15965187
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BONADIO & CO LLP **(2)** EIN: 13-1131146

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		1000000
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)	Retirement Plan 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 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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FINGER LAKES REGIONAL HEALTH

D Employer Identification Number (EIN)
22-3193606

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 |

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): 23-2186884 _____

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

RETIREMENT SAVINGS PLAN OF
FINGER LAKES REGIONAL HEALTH SYSTEM

Financial Statements as of
December 31, 2022 and 2021
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 12, 2023

To the Plan Administrator of the
Retirement Savings Plan of Finger Lakes Regional Health System:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed the audits of the financial statements of Retirement Savings Plan of Finger Lakes Regional Health System (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

- The amounts and disclosures in the accompanying financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit Section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)
In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

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

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

Supplemental Schedule Required by ERISA
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Supplemental Schedule Required by ERISA (Continued)
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	2022	2021
INVESTMENTS, at fair value:		
Mutual funds	$ 76,934,444	$ 92,943,565
FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS, at contract value:		
Group annuity contracts	8,749,831	8,744,986
Total investments	85,684,275	101,688,551
RECEIVABLES:		
Employer contribution	1,662,071	1,594,309
Notes receivable from participants	997,022	1,025,695
Total receivables	2,659,093	2,620,004
NET ASSETS AVAILABLE FOR BENEFITS	$ 88,343,368	$ 104,308,555

The accompanying notes are an integral part of these statements.

RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
ADDITIONS:		
Contributions -		
Participant contributions	$ 4,916,038	$ 4,624,140
Employer contributions	1,584,402	1,596,892
Rollover contributions and other income	71,390	581,938
Total contributions	6,571,830	6,802,970
Investment income -		
Interest and dividends	2,903,422	2,868,687
Net appreciation (depreciation) in fair value of investments	(18,097,312)	8,721,199
Interest income on notes receivable from participants	41,707	49,597
Total net investment income	(15,152,183)	11,639,483
Total additions	(8,580,353)	18,442,453
DEDUCTIONS:		
Benefit payments	(7,120,538)	(10,460,923)
Administrative expenses	(264,296)	(278,833)
Total deductions	(7,384,834)	(10,739,756)
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(15,965,187)	7,702,697
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	104,308,555	96,605,858
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 88,343,368	$ 104,308,555

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the Retirement Savings Plan of Finger Lakes Regional Health System (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all eligible employees of Finger Lakes Regional Health System, Inc. (Finger Lakes Health). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration
The Plan is administered by management who is appointed by authorized officers of Finger Lakes Health. Management administers the Plan in accordance with its terms and applicable laws and has all necessary and appropriate powers to carry out the provisions of the Plan. State Street Bank and Trust Company (State Street) was the custodian of the Plan's assets and Transamerica Retirement Solutions Corporation (Transamerica) was the record-keeper of the Plan from the period of January 1, 2020 to January 28, 2021. Vanguard Fiduciary Trust Company (Vanguard) was the custodian and recordkeeper of the Plan from the period of January 29, 2021 to December 31, 2022.

Eligibility
All employees are eligible to participate in the Plan, except for part-time employees who normally work less than 20 hours per week. All eligible employees may begin making salary deferrals on the first day of the first payroll period pursuant to a properly completed and valid salary deferral agreement entered into by the employee. Participants become eligible for employer contributions after the completion of one year of service and the attainment of age eighteen (18). A year of service is defined as twelve months of service with over 1,000 hours beginning on the date of hire.

Participant Contributions
Active participants may make voluntary pre-tax contributions in the form of salary reductions up to 75% of their annual compensation for the Plan year, or the maximum amount permitted by Section 415(f) of the Internal Revenue Code (IRC) ($20,500 in 2022 and $19,500 in 2021) and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the IRC under Section 403(b). Eligible participants, who attain the age of 50 before the end of the Plan year, are eligible to make catch-up contributions subject to certain limitations of the IRC. The Plan was amended for the year ended December 31, 2022, allowing for employees to contribute after-tax Roth contributions. Such contributions are maintained in separate accounts.

Employer Contributions
The Plan agreement provides that Finger Lakes Health will make contributions, net of forfeitures, on behalf of each participant who is eligible to share in matching contributions for the Plan year. For the years ended December 31, 2022 and 2021, Finger Lakes Health provided a matching contribution to active participant accounts equal to 50% of the first 6% contributed by the participant, up to a maximum of 3% of the participant's annual compensation.

1. DESCRIPTION OF PLAN (Continued)

Employer Contributions (Continued)

For the years ended December 31, 2022 and 2021, Finger Lakes Health provided an additional transitional contribution equal to 4% of a participant's annual compensation for eligible employees who were active participants in the Finger Lakes Regional Health System Retirement Income Plan on December 31, 2018.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer matching contributions and any earnings or losses, reduced by administrative expenses. Participants direct the investment of the contributions into various options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in all voluntary contributions plus earnings/losses thereon. Participants who entered the Plan prior to November 1, 2010 are immediately vested in all employer contributions plus earnings/losses thereon. Beginning on November 1, 2010, new participants into the Plan are subject to a vesting schedule for employer contributions. Employees hired on or after this date will be vested in employer matching contributions beginning after the second year of employment at a rate of 25% per year until the employee is 100% vested after their fifth year.

Payment of Benefits

Vested funds are paid to participants when they retire or terminate employment with Finger Lakes Health, or upon attaining normal retirement age of 65. Benefits may be paid out in a single lump-sum distribution or in periodic installments over a period that is not greater than or equal to the life expectancy of the participant.

Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from a participant's account. All hardship withdrawals must comply with the rules relating to hardships, which are uniformly applicable to all participants.

Notes Receivable from Participants

Plan participants may borrow up to the lesser of $50,000 or 50% of the amount of the participant's vested interest in the Plan and have a maximum of two outstanding loans. The minimum loan is $1,000. Notes receivable must generally be repaid over a period not longer than 5 years, except in the case of a loan taken for the purpose of purchasing a primary residence. Notes receivable from participants are secured by their account balances and bear interest at rates based on prevailing rates charged on similar loans. Interest rates on the Plan's outstanding receivables range from 4.25% to 8.50%.

Participant Rollovers

Participants are allowed to transfer or rollover funds into the Plan, subject to approval by the Plan Administrator.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value, with the exception of the group annuity contracts. 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.

All investments are participant directed. The Plan invests in mutual funds and group annuity contracts. Mutual funds are reported at fair value. The group annuity contracts are stated at contract value, as this is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. (see FN 5) Purchases and sales of securities are reflected on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurement
Accounting Standards Codification (ASC) Section 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair market value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC Section 820 are described below:

- Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

- Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.

- Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

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

There were no changes in the valuation methodologies used during 2022 or 2021.

The following is a description of the valuation methodology used for assets measured at fair value.

- *Mutual funds*: Valued at fair value based on quoted market prices. Mutual funds are classified as Level 1 investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement (Continued)
The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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 amount reported in the financial statements.

The United States is presently in the midst of a pandemic related to a virus, commonly known as Novel Coronavirus (COVID-19). As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the financial statements. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefit payments to participants are recorded when paid.

Administrative Expenses
The Plan pays a significant portion of the administrative costs of the Plan and Finger Lakes Health pays certain other administrative costs of the Plan.

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

3. CERTIFIED INVESTMENT INFORMATION

State Street, the custodian from the period of January 1, 2020 to January 28, 2021 and Vanguard, the custodian from the period of January 29, 2021 to December 31, 2022 (collectively, the Custodians), have certified to the completeness and accuracy of information included in the financial statements and supplemental Schedule I, as of and for the year ended December 31, as follows:

Description	2022	2021
Investments	$ 85,684,275	$ 101,688,551
Notes receivable from participants	$ 997,022	$ 1,025,695
Interest and dividends	$ 2,903,422	$ 2,868,687
Net appreciation (depreciation) in fair value of investments	$ (18,097,312)	$ 8,721,199
Interest income on notes receivable from participants	$ 41,707	$ 49,597
Schedule of Assets (Held at End of Year)	Schedule I	

4. FAIR VALUE MEASUREMENT

The following inputs are measured at fair value on a recurring basis at December 31, 2022:

Description	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual funds	$ 76,934,444	$ -	$ -	$ 76,934,444

The following inputs are measured at fair value on a recurring basis at December 31, 2021:

Description	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual funds	$ 92,943,565	$ -	$ -	$ 92,943,565

5. INVESTMENT CONTRACTS

Group Annuity Contracts

MetLife Stable Value Fund is a fund that invests in fully benefit-responsive group annuity contract issued by MetLife and is included in the financial statements at contract value at December 31, 2022. The account is credited with earnings on the underlying investments and charged for participant withdrawals. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The strategy for having this investment option is to provide safety and stability by preserving principal and accumulated earnings. There are no redemption restrictions or unfunded commitments related to this investment. Participants may ordinarily direct the withdrawal or transfer all of or a portion of their investment at contract value.

5. INVESTMENT CONTRACTS (Continued)

Group Annuity Contracts (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

The contract was invested in U.S. government securities and other debt related investments. The contract value equaled deposits made to the fund, plus interest credited under the terms of the contract, less any withdrawals.

6. INCOME TAX STATUS

The Plan is exempt from federal taxes under Section 403(b) of the IRC. The Plan is required to operate in conformity with the IRC to maintain its tax exemption. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

7. PLAN TERMINATION

While Finger Lakes Health has not expressed any intent to discontinue the Plan, it has the right to do so at any time, subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their accounts.

8. PARTY-IN-INTEREST TRANSACTIONS

State Street was the custodian of the Plan's assets and Transamerica was the record-keeper of the Plan from the period of January 1, 2020 to January 28, 2021. Vanguard is the custodian of the Plan's assets and record-keeper of the Plan from the period of January 29, 2021 to December 31, 2022. Finger Lakes Health is the Plan sponsor. As such, transactions between State Street, Transamerica, Vanguard, Finger Lakes Health, and the Plan qualify as party-in-interest transactions. Additionally, notes receivables from participants are considered party-in-interest-transactions.

9. RECONCILIATION TO FORM 5500

Net assets available for benefits as of December 31, 2022 and 2021, and changes in net assets available for benefits for the year ended December 31, 2022 and 2021 per the financial statements agreed to Form 5500.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 12, 2023, which is the date the financial statements were available to be issued.

Schedule I

RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

EMPLOYER IDENTIFICATION NUMBER 16-0743032
PLAN #002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity of Issue	(c) Description of Investment	(d) ** Cost	(e) Current Value
	INSURANCE CONTRACTS AND FUNDS:			
	MetLife Stable Value Fund; Series 32957	Stable Value Fund		$ 8,749,831
				8,749,831
	MUTUAL FUNDS:			
*	Vanguard Target Retirement 2030 Fund	Mutual Fund		8,863,209
*	Vanguard Target Retirement 2025 Fund	Mutual Fund		8,566,435
*	Vanguard Target Retirement 2035 Fund	Mutual Fund		7,117,950
*	Vanguard Target Retirement 2020 Fund	Mutual Fund		5,765,905
*	Vanguard Institutional Index Fund Inst'l Shares	Mutual Fund		5,360,276
	American Funds American Mutual Fund; Class R6	Mutual Fund		4,335,716
*	Vanguard Target Retirement 2040 Fund	Mutual Fund		4,294,635
*	Vanguard Target Retirement 2045 Fund	Mutual Fund		3,894,552
*	Vanguard Growth Index Fund Admiral Shares	Mutual Fund		3,655,383
*	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund		3,460,400
*	Vanguard Target Retirement 2055 Fund	Mutual Fund		2,980,458
*	Vanguard Target Retirement 2050 Fund	Mutual Fund		2,703,613
	American Funds EuroPacific Growth Fund; Class R-6	Mutual Fund		2,607,845
	American Funds American Balanced Fund; Class R6	Mutual Fund		2,473,173
*	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund		1,990,060
	Schwab Total Stock Market Index Fund	Mutual Fund		1,958,258
*	Vanguard Target Retirement Income	Mutual Fund		1,700,380
*	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		1,096,598
	BlackRock High Yield Bond Portfolio; Institutional Shares	Mutual Fund		793,182
	T. Rowe Price Mid-Cap Growth Fund; Retail Class	Mutual Fund		714,574
*	Vanguard Target Retirement 2060 Fund	Mutual Fund		692,500
*	Vanguard Inflation-Protected Securities Fund: Adm Shares	Mutual Fund		671,078
	Cohen & Steers Realty Institutional Shares	Mutual Fund		454,526
	MFS Mid Cap Value Fund; Class R6	Mutual Fund		440,779
	PGIM Global Total Return Fund; Class Z	Mutual Fund		217,424
*	Vanguard Target Retirement 2065 Fund	Mutual Fund		124,574
*	Vanguard Target Retirement 2070 Fund	Mutual Fund		961
				76,934,444
*	Notes receivable from participants	Interest rates ranging from 4.25% to 8.50% maturing at various dates through 2026		997,022
				$ 86,681,297

* Denotes party-in-interest
** Costs omitted as these investments are participant-directed

The accompanying notes are an integral part of this schedule.

RETIREMENT SAVINGS PLAN OF
FINGER LAKES REGIONAL HEALTH SYSTEM

Financial Statements as of
December 31, 2022 and 2021
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 12, 2023

To the Plan Administrator of the
Retirement Savings Plan of Finger Lakes Regional Health System:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed the audits of the financial statements of Retirement Savings Plan of Finger Lakes Regional Health System (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

- The amounts and disclosures in the accompanying financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit Section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)
In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

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

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

Supplemental Schedule Required by ERISA
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Supplemental Schedule Required by ERISA (Continued)
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	2022	2021
INVESTMENTS, at fair value:		
Mutual funds	$ 76,934,444	$ 92,943,565
FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS, at contract value:		
Group annuity contracts	8,749,831	8,744,986
Total investments	85,684,275	101,688,551
RECEIVABLES:		
Employer contribution	1,662,071	1,594,309
Notes receivable from participants	997,022	1,025,695
Total receivables	2,659,093	2,620,004
NET ASSETS AVAILABLE FOR BENEFITS	$ 88,343,368	$ 104,308,555

The accompanying notes are an integral part of these statements.

RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
ADDITIONS:		
Contributions -		
Participant contributions	$ 4,916,038	$ 4,624,140
Employer contributions	1,584,402	1,596,892
Rollover contributions and other income	71,390	581,938
Total contributions	6,571,830	6,802,970
Investment income -		
Interest and dividends	2,903,422	2,868,687
Net appreciation (depreciation) in fair value of investments	(18,097,312)	8,721,199
Interest income on notes receivable from participants	41,707	49,597
Total net investment income	(15,152,183)	11,639,483
Total additions	(8,580,353)	18,442,453
DEDUCTIONS:		
Benefit payments	(7,120,538)	(10,460,923)
Administrative expenses	(264,296)	(278,833)
Total deductions	(7,384,834)	(10,739,756)
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(15,965,187)	7,702,697
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	104,308,555	96,605,858
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 88,343,368	$ 104,308,555

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the Retirement Savings Plan of Finger Lakes Regional Health System (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all eligible employees of Finger Lakes Regional Health System, Inc. (Finger Lakes Health). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration
The Plan is administered by management who is appointed by authorized officers of Finger Lakes Health. Management administers the Plan in accordance with its terms and applicable laws and has all necessary and appropriate powers to carry out the provisions of the Plan. State Street Bank and Trust Company (State Street) was the custodian of the Plan's assets and Transamerica Retirement Solutions Corporation (Transamerica) was the record-keeper of the Plan from the period of January 1, 2020 to January 28, 2021. Vanguard Fiduciary Trust Company (Vanguard) was the custodian and recordkeeper of the Plan from the period of January 29, 2021 to December 31, 2022.

Eligibility
All employees are eligible to participate in the Plan, except for part-time employees who normally work less than 20 hours per week. All eligible employees may begin making salary deferrals on the first day of the first payroll period pursuant to a properly completed and valid salary deferral agreement entered into by the employee. Participants become eligible for employer contributions after the completion of one year of service and the attainment of age eighteen (18). A year of service is defined as twelve months of service with over 1,000 hours beginning on the date of hire.

Participant Contributions
Active participants may make voluntary pre-tax contributions in the form of salary reductions up to 75% of their annual compensation for the Plan year, or the maximum amount permitted by Section 415(f) of the Internal Revenue Code (IRC) ($20,500 in 2022 and $19,500 in 2021) and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the IRC under Section 403(b). Eligible participants, who attain the age of 50 before the end of the Plan year, are eligible to make catch-up contributions subject to certain limitations of the IRC. The Plan was amended for the year ended December 31, 2022, allowing for employees to contribute after-tax Roth contributions. Such contributions are maintained in separate accounts.

Employer Contributions
The Plan agreement provides that Finger Lakes Health will make contributions, net of forfeitures, on behalf of each participant who is eligible to share in matching contributions for the Plan year. For the years ended December 31, 2022 and 2021, Finger Lakes Health provided a matching contribution to active participant accounts equal to 50% of the first 6% contributed by the participant, up to a maximum of 3% of the participant's annual compensation.

1. DESCRIPTION OF PLAN (Continued)

Employer Contributions (Continued)

For the years ended December 31, 2022 and 2021, Finger Lakes Health provided an additional transitional contribution equal to 4% of a participant's annual compensation for eligible employees who were active participants in the Finger Lakes Regional Health System Retirement Income Plan on December 31, 2018.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer matching contributions and any earnings or losses, reduced by administrative expenses. Participants direct the investment of the contributions into various options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in all voluntary contributions plus earnings/losses thereon. Participants who entered the Plan prior to November 1, 2010 are immediately vested in all employer contributions plus earnings/losses thereon. Beginning on November 1, 2010, new participants into the Plan are subject to a vesting schedule for employer contributions. Employees hired on or after this date will be vested in employer matching contributions beginning after the second year of employment at a rate of 25% per year until the employee is 100% vested after their fifth year.

Payment of Benefits

Vested funds are paid to participants when they retire or terminate employment with Finger Lakes Health, or upon attaining normal retirement age of 65. Benefits may be paid out in a single lump-sum distribution or in periodic installments over a period that is not greater than or equal to the life expectancy of the participant.

Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from a participant's account. All hardship withdrawals must comply with the rules relating to hardships, which are uniformly applicable to all participants.

Notes Receivable from Participants

Plan participants may borrow up to the lesser of $50,000 or 50% of the amount of the participant's vested interest in the Plan and have a maximum of two outstanding loans. The minimum loan is $1,000. Notes receivable must generally be repaid over a period not longer than 5 years, except in the case of a loan taken for the purpose of purchasing a primary residence. Notes receivable from participants are secured by their account balances and bear interest at rates based on prevailing rates charged on similar loans. Interest rates on the Plan's outstanding receivables range from 4.25% to 8.50%.

Participant Rollovers

Participants are allowed to transfer or rollover funds into the Plan, subject to approval by the Plan Administrator.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value, with the exception of the group annuity contracts. 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.

All investments are participant directed. The Plan invests in mutual funds and group annuity contracts. Mutual funds are reported at fair value. The group annuity contracts are stated at contract value, as this is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. (see FN 5) Purchases and sales of securities are reflected on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurement
Accounting Standards Codification (ASC) Section 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair market value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC Section 820 are described below:

- Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

- Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.

- Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

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

There were no changes in the valuation methodologies used during 2022 or 2021.

The following is a description of the valuation methodology used for assets measured at fair value.

- *Mutual funds*: Valued at fair value based on quoted market prices. Mutual funds are classified as Level 1 investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement (Continued)
The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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 amount reported in the financial statements.

The United States is presently in the midst of a pandemic related to a virus, commonly known as Novel Coronavirus (COVID-19). As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the financial statements. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefit payments to participants are recorded when paid.

Administrative Expenses
The Plan pays a significant portion of the administrative costs of the Plan and Finger Lakes Health pays certain other administrative costs of the Plan.

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

3. CERTIFIED INVESTMENT INFORMATION

State Street, the custodian from the period of January 1, 2020 to January 28, 2021 and Vanguard, the custodian from the period of January 29, 2021 to December 31, 2022 (collectively, the Custodians), have certified to the completeness and accuracy of information included in the financial statements and supplemental Schedule I, as of and for the year ended December 31, as follows:

Description	2022	2021
Investments	$ 85,684,275	$ 101,688,551
Notes receivable from participants	$ 997,022	$ 1,025,695
Interest and dividends	$ 2,903,422	$ 2,868,687
Net appreciation (depreciation) in fair value of investments	$ (18,097,312)	$ 8,721,199
Interest income on notes receivable from participants	$ 41,707	$ 49,597
Schedule of Assets (Held at End of Year)	Schedule I	

4. FAIR VALUE MEASUREMENT

The following inputs are measured at fair value on a recurring basis at December 31, 2022:

Description	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual funds	$ 76,934,444	$ -	$ -	$ 76,934,444

The following inputs are measured at fair value on a recurring basis at December 31, 2021:

Description	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual funds	$ 92,943,565	$ -	$ -	$ 92,943,565

5. INVESTMENT CONTRACTS

Group Annuity Contracts

MetLife Stable Value Fund is a fund that invests in fully benefit-responsive group annuity contract issued by MetLife and is included in the financial statements at contract value at December 31, 2022. The account is credited with earnings on the underlying investments and charged for participant withdrawals. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The strategy for having this investment option is to provide safety and stability by preserving principal and accumulated earnings. There are no redemption restrictions or unfunded commitments related to this investment. Participants may ordinarily direct the withdrawal or transfer all of or a portion of their investment at contract value.

5. INVESTMENT CONTRACTS (Continued)

Group Annuity Contracts (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

The contract was invested in U.S. government securities and other debt related investments. The contract value equaled deposits made to the fund, plus interest credited under the terms of the contract, less any withdrawals.

6. INCOME TAX STATUS

The Plan is exempt from federal taxes under Section 403(b) of the IRC. The Plan is required to operate in conformity with the IRC to maintain its tax exemption. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

7. PLAN TERMINATION

While Finger Lakes Health has not expressed any intent to discontinue the Plan, it has the right to do so at any time, subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their accounts.

8. PARTY-IN-INTEREST TRANSACTIONS

State Street was the custodian of the Plan's assets and Transamerica was the record-keeper of the Plan from the period of January 1, 2020 to January 28, 2021. Vanguard is the custodian of the Plan's assets and record-keeper of the Plan from the period of January 29, 2021 to December 31, 2022. Finger Lakes Health is the Plan sponsor. As such, transactions between State Street, Transamerica, Vanguard, Finger Lakes Health, and the Plan qualify as party-in-interest transactions. Additionally, notes receivables from participants are considered party-in-interest-transactions.

9. RECONCILIATION TO FORM 5500

Net assets available for benefits as of December 31, 2022 and 2021, and changes in net assets available for benefits for the year ended December 31, 2022 and 2021 per the financial statements agreed to Form 5500.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 12, 2023, which is the date the financial statements were available to be issued.

Schedule I

RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

EMPLOYER IDENTIFICATION NUMBER 16-0743032
PLAN #002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity of Issue	(c) Description of Investment	(d) ** Cost	(e) Current Value
	INSURANCE CONTRACTS AND FUNDS:			
	MetLife Stable Value Fund; Series 32957	Stable Value Fund		$ 8,749,831
				8,749,831
	MUTUAL FUNDS:			
*	Vanguard Target Retirement 2030 Fund	Mutual Fund		8,863,209
*	Vanguard Target Retirement 2025 Fund	Mutual Fund		8,566,435
*	Vanguard Target Retirement 2035 Fund	Mutual Fund		7,117,950
*	Vanguard Target Retirement 2020 Fund	Mutual Fund		5,765,905
*	Vanguard Institutional Index Fund Inst'l Shares	Mutual Fund		5,360,276
	American Funds American Mutual Fund; Class R6	Mutual Fund		4,335,716
*	Vanguard Target Retirement 2040 Fund	Mutual Fund		4,294,635
*	Vanguard Target Retirement 2045 Fund	Mutual Fund		3,894,552
*	Vanguard Growth Index Fund Admiral Shares	Mutual Fund		3,655,383
*	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund		3,460,400
*	Vanguard Target Retirement 2055 Fund	Mutual Fund		2,980,458
*	Vanguard Target Retirement 2050 Fund	Mutual Fund		2,703,613
	American Funds EuroPacific Growth Fund; Class R-6	Mutual Fund		2,607,845
	American Funds American Balanced Fund; Class R6	Mutual Fund		2,473,173
*	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund		1,990,060
	Schwab Total Stock Market Index Fund	Mutual Fund		1,958,258
*	Vanguard Target Retirement Income	Mutual Fund		1,700,380
*	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		1,096,598
	BlackRock High Yield Bond Portfolio; Institutional Shares	Mutual Fund		793,182
	T. Rowe Price Mid-Cap Growth Fund; Retail Class	Mutual Fund		714,574
*	Vanguard Target Retirement 2060 Fund	Mutual Fund		692,500
*	Vanguard Inflation-Protected Securities Fund: Adm Shares	Mutual Fund		671,078
	Cohen & Steers Realty Institutional Shares	Mutual Fund		454,526
	MFS Mid Cap Value Fund; Class R6	Mutual Fund		440,779
	PGIM Global Total Return Fund; Class Z	Mutual Fund		217,424
*	Vanguard Target Retirement 2065 Fund	Mutual Fund		124,574
*	Vanguard Target Retirement 2070 Fund	Mutual Fund		961
				76,934,444
*	Notes receivable from participants	Interest rates ranging from 4.25% to 8.50% maturing at various dates through 2026		997,022
				$ 86,681,297

* Denotes party-in-interest
** Costs omitted as these investments are participant-directed

The accompanying notes are an integral part of this schedule.

RETIREMENT SAVINGS PLAN OF
FINGER LAKES REGIONAL HEALTH SYSTEM

Financial Statements as of
December 31, 2022 and 2021
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 12, 2023

To the Plan Administrator of the
Retirement Savings Plan of Finger Lakes Regional Health System:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed the audits of the financial statements of Retirement Savings Plan of Finger Lakes Regional Health System (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

- The amounts and disclosures in the accompanying financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit Section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)
In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

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

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

Supplemental Schedule Required by ERISA
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Supplemental Schedule Required by ERISA (Continued)
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	2022	2021
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NET ASSETS AVAILABLE FOR BENEFITS	$ 88,343,368	$ 104,308,555

The accompanying notes are an integral part of these statements.

RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
ADDITIONS:		
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Participant contributions	$ 4,916,038	$ 4,624,140
Employer contributions	1,584,402	1,596,892
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CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(15,965,187)	7,702,697
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	104,308,555	96,605,858
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 88,343,368	$ 104,308,555

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the Retirement Savings Plan of Finger Lakes Regional Health System (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all eligible employees of Finger Lakes Regional Health System, Inc. (Finger Lakes Health). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration
The Plan is administered by management who is appointed by authorized officers of Finger Lakes Health. Management administers the Plan in accordance with its terms and applicable laws and has all necessary and appropriate powers to carry out the provisions of the Plan. State Street Bank and Trust Company (State Street) was the custodian of the Plan's assets and Transamerica Retirement Solutions Corporation (Transamerica) was the record-keeper of the Plan from the period of January 1, 2020 to January 28, 2021. Vanguard Fiduciary Trust Company (Vanguard) was the custodian and recordkeeper of the Plan from the period of January 29, 2021 to December 31, 2022.

Eligibility
All employees are eligible to participate in the Plan, except for part-time employees who normally work less than 20 hours per week. All eligible employees may begin making salary deferrals on the first day of the first payroll period pursuant to a properly completed and valid salary deferral agreement entered into by the employee. Participants become eligible for employer contributions after the completion of one year of service and the attainment of age eighteen (18). A year of service is defined as twelve months of service with over 1,000 hours beginning on the date of hire.

Participant Contributions
Active participants may make voluntary pre-tax contributions in the form of salary reductions up to 75% of their annual compensation for the Plan year, or the maximum amount permitted by Section 415(f) of the Internal Revenue Code (IRC) ($20,500 in 2022 and $19,500 in 2021) and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the IRC under Section 403(b). Eligible participants, who attain the age of 50 before the end of the Plan year, are eligible to make catch-up contributions subject to certain limitations of the IRC. The Plan was amended for the year ended December 31, 2022, allowing for employees to contribute after-tax Roth contributions. Such contributions are maintained in separate accounts.

Employer Contributions
The Plan agreement provides that Finger Lakes Health will make contributions, net of forfeitures, on behalf of each participant who is eligible to share in matching contributions for the Plan year. For the years ended December 31, 2022 and 2021, Finger Lakes Health provided a matching contribution to active participant accounts equal to 50% of the first 6% contributed by the participant, up to a maximum of 3% of the participant's annual compensation.

1. DESCRIPTION OF PLAN (Continued)

Employer Contributions (Continued)

For the years ended December 31, 2022 and 2021, Finger Lakes Health provided an additional transitional contribution equal to 4% of a participant's annual compensation for eligible employees who were active participants in the Finger Lakes Regional Health System Retirement Income Plan on December 31, 2018.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer matching contributions and any earnings or losses, reduced by administrative expenses. Participants direct the investment of the contributions into various options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in all voluntary contributions plus earnings/losses thereon. Participants who entered the Plan prior to November 1, 2010 are immediately vested in all employer contributions plus earnings/losses thereon. Beginning on November 1, 2010, new participants into the Plan are subject to a vesting schedule for employer contributions. Employees hired on or after this date will be vested in employer matching contributions beginning after the second year of employment at a rate of 25% per year until the employee is 100% vested after their fifth year.

Payment of Benefits

Vested funds are paid to participants when they retire or terminate employment with Finger Lakes Health, or upon attaining normal retirement age of 65. Benefits may be paid out in a single lump-sum distribution or in periodic installments over a period that is not greater than or equal to the life expectancy of the participant.

Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from a participant's account. All hardship withdrawals must comply with the rules relating to hardships, which are uniformly applicable to all participants.

Notes Receivable from Participants

Plan participants may borrow up to the lesser of $50,000 or 50% of the amount of the participant's vested interest in the Plan and have a maximum of two outstanding loans. The minimum loan is $1,000. Notes receivable must generally be repaid over a period not longer than 5 years, except in the case of a loan taken for the purpose of purchasing a primary residence. Notes receivable from participants are secured by their account balances and bear interest at rates based on prevailing rates charged on similar loans. Interest rates on the Plan's outstanding receivables range from 4.25% to 8.50%.

Participant Rollovers

Participants are allowed to transfer or rollover funds into the Plan, subject to approval by the Plan Administrator.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value, with the exception of the group annuity contracts. 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.

All investments are participant directed. The Plan invests in mutual funds and group annuity contracts. Mutual funds are reported at fair value. The group annuity contracts are stated at contract value, as this is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. (see FN 5) Purchases and sales of securities are reflected on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurement
Accounting Standards Codification (ASC) Section 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair market value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC Section 820 are described below:

- Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

- Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.

- Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

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

There were no changes in the valuation methodologies used during 2022 or 2021.

The following is a description of the valuation methodology used for assets measured at fair value.

- *Mutual funds*: Valued at fair value based on quoted market prices. Mutual funds are classified as Level 1 investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement (Continued)
The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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 amount reported in the financial statements.

The United States is presently in the midst of a pandemic related to a virus, commonly known as Novel Coronavirus (COVID-19). As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the financial statements. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefit payments to participants are recorded when paid.

Administrative Expenses
The Plan pays a significant portion of the administrative costs of the Plan and Finger Lakes Health pays certain other administrative costs of the Plan.

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

3. CERTIFIED INVESTMENT INFORMATION

State Street, the custodian from the period of January 1, 2020 to January 28, 2021 and Vanguard, the custodian from the period of January 29, 2021 to December 31, 2022 (collectively, the Custodians), have certified to the completeness and accuracy of information included in the financial statements and supplemental Schedule I, as of and for the year ended December 31, as follows:

Description	2022	2021
Investments	$ 85,684,275	$ 101,688,551
Notes receivable from participants	$ 997,022	$ 1,025,695
Interest and dividends	$ 2,903,422	$ 2,868,687
Net appreciation (depreciation) in fair value of investments	$ (18,097,312)	$ 8,721,199
Interest income on notes receivable from participants	$ 41,707	$ 49,597
Schedule of Assets (Held at End of Year)	Schedule I	

4. FAIR VALUE MEASUREMENT

The following inputs are measured at fair value on a recurring basis at December 31, 2022:

Description	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual funds	$ 76,934,444	$ -	$ -	$ 76,934,444

The following inputs are measured at fair value on a recurring basis at December 31, 2021:

Description	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual funds	$ 92,943,565	$ -	$ -	$ 92,943,565

5. INVESTMENT CONTRACTS

Group Annuity Contracts

MetLife Stable Value Fund is a fund that invests in fully benefit-responsive group annuity contract issued by MetLife and is included in the financial statements at contract value at December 31, 2022. The account is credited with earnings on the underlying investments and charged for participant withdrawals. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The strategy for having this investment option is to provide safety and stability by preserving principal and accumulated earnings. There are no redemption restrictions or unfunded commitments related to this investment. Participants may ordinarily direct the withdrawal or transfer all of or a portion of their investment at contract value.

5. INVESTMENT CONTRACTS (Continued)

Group Annuity Contracts (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

The contract was invested in U.S. government securities and other debt related investments. The contract value equaled deposits made to the fund, plus interest credited under the terms of the contract, less any withdrawals.

6. INCOME TAX STATUS

The Plan is exempt from federal taxes under Section 403(b) of the IRC. The Plan is required to operate in conformity with the IRC to maintain its tax exemption. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

7. PLAN TERMINATION

While Finger Lakes Health has not expressed any intent to discontinue the Plan, it has the right to do so at any time, subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their accounts.

8. PARTY-IN-INTEREST TRANSACTIONS

State Street was the custodian of the Plan's assets and Transamerica was the record-keeper of the Plan from the period of January 1, 2020 to January 28, 2021. Vanguard is the custodian of the Plan's assets and record-keeper of the Plan from the period of January 29, 2021 to December 31, 2022. Finger Lakes Health is the Plan sponsor. As such, transactions between State Street, Transamerica, Vanguard, Finger Lakes Health, and the Plan qualify as party-in-interest transactions. Additionally, notes receivables from participants are considered party-in-interest-transactions.

9. RECONCILIATION TO FORM 5500

Net assets available for benefits as of December 31, 2022 and 2021, and changes in net assets available for benefits for the year ended December 31, 2022 and 2021 per the financial statements agreed to Form 5500.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 12, 2023, which is the date the financial statements were available to be issued.

Schedule I

RETIREMENT SAVINGS PLAN OF FINGER LAKES REGIONAL HEALTH SYSTEM

EMPLOYER IDENTIFICATION NUMBER 16-0743032
PLAN #002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity of Issue	(c) Description of Investment	(d) ** Cost	(e) Current Value
	INSURANCE CONTRACTS AND FUNDS:			
	MetLife Stable Value Fund; Series 32957	Stable Value Fund		$ 8,749,831
				8,749,831
	MUTUAL FUNDS:			
*	Vanguard Target Retirement 2030 Fund	Mutual Fund		8,863,209
*	Vanguard Target Retirement 2025 Fund	Mutual Fund		8,566,435
*	Vanguard Target Retirement 2035 Fund	Mutual Fund		7,117,950
*	Vanguard Target Retirement 2020 Fund	Mutual Fund		5,765,905
*	Vanguard Institutional Index Fund Inst'l Shares	Mutual Fund		5,360,276
	American Funds American Mutual Fund; Class R6	Mutual Fund		4,335,716
*	Vanguard Target Retirement 2040 Fund	Mutual Fund		4,294,635
*	Vanguard Target Retirement 2045 Fund	Mutual Fund		3,894,552
*	Vanguard Growth Index Fund Admiral Shares	Mutual Fund		3,655,383
*	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund		3,460,400
*	Vanguard Target Retirement 2055 Fund	Mutual Fund		2,980,458
*	Vanguard Target Retirement 2050 Fund	Mutual Fund		2,703,613
	American Funds EuroPacific Growth Fund; Class R-6	Mutual Fund		2,607,845
	American Funds American Balanced Fund; Class R6	Mutual Fund		2,473,173
*	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund		1,990,060
	Schwab Total Stock Market Index Fund	Mutual Fund		1,958,258
*	Vanguard Target Retirement Income	Mutual Fund		1,700,380
*	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		1,096,598
	BlackRock High Yield Bond Portfolio; Institutional Shares	Mutual Fund		793,182
	T. Rowe Price Mid-Cap Growth Fund; Retail Class	Mutual Fund		714,574
*	Vanguard Target Retirement 2060 Fund	Mutual Fund		692,500
*	Vanguard Inflation-Protected Securities Fund: Adm Shares	Mutual Fund		671,078
	Cohen & Steers Realty Institutional Shares	Mutual Fund		454,526
	MFS Mid Cap Value Fund; Class R6	Mutual Fund		440,779
	PGIM Global Total Return Fund; Class Z	Mutual Fund		217,424
*	Vanguard Target Retirement 2065 Fund	Mutual Fund		124,574
*	Vanguard Target Retirement 2070 Fund	Mutual Fund		961
				76,934,444
*	Notes receivable from participants	Interest rates ranging from 4.25% to 8.50% maturing at various dates through 2026		997,022
				$ 86,681,297

* Denotes party-in-interest
** Costs omitted as these investments are participant-directed

The accompanying notes are an integral part of this schedule.