

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ONEIDA HEALTHCARE CENTER PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ONEIDA HEALTH SYSTEMS, INC. 321 GENESEE STREET ONEIDA, NY 13421-2611
2b	Employer Identification Number (EIN) 16-1492011
2c	Plan Sponsor's telephone number 315-361-2040
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.	10/14/2024	MARK JORDAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 567
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 153 6a(2) 141 6b 260 6c 145 6d 546 6e 9 6f 555 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan ONEIDA HEALTHCARE CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ONEIDA HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 16-1492011
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	41554599	
b	Actuarial value	2b	45710058	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	270	26025109	26025109
b	For terminated vested participants	144	6545674	6545674
c	For active participants	153	7719333	7738046
d	Total	567	40290116	40308829
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.22 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1000	
c	Target normal cost	6c	1000	

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

SIGN HERE	Signature of actuary WILLIAM H. STUART, A.S.A., E.A. Type or print name of actuary BPAS ACTUARIAL & PENSION SERVICES Firm name 706 N. CLINTON STREET SUITE 200 SYRACUSE, NY 13204 Address of the firm	08/31/2024 Date 23-06801 Most recent enrollment number 315-703-8985 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1998778	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	1998778	0
10 Interest on line 9 using prior year's actual return of <u>-19.71</u> %	-393959	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1604819	0

Part III Funding Percentages

14 Funding target attainment percentage	14	109.41 %
15 Adjusted funding target attainment percentage	15	113.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	132.32 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	1000
b Excess assets, if applicable, but not greater than line 31a		31b	1000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan ONEIDA HEALTHCARE CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ONEIDA HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 16-1492011

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

 No
- b

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72 50	NONE	128855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RBC CAPITAL MARKETS, LLC

41-1416330

(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?
33 55 49 71 50	NONE	7569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY BANK N.A.

36-3707380

(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?
33 55 49	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

MORGAN STANLEY PRIVATE BANK N.A.

22-3458456

(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?
33 55 49	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HARDING LOEVNER FUNDS HL INTL EQTY

39-1982827

(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 64 49 99	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
MORGAN STANLEY BANK N.A.	33 49 55	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.	
MORGAN STANLEY BANK N.A. 36-3707380	TOTAL REVENUE IS EQUAL TO \$27 TIMES THE NUMBER OF BROKERAGE ACCOUNTS FROM JANUARY 1, 2023 TO JUNE 30, 2023. FROM JULY 1, 2023 TO DECEMBER 31, 2023 THE ANNUAL PER ACCOUNT FEE DECREASED TO \$19. THE REVENUE IS THEN ALLOCATED TO INDIVIDUAL BANKS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY PRIVATE BANK N.A.	33 55 49	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.	
MORGAN STANLEY PRIVATE BANK N.A. 22-3458456	TOTAL REVENUE IS EQUAL TO \$27 TIMES THE NUMBER OF BROKERAGE ACCOUNTS FROM JANUARY 1, 2023 TO JUNE 30, 2023. FROM JULY 1, 2023 TO DECEMBER 31, 2023 THE ANNUAL PER ACCOUNT FEE DECREASED TO \$19. THE REVENUE IS THEN ALLOCATED TO INDIVIDUAL BANKS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARDING LOEVNER FUNDS	49 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.	
HARDING LOEVNER FUNDS HL INTL EQTY 39-1982827	MORGAN STANLEY CHARGES EACH FUND FAMILY. THE RATE RANGES FROM .01% (\$1 PER \$10,000 OF ASSETS) UP TO A MAXIMUM OF .10% PER YEAR (\$10 PER \$10,000 OF ASSETS).	

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
HARDING LOEVNER FUNDS HL INTL EQTY	49 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.	
HARDING LOEVNER FUNDS INTL EQTY 39-1982827	0.06% PER YEAR ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS. HOWEVER, FOR ADVISORY ACCOUNTS THERE ARE ACCOUNT TYPE AND PROGRAM EXCEPTIONS AND THE FEES ARE REBATED TO CLIENTS.	
(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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ONEIDA HEALTHCARE CENTER PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONEIDA HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 16-1492011	

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	325895	327359
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1281762	711597
(2) U.S. Government securities	1c(2)	4093509	8233541
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	26816789	26875753
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	9036644	6886543
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	41554599	43034793
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 through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	41554599	43034793

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8640	
(B) U.S. Government securities	2b(1)(B)	221435	
(C) Corporate debt instruments	2b(1)(C)	1360046	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1590121
(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)	126970	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		126970
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14619314	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14297419	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		321895
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1838649	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		338269
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4215904

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2503797	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2503797
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	202769	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	28400	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	744	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		231913
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2735710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1480194
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **FUSTCHARLES LLP**

(2) EIN: **16-1226221**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 511306.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	
ONEIDA HEALTHCARE CENTER PENSION PLAN	001	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
ONEIDA HEALTH SYSTEMS, INC.	16-1492011	

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.....	10
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): 16-1301826	
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	4

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)			
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
	b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

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

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

ONEIDA HEALTHCARE CENTER PENSION PLAN

Financial Statements and Supplemental Schedules

December 31, 2023 and 2022

ONEIDA HEALTHCARE CENTER PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Oneida Healthcare Center Pension Plan:

Opinion

We have audited the accompanying financial statements of Oneida Healthcare Center Pension Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

(Continued)

Responsibilities of Management for the Financial Statements, Continued

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

Auditor's Responsibilities for the Audit of the Financial Statements, Continued

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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Syracuse, New York
October 14, 2024


FustCharles LLP

ONEIDA HEALTHCARE CENTER PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Investments, at fair value	\$ 42,707,434	41,228,704
Accrued interest	<u>327,359</u>	<u>325,895</u>
Net assets available for benefits	\$ <u><u>43,034,793</u></u>	<u><u>41,554,599</u></u>

See accompanying notes to financial statements.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Additions:		
Net appreciation in fair value of investments	\$ 2,498,813	-
Interest and dividend income	<u>1,717,091</u>	<u>1,403,332</u>
Total additions	<u>4,215,904</u>	<u>1,403,332</u>
Deductions:		
Net depreciation in fair value of investments	-	11,642,969
Benefits paid to participants	2,503,797	2,435,940
Administrative expenses	<u>231,913</u>	<u>241,951</u>
Total deductions	<u>2,735,710</u>	<u>14,320,860</u>
Net increase (decrease)	1,480,194	(12,917,528)
Net assets available for benefits:		
Beginning of year	<u>41,554,599</u>	<u>54,472,127</u>
End of year	<u>\$ 43,034,793</u>	<u>41,554,599</u>

See accompanying notes to financial statements.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

December 31, 2023 and 2022

(1) Description of Plan

The following description of the Oneida Healthcare Center Pension Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a noncontributory defined benefit pension plan covering certain employees of Oneida Health Systems, Inc. d/b/a Oneida Health (Hospital). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2008, the Plan was amended to state that accrued benefits are frozen for any non-union participant who made a one-time irrevocable election to opt out of the Plan and instead be covered under the Oneida Healthcare Center 403(b) Retirement Plan. All non-union employees who opted out of the defined benefit plan or had not met eligibility requirements of the Plan ceased to be an eligible employee under the defined benefit plan. Furthermore, the accrued benefit of any non-union participant not actively employed on January 1, 2008 was frozen. Effective January 1, 2009, the same amendments were implemented for union employees.

As of January 1, 2008, no new non-union employees were eligible to participate in the Plan. As of January 1, 2009, no new union employees were eligible to participate in the Plan.

Plan amendments were adopted that froze benefit accruals for all non-union employees effective February 1, 2015, and all union employees effective February 1, 2017.

(b) Funding Policy

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Hospital did not make any contributions to the Plan during 2023 and 2022. The Hospital's contributions for 2023 and 2022 met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

(1) Description of Plan, Continued

(c) Pension Benefits

Eligible employees with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to the sum of 1.66% of the average monthly compensation for each year of credited service. The Plan allows early retirement, late retirement and vested termination benefits.

Employees may elect to receive the value of their accumulated plan benefits in the form of a lump sum distribution, a qualified joint and survivor annuity, or a life annuity payable in equal monthly installments for a period of years not to exceed the employee's life expectancy.

(d) Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they become disabled.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) New Accounting Pronouncement

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, which provides guidance for accounting for credit losses on financial instruments. The ASU introduces an approach based on expected losses to estimate credit losses on certain types of financial instruments and modifies the impairment model for available-for-sale debt securities. The Plan adopted the ASU on January 1, 2023 using a modified retrospective approach and the adoption of the ASU did not have an impact on the Plan's net assets or changes in net assets.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

(2) Summary of Significant Accounting Policies, Continued

(c) Use of Estimates

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

(d) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See note 5 for a discussion of fair value measurements.

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

(e) Payment of Benefits

Benefit payments to participants or their beneficiaries are recorded upon distribution.

(f) Expenses

The Plan's expenses are paid either by the Plan or the Hospital, as provided by the Plan agreement. Expenses that are paid directly by the Hospital are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in administrative expenses presented in the accompanying statements of changes in net assets available for benefits.

(g) Subsequent Events

The Plan has evaluated subsequent events through October 14, 2024, the date the financial statements were available to be issued.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service, subject to the freezing of benefit accruals as discussed in note 1(a). The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by independent actuaries, BPAS Actuarial and Pension Services, LLC, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2023 and 2022 are as follows:

Investment return	5.00% and 5.50%, respectively per year, compounded annually
Mortality basis	The sex-distinct Blue Collar Pri-2012 Mortality Tables for employees and healthy annuitants, with mortality improvements projected using Scale MP-2019 on a fully generational basis for 2023. The sex-distinct Blue Collar Pri-2012 Mortality Tables for employees and healthy annuitants, with mortality improvements projected using Scale MP-2021 on a fully generational basis for 2022
Employee turnover	100% of the 2003 SOA Small Plan Table, based on the October 2016 experience study using valuation data from January 1, 2011 through January 1, 2016
Normal retirement age	Age 65

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

(3) Actuarial Present Value of Accumulated Plan Benefits, Continued

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023 and 2022. Had the valuations been performed as of December 31, there would be no material differences.

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

	<u>2023</u>	<u>2022</u>
Vested benefits:		
Participants currently receiving payments	\$ 25,455,427	22,981,389
Other participants	<u>14,511,146</u>	<u>15,830,891</u>
	39,966,573	38,812,280
Nonvested benefits	<u>26,825</u>	<u>38,886</u>
Total actuarial present value of accumulated plan benefits	\$ <u>39,993,398</u>	<u>38,851,166</u>

The changes in the actuarial present value of accumulated plan benefits from January 1, 2022 to January 1, 2023 and from January 1, 2021 to January 1, 2022, respectively, are as follows:

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated plan benefits beginning of year	\$ <u>38,851,166</u>	<u>37,356,651</u>
Increase during the year attributable to:		
Benefits accumulated and actuarial gains and losses	294,445	146,847
Increase for interest due to the decrease in the discount period	2,069,826	2,161,665
Benefits paid	(2,435,940)	(2,657,799)
Change in actuarial assumptions	<u>1,213,901</u>	<u>1,843,802</u>
Net increase	<u>1,142,232</u>	<u>1,494,515</u>
Actuarial present value of accumulated plan benefits end of year	\$ <u>39,993,398</u>	<u>38,851,166</u>

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

(4) Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Annuity benefits which former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

(5) Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

(5) Fair Value Measurements, Continued

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Money market funds: Valued at amortized cost which approximates fair value.

Certificates of deposit: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Mutual fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the U.S. Securities and Exchange Commission. The fund is required to publish its daily net asset value and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Exchange-traded funds: Valued at the closing price reported on the active market on which the individual securities are traded. Exchange-traded funds held by the Plan are open-end funds or unit investment trusts that are registered with the U.S. Securities and Exchange Commission.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risk that may not be observable, such as credit and liquidity risks or a broker quote if available.

Treasury securities and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

(5) Fair Value Measurements, Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

		2023			
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds and					
certificates of deposit	\$	711,597	-	-	711,597
Mutual fund		393,841	-	-	393,841
Exchange-traded funds		6,492,702	-	-	6,492,702
Corporate bonds		-	26,875,753	-	26,875,753
Municipal bonds		-	144,690	-	144,690
Treasury securities		-	8,088,851	-	8,088,851
Total assets at fair value	\$	<u>7,598,140</u>	<u>35,109,294</u>	<u>-</u>	<u>42,707,434</u>
		2022			
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds and					
certificates of deposit	\$	1,281,762	-	-	1,281,762
Mutual fund		493,629	-	-	493,629
Exchange-traded funds		8,543,015	-	-	8,543,015
Corporate bonds		-	26,816,789	-	26,816,789
Municipal bonds		-	139,604	-	139,604
Treasury securities		-	3,953,905	-	3,953,905
Total assets at fair value	\$	<u>10,318,406</u>	<u>30,910,298</u>	<u>-</u>	<u>41,228,704</u>

(6) Party-in-Interest Transactions

Certain Plan investments are managed by RBC Wealth Management (2023), NBT Bank N.A. and Morgan Stanley (2022), the custodians as defined by the Plan. As such, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for these investment management services amounted to \$231,913 and \$241,951 for the years ended December 31, 2023 and 2022, respectively.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Notes to Financial Statements

(7) Tax Status

The Plan obtained its latest determination letter on October 1, 2020, in which the Internal Revenue Service (IRS) states that the Plan is in compliance with applicable requirements of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations prior to 2020.

(8) Risks and Uncertainties

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

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

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Money Market Funds</u>				
*	RBC Wealth Management	Money market fund, 182,526 shares	\$ 182,526	182,526
*	Federated Government Obligations Fund	Money market fund, 529,071 shares	529,071	529,071
			<u>\$ 711,597</u>	<u>711,597</u>
<u>Mutual Fund</u>				
	Harding Loevner International Equity	Mutual fund, 15,177 shares	287,818	393,841
			<u>\$ 287,818</u>	<u>393,841</u>
<u>Exchange-Traded Funds</u>				
	iShares S&P Midcap 400 Index	Exchange-traded fund, 1,785 shares	147,488	494,713
	iShares Core S&P Small Cap E	Exchange-traded fund, 2,713 shares	75,690	293,682
	iShares S&P 500 Growth Index	Exchange-traded fund, 30,237 shares	487,931	2,270,799
	iShares S&P 500 Value Index	Exchange-traded fund, 13,625 shares	821,982	2,369,251
	SPDR S&P 500 Trust Series 1	Exchange-traded fund, 1,431 shares	162,306	680,169
	Vanguard FTSE Developed Markets Fund	Exchange-traded fund, 5,308 shares	205,082	254,253
	Vanguard FTSE Emerging Markets Fund	Exchange-traded fund, 3,159 shares	100,045	129,835
			<u>\$ 2,000,524</u>	<u>6,492,702</u>

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds</u>				
	Abbot Laboratories	Corporate bond, maturity date 11/30/2046, 4.900%, \$70,000	94,004	71,798
	Abbvie Inc	Corporate bond, maturity date 05/14/2025, 3.600%, \$275,000	266,909	269,891
	Aflac Inc	Corporate bond, maturity date 01/15/2049, 4.750%, \$170,000	225,767	160,208
	Air Lease Corp	Corporate bond, maturity date 10/01/2029, 3.250%, \$440,000	444,694	397,976
	Amazon.com Inc	Corporate bond, maturity date 08/22/2047, 4.050%, \$110,000	127,656	99,572
	Amazon.com Inc	Corporate bond, maturity date 04/13/2052, 3.950%, \$190,000	176,003	167,006
	American Electric Power	Corporate bond, maturity date 03/01/2033, 5.625%, \$165,000	164,332	172,250
	American Water Capital Corp	Corporate bond, maturity date 09/01/2047, 3.750%, \$214,000	227,113	175,399
	Amgen Inc	Corporate bond, maturity date 05/01/2045, 4.400%, \$180,000	200,640	160,274
	Anheuser-Busch Inbev Worldwide Inc	Corporate bond, maturity date 02/01/2036, 4.700%, \$155,000	151,308	155,095
	Anthem Inc	Corporate bond, maturity date 12/01/2047, 4.375%, \$102,000	109,989	91,225
	Apple Inc	Corporate bond, maturity date 05/04/2043, 3.850%, \$185,000	203,337	165,272
	Apple Inc	Corporate bond, maturity date 08/04/2046, 3.850%, \$228,000	269,142	198,832
	Atmos Energy Corp	Corporate bond, maturity date 10/15/2044, 4.125%, \$135,000	142,128	119,899
	Atmos Energy Corp	Corporate bond, maturity date 10/01/2048, 4.300%, \$145,000	168,423	129,668
	Bank of America Corp FXD	Corporate bond, maturity date 04/23/2040, 4.078%, \$165,000	142,595	144,502
	Bank of America Corp FXD	Corporate bond, maturity date 01/20/2028, 3.824%, \$70,000	75,612	67,298
	Bank of America Corp	Corporate bond, maturity date 06/19/2041, 2.676%, \$180,000	121,448	129,344
	Bank of America Corp FXD	Corporate bond, maturity date 12/20/2028, 3.419%, \$419,000	448,062	394,509
	Bank of America Corp FXD	Corporate bond, maturity date 03/20/2051, 4.083%, \$120,000	139,519	101,435
	Bank of America Corp FXD	Corporate bond, maturity date 07/21/2032, 2.299%, \$220,000	174,467	179,870
	BNY Mellon Corp FXD	Corporate bond, maturity date 10/25/2028, 5.802%, \$350,000	358,322	363,104
	Berkshire Hathaway Fin Corp	Corporate bond, maturity date 05/15/2042, 4.400%, \$140,000	168,180	135,260
	Berkshire Hathaway Fin Corp	Corporate bond, maturity date 03/15/2052, 3.850%, \$85,000	66,419	71,447
	Berkshire Hathaway Energy Co	Corporate bond, maturity date 07/15/2048, 3.800%, \$225,000	244,890	177,626

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	BHP Billiton Finance USA Ltd	Corporate bond, maturity date 09/30/2043, 5.000%, \$100,000	126,008	101,109
	Boeing Co	Corporate bond, maturity date 02/24/2026, 2.196%, \$190,000	172,794	179,590
	BP Capital Markets America Inc	Corporate bond, maturity date 02/08/2061, 3.379%, \$350,000	352,946	254,702
	Bristol-Myers Squibb Co	Corporate bond, maturity date 03/15/2052, 3.700%, \$130,000	115,794	102,588
	Bristol-Myers Squibb Co	Corporate bond, maturity date 10/26/2049, 4.250%, \$115,000	121,139	100,173
	Broadcom Inc	Corporate bond, maturity date 11/15/2030, 4.150%, \$105,000	112,181	100,439
	Burlington Northern Santa Fe LLC	Corporate bond, maturity date 05/01/2040, 5.750%, \$136,000	175,629	148,405
	California Institute of Technology	Corporate bond, maturity date 09/01/2119, 3.650%, \$45,000	44,886	32,223
	Capital One Financial Corp FXD	Corporate bond, maturity date 07/26/2030, 5.247%, \$265,000	266,905	260,866
	Capital One Financial Corp FXD	Corporate bond, maturity date 11/02/2027, 1.878%, \$295,000	254,440	265,473
	Caterpillar Financial Services Corp	Corporate bond, maturity date 05/13/2025, 3.400%, \$140,000	136,164	137,633
	Caterpillar Inc	Corporate bond, maturity date 09/19/2049, 3.250%, \$155,000	147,013	122,962
	Centerpoint Energy Houston Electric LLC	Corporate bond, maturity date 03/01/2048, 3.950%, \$118,000	134,994	100,534
	Citigroup Inc	Corporate bond, maturity date 01/30/2042, 5.875%, \$105,000	147,366	111,780
	Citigroup Inc	Corporate bond, maturity date 03/09/2026, 4.600%, \$30,000	31,938	29,625
	Citigroup Inc	Corporate bond, maturity date 05/01/2025, 0.000%, \$245,000	228,029	240,855
	Citigroup Inc	Corporate bond, maturity date 05/18/2046, 4.750%, \$95,000	80,017	85,276
	Citigroup Inc FXD	Corporate bond, maturity date 01/29/2031, 2.666%, \$240,000	207,818	208,488
	Citigroup Inc FXD	Corporate bond, maturity date 01/28/2027, 1.122%, \$210,000	182,587	193,011
	Cleveland Clinic Foundation/THE	Corporate bond, maturity date 01/01/2114, 4.858%, \$90,000	115,270	84,963
	CNO Financial Group Inc	Corporate bond, maturity date 05/30/2029, 5.250%, \$190,000	211,225	187,683
	Comcast Corp	Corporate bond, maturity date 03/01/2044, 4.750%, \$175,000	207,343	166,240
	Comcast Corp	Corporate bond, maturity date 10/15/2038, 4.600%, \$180,000	219,063	174,521
	Comcast Corp	Corporate bond, maturity date 01/15/2031, 1.950%, \$200,000	160,312	168,982
	Comcast Corp	Corporate bond, maturity date 10/15/2030, 4.250%, \$80,000	92,323	78,963

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	Comcast Corp	Corporate bond, maturity date 05/15/2064, 5.500%, \$95,000	96,009	100,414
	Commonwealth Edison Co	Corporate bond, maturity date 03/01/2050, 3.000%, \$125,000	130,981	91,099
	Concophillips	Corporate bond, maturity date 02/01/2039, 6.500%, \$68,000	93,666	78,825
	Consolidated Edison Co of New York Inc	Corporate bond, maturity date 11/15/2052, 6.150%, \$90,000	103,142	102,260
	Consolidated Edison Co of New York Inc	Corporate bond, maturity date 04/01/2030, 3.350%, \$350,000	365,471	326,694
	Corporate Office Properties LP	Corporate bond, maturity date 04/15/2031, 2.750%, \$225,000	208,924	181,780
	CSX Corp	Corporate bond, maturity date 03/01/2043, 4.400%, \$75,000	83,420	68,557
	Dell International LLC/EMC Corp	Corporate bond, maturity date 07/15/2046, 8.350%, \$50,000	80,506	65,923
	Dignity Health	Corporate bond, maturity date 11/01/2064, 5.267%, \$70,000	81,355	64,964
	Dominion Energy Inc	Corporate bond, maturity date 08/01/2041, 4.900%, \$135,000	155,597	125,053
	DTE Electric Co	Corporate bond, maturity date 08/15/2047, 3.750%, \$155,000	167,975	124,146
	DTE Electric Co	Corporate bond, maturity date 11/01/2024, 4.220%, \$170,000	166,892	168,011
	DTE Electric Co	Corporate bond, maturity date 06/01/2028, 4.875%, \$140,000	136,871	141,161
	Duke Energy Carolinas LLC	Corporate bond, maturity date 08/15/2049, 3.200%, \$140,000	157,344	102,011
	Duke Energy Carolinas LLC	Corporate bond, maturity date 04/15/2038, 6.050%, \$65,000	89,111	70,639
	Duke Energy Corp	Corporate bond, maturity date 08/15/2032, 4.500%, \$190,000	176,250	184,226
	Energy Transfer Operating LP	Corporate bond, maturity date 02/01/2042, 6.500%, \$101,000	118,624	106,971
	Energy Transfer Operating LP	Corporate bond, maturity date 01/15/2026, 4.750%, \$120,000	116,821	119,242
	Enterprise Products Operating LLC	Corporate bond, maturity date 10/15/2039, 6.125%, \$135,000	174,035	147,764
	Equinor ASA	Corporate bond, maturity date 05/22/2030, 2.375%, \$90,000	91,978	80,486
	Eversource Energy	Corporate bond, maturity date 01/15/2050, 3.450%, \$95,000	104,230	68,721
	Extra Space Storage LP	Corporate bond, maturity date 12/15/2027, 3.875%, \$340,000	346,194	324,809
	Exxon Mobil Corp	Corporate bond, maturity date 03/01/2026, 3.043%, \$311,000	321,081	302,192
	Exxon Mobil Corp	Corporate bond, maturity date 08/16/2029, 2.440%, \$235,000	207,157	214,017
	Exxon Mobil Corp	Corporate bond, maturity date 03/01/2046, 4.114%, \$143,000	164,060	127,932

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	Fedex Corp	Corporate bond, maturity date 05/15/2050, 5.250%, \$70,000	95,777	69,951
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 09/01/2052, 5.000%, \$540,000	442,798	484,300
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 01/01/2053, 5.500%, \$485,000	417,375	448,400
	General Motors Financial Co Inc	Corporate bond, maturity date 06/21/2030, 3.600%, \$195,000	180,540	177,239
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 05/22/2045, 5.150%, \$95,000	114,480	92,145
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 04/22/2042, 3.210%, \$75,000	58,438	57,624
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 02/24/2028, 2.640%, \$380,000	341,544	352,050
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 10/01/2037, 6.750%, \$145,000	192,317	159,997
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 10/21/2032, 2.650%, \$674,000	541,697	562,568
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 03/09/2027, 1.431%, \$250,000	223,425	230,550
	HCA Inc	Corporate bond, maturity date 02/15/2027, 4.500%, \$105,000	100,636	103,622
	HCA Inc	Corporate bond, maturity date 06/15/2047, 5.500%, \$103,000	122,684	99,352
	HCP Inc	Corporate bond, maturity date 02/01/2041 6.750%, \$53,000	72,185	59,383
	Healthcare Trust of America	Corporate bond, maturity date 07/01/2027, 3.750%, \$180,000	190,609	170,300
	Hewlett Packard Enterprise Co	Corporate bond, maturity date 10/15/2045, 6.350%, \$135,000	181,575	146,063
	Home Depot Inc	Corporate bond, maturity date 04/01/2041, 5.950%, \$95,000	128,948	106,519
	John Deere Capital Corp	Corporate bond, maturity date 09/08/2025, 4.050%, \$140,000	137,936	138,719
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 07/24/2038, 3.882%, \$220,000	188,716	195,818
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 03/13/2026, 2.005%, \$270,000	261,861	259,438
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 04/22/2026, 2.083%, \$345,000	350,596	330,513
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 02/04/2032, 1.953%, \$360,000	269,023	293,130
	JPMorgan Chase & Co	Corporate bond, maturity date 05/15/2038, 6.400%, \$175,000	236,561	200,937
	Kimco Realty Corp	Corporate bond, maturity date 09/01/2047, 4.450%, \$83,000	91,434	68,771
	Kimco Realty Corp	Corporate bond, maturity date 10/01/2049, 3.700%, \$77,000	75,450	57,786
	Kimco Realty Corp	Corporate bond, maturity date 02/01/2033, 4.600%, \$180,000	167,215	173,938

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	Merck & Co Inc	Corporate bond, maturity date 02/10/2045, 3.700%, \$90,000	98,802	76,766
	Merck & Co Inc	Corporate bond, maturity date 12/10/2051, 2.750%, \$75,000	65,762	51,790
	Meta Platforms Inc.	Corporate bond, maturity date 08/15/2027, 3.50%, \$145,000	138,289	141,314
	Meta Platforms Inc.	Corporate bond, maturity date 05/15/2053, 5.600%, \$65,000	58,410	70,791
	Metlife Inc	Corporate bond, maturity date 06/15/2035, 5.700%, \$75,000	77,810	80,790
	Microsoft Corp	Corporate bond, maturity date 06/01/2060, 2.675%, \$128,000	124,202	85,766
	Microsoft Corp	Corporate bond, maturity date 08/08/2026, 2.400%, \$340,000	315,078	324,006
	Microsoft Corp	Corporate bond, maturity date 11/03/2025, 3.125%, \$70,000	67,972	68,347
	Microsoft Corp	Corporate bond, maturity date 11/03/2035, 4.200%, \$14,000	14,045	14,070
	Moody's Corp	Corporate bond, maturity date 11/29/2061, 3.100%, \$135,000	134,722	91,160
	Mylan NV SR GLBL NT	Corporate bond, maturity date 6/15/2026, 3.950%, \$50,000	53,038	48,335
	Mylan NV	Corporate bond, maturity date 6/15/2046, 5.250%, \$135,000	143,354	112,797
	National Rural Utilities Coop Finance Corp	Corporate bond, maturity date 03/15/2049, 4.300%, \$110,000	140,952	95,712
	National Rural Utilities Coop Finance Corp	Corporate bond, maturity date 02/07/2025, 1.875%, \$185,000	173,316	178,619
	New York and Presbyterian Hospital/THE	Corporate bond, maturity date 08/01/2116, 4.763%, \$50,000	59,723	44,189
	Norfolk Southern Corp	Corporate bond, maturity date 05/15/2121, 4.100%, \$80,000	81,400	60,566
	Northern Trust Corp	Corporate bond, maturity date 11/02/2032, 6.125%, \$195,000	195,827	209,769
	Northern Trust Corp	Corporate bond, maturity date 10/30/2025, 3.950%, \$370,000	357,109	363,658
	Nvidia Corp	Corporate bond, maturity date 04/01/2050, 3.500%, \$125,000	148,462	104,750
	Nvidia Corp	Corporate bond, maturity date 04/01/2030, 2.850%, \$200,000	179,390	185,266
	NYU Hospitals Center	Corporate bond, maturity date 07/01/2047, 4.368%, \$180,000	206,363	164,012
	Oracle Corp	Corporate bond, maturity date 04/01/2030, 2.950%, \$390,000	408,497	352,291
	Oracle Corp	Corporate bond, maturity date 04/01/2050, 3.600%, \$77,000	76,783	57,283
	Oracle Corp	Corporate bond, maturity date 07/15/2040, 5.375%, \$65,000	80,644	64,058
	PepsiCo Inc	Corporate bond, maturity date 04/14/2046, 4.450%, \$85,000	103,340	81,783

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	PG&E Energy Recovery FND	Corporate bond, maturity date 07/15/2046, 2.822%, \$129,000	114,695	93,032
	Philip Morris International Inc	Corporate bond, maturity date 11/10/2044, 4.250%, \$65,000	64,168	55,795
	Piedmont Natural Gas Co	Corporate bond, maturity date 05/15/2052, 5.050%, \$150,000	118,854	139,719
	PNC Financial Services Group	Corporate bond, maturity date 04/23/2029, 3.450%, \$275,000	255,244	260,436
	Primerica Inc	Corporate bond, maturity date 11/19/2031, 2.800%, \$160,000	159,280	135,651
	Prudential Financial Inc	Corporate bond, maturity date 12/07/2049, 3.935%, \$100,000	79,714	82,617
	Prudential Financial Inc	Corporate bond, maturity date 12/07/2047, 3.905%, \$134,000	154,093	109,848
	Puget Sound Energy Inc	Corporate bond, maturity date 09/15/2051, 2.893%, \$65,000	63,606	43,323
	Raymond James Financial Inc	Corporate bond, maturity date 07/15/2046, 4.950%, \$155,000	184,769	145,269
	Rio Tinto Finance USA Ltd	Corporate bond, maturity date 11/02/2051, 2.750%, \$225,000	222,545	154,467
	Sabine Pass Liquefaction LLC	Corporate bond, maturity date 06/30/2026, 5.875%, \$290,000	288,016	295,290
	Santander UK PLC	Corporate bond, maturity date 03/13/2024, 4.000%, \$310,000	312,048	308,884
	Schlumber Finance Canada Ltd	Corporate bond, maturity date 09/17/2025, 1.400%, \$245,000	246,888	232,326
	Schwab Charles Corp	Corporate bond, maturity date 05/19/2034, 5.853%, \$85,000	85,372	87,863
	Selective Insurance Group Inc	Corporate bond, maturity date 03/01/2049, 5.375%, \$195,000	228,632	187,713
	Sempra Energy	Corporate bond, maturity date 02/01/2048, 4.000%, \$220,000	217,850	181,491
	Shell International Finance BV	Corporate bond, maturity date 08/21/2042, 3.625%, \$75,000	79,420	63,593
	Simon Property Group LP	Corporate bond, maturity date 01/15/2054, 6.650%, \$75,000	74,924	88,684
	Southern Co/THE	Corporate bond, maturity date 07/01/2046, 4.400%, \$113,000	126,223	99,808
	Southwest Airlines Co	Corporate bond, maturity date 06/15/2027, 5.125%, \$115,000	114,578	115,575
	Southern California Edison Co	Corporate bond, maturity date 03/01/2048, 4.125%, \$65,000	71,337	54,795
	SouthWestern Electric Power Co	Corporate bond, maturity date 11/01/2051, 3.250%, \$65,000	67,291	44,000
	Spirit Realty LP	Corporate bond, maturity date 01/15/2030, 3.400%, \$205,000	205,156	186,901
	Statoil ASA	Corporate bond, maturity date 05/15/2043, 3.950%, \$81,000	90,055	71,535
	Sysco Corp	Corporate bond, maturity date 04/01/2050, 6.600%, \$227,000	326,602	267,436

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	T-Mobile USA Inc	Corporate bond, maturity date 02/15/2026, 2.250%, \$170,000	155,371	161,082
	Target Corp	Corporate bond, maturity date 04/15/2029, 3.375%, \$145,000	135,585	139,668
	Toronto Dominion Bank	Corporate bond, maturity date 01/09/2026, 5.103%, \$225,000	226,020	226,622
	Toyota Motor Credit Corp	Corporate bond, maturity date 09/20/2027, 4.550%, \$255,000	252,946	257,155
	Truist Financial Corp FXD	Corporate bond, maturity date 07/28/2026, 4.260%, \$230,000	230,188	225,269
	United Parcel Service Inc	Corporate bond, maturity date 03/03/2053, 5.500%, \$100,000	100,118	104,041
	United Parcel Service Inc	Corporate bond, maturity date 04/01/2050, 5.300%, \$115,000	129,607	123,005
	Unitedhealth Group Inc	Corporate bond, maturity date 07/15/2045, 4.750%, \$162,000	215,054	157,851
	Unitedhealth Group Inc	Corporate bond, maturity date 03/15/2036, 5.800%, \$65,000	89,024	71,170
	United Technologies Corp	Corporate bond, maturity date 11/16/2028, 4.125%, \$235,000	225,721	229,710
	US Bancorp FXD	Corporate bond, maturity date 11/03/2036, 2.490%, \$485,000	436,670	376,898
	Valero Energy Corp	Corporate bond, maturity date 06/15/2037, 6.625%, \$90,000	113,436	98,888
	Virginia Electric and Power Co	Corporate bond, maturity date 11/15/2051, 2.950%, \$100,000	101,740	68,308
	Visa Inc	Corporate bond, maturity date 12/14/2025, 3.150%, \$85,000	81,812	82,952
	VMWare Inc	Corporate bond, maturity date 08/21/2027, 3.900%, \$195,000	203,681	188,844
	Walmart Inc	Corporate bond, maturity date 09/09/2052, 4.500%, \$90,000	79,774	87,887
	Walt Disney Co/The	Corporate bond, maturity date 01/13/2031, 2.650%, \$205,000	189,775	182,676
	Wells Fargo & Co	Corporate bond, maturity date 11/17/2045, 4.900%, \$275,000	336,640	250,817
	Wells Fargo & Co	Corporate bond, maturity date 06/02/2028, 2.393%, \$570,000	577,677	522,422
	Wesleyan University	Corporate bond, maturity date 07/01/2116, 4.781%, \$100,000	126,732	85,553
	Wyeth LLC	Corporate bond, maturity date 04/01/2037, 5.950%, \$85,000	94,252	93,755
	XCEL Energy Inc	Corporate bond, maturity date 12/01/2049, 3.500%, \$60,000	67,039	44,387
			<u>\$ 29,700,169</u>	<u>26,875,753</u>

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Municipal Bonds</u>				
	Colorado Health Facs Auth Revenue bond	Municipal bond, maturity date 11/01/2044, 3.796%, \$125,000	125,141	99,569
	New Jersey Transn Auth Revenue bond	Municipal bond, maturity date 12/15/2040, 6.561%, \$40,000	57,609	45,121
			<u>\$ 182,750</u>	<u>144,690</u>
<u>Government Bonds</u>				
	U.S. Treasury	U.S. Treasury Note, maturity date 05/15/2040, 1.125%, \$1,005,000	675,474	650,426
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2050, 1.625%, \$1,795,000	1,299,649	1,075,313
	U.S. Treasury	U.S. Treasury Note, maturity date 02/15/2052, 2.250%, \$2,785,000	1,830,895	1,940,699
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2026, 4.625%, \$945,000	956,417	960,356
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2032, 4.125%, \$335,000	320,898	341,164
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2031, 1.375%, \$1,685,000	1,371,380	1,401,516
	U.S. Treasury	U.S. Treasury Note, maturity date 08/15/2027, 2.250%, \$955,000	891,275	901,319
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 08/15/2049, 0.000%, \$1,790,000	669,291	628,737
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 05/15/2050, 0.000%, \$550,000	152,830	189,321
			<u>\$ 8,168,109</u>	<u>8,088,851</u>
			<u>\$ 41,050,967</u>	<u>42,707,434</u>

* Indicates party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan No. 001

Employer Identification No. 16-1492011

Year ended December 31, 2023

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Series of Security Transactions in Excess of 5% of Plan Assets</u>								
U.S. Treasury	U.S. Treasury Bond, maturity date 08/15/2027, 2.250%, \$955,000	\$ 1,595,390	678,639	-	-	2,299,506	2,274,029	(25,477)
U.S. Treasury	U.S. Treasury Bond, maturity date 11/15/2031, 1.375%, \$1,685,000	1,162,713	1,431,224	-	-	954,046	2,593,937	1,639,891
U.S. Treasury	U.S. Treasury Bond, maturity date 02/15/2052, 2.250%, \$2,785,000	2,085,205	967,322	-	-	2,339,514	3,052,527	713,013

See accompanying independent auditor's report.

Oneida Healthcare Center Pension Plan
Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/PN: 16-1492011/001

Attained Age	Years of Credited Service										Summary
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	6	1	0	0	0	0	0	0	0	7
40 to 44	0	6	6	3	1	0	0	0	0	0	16
45 to 49	0	5	8	6	1	1	0	0	0	0	21
50 to 54	0	9	6	6	1	2	0	0	0	0	24
55 to 59	0	13	8	25	4	3	0	0	0	0	53
60 to 64	0	1	5	11	6	2	0	0	0	0	25
65 to 69	0	1	1	1	3	0	0	0	0	0	6
70 & up	0	0	0	0	1	0	0	0	0	0	1
Total	0	41	35	52	17	8	0	0	0	0	153

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2023

Demographic Information: The demographic information was provided as of January 1, 2023 by Oneida Health Systems, Inc. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Anticipated Rate of Return on Plan Assets: 5.00%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The September 2022 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Oneida Health Systems, Inc. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	4.75%
Segment 2	5.00%
Segment 3	5.74%

Effective Interest Rate
5.22%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Oneida Healthcare Center Pension Plan

EIN/PN: 16-1492011/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Interest Rates used to determine Maximum Recommended Contribution: Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv).

Segment	Interest Rate
Segment 1	1.41%
Segment 2	3.09%
Segment 3	3.58%

Effective Interest Rate
3.19%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Rate of Compensation Increase: Not applicable, as accruals ceased as of February 1, 2017.

Mortality for Healthy Lives:

Base mortality table: The sex distinct RP-2014 mortality tables for employees and healthy annuitants, adjusted backward to 2006 with Scale MP-2014.

Mortality improvements: The base mortality table is adjusted by projecting mortality improvements using Scale MP-2021 from the year 2006 through 2023, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

Oneida Healthcare Center Pension Plan

EIN/PN: 16-1492011/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Retirement Incidence: Rates of retirement for Active participants are assumed between ages 55-70 and were determined based on the October 2016 experience study using valuation data from January 1, 2011 through January 1, 2016. Further experience is not expected to deviate significantly from these results. The rates are illustrated below:

Age	Percentage
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	10.00%
60	15.00%
61	10.00%
62	40.00%
63	10.00%
64	10.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70	100.00%

Retirement for Terminated Vested participants is assumed to commence at age 62 or attained age, if older.

Turnover: Rates of turnover are based on a 100% of the 2003 SOA Small Plan Table. Rates of turnover were determined based on the October 2016 experience study using valuation data from January 1, 2011 through January 1, 2016. Future experience is not expected to deviate significantly from these results. Illustrative results are shown below:

Age	Percentage
25	19.50%
30	15.50%
35	12.10%
40	9.40%
45	7.30%
50	5.60%
55	4.20%
60	3.00%

Disability: Rates of disability were not assumed in the valuation because the Plan does not have additional disability benefits.

Oneida Healthcare Center Pension Plan

EIN/PN: 16-1492011/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

Spouse Assumptions: 100% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant. This assumption was based on national averages.

Form of Benefit: Current employees who made an election to cease accruals under the Plan in 2008 or 2009 are assumed to receive an immediate lump sum upon termination or death. Upon retirement, 50% of these participants are assumed to receive an immediate lump sum and 50% are assumed to receive a monthly life annuity. All other participants are assumed to receive a monthly life annuity at retirement.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 5.00%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Mortality: The sex-distinct Amount-Weighted Blue Collar Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2019 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Assumptions used to Convert Annuities to Actuarially Equivalent Lump Sum Amounts: The segment interest rates in the table below. This assumption was selected based on the applicable segment rates under IRC Section 417(e) for the plan year beginning on the valuation date.

Segment	Interest Rate
Segment 1	5.09%
Segment 2	5.60%
Segment 3	5.41%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Mortality used to Convert Annuities to Actuarially Equivalent Lump Sum Amounts: The applicable mortality table for the determination of present values under IRC Section 417(e)(3)(B) in 2023. This table is a 50/50 blend of male and female rates from the 2023 sex distinct optional combined mortality tables, as prescribed under IRC Section 430. This assumption is applicable for the 2023 plan year and was updated based on a review of published mortality tables.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan No. 001

Employer Identification No. 16-1492011

Year ended December 31, 2023

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Series of Security Transactions in Excess of 5% of Plan Assets</u>								
U.S. Treasury	U.S. Treasury Bond, maturity date 08/15/2027, 2.250%, \$955,000	\$ 1,595,390	678,639	-	-	2,299,506	2,274,029	(25,477)
U.S. Treasury	U.S. Treasury Bond, maturity date 11/15/2031, 1.375%, \$1,685,000	1,162,713	1,431,224	-	-	954,046	2,593,937	1,639,891
U.S. Treasury	U.S. Treasury Bond, maturity date 02/15/2052, 2.250%, \$2,785,000	2,085,205	967,322	-	-	2,339,514	3,052,527	713,013

See accompanying independent auditor's report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>ONEIDA HEALTHCARE CENTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ONEIDA HEALTH SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>16-1492011</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	<u>41,554,599</u>	
b Actuarial value	2b	<u>45,710,058</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>270</u>	<u>26,025,109</u>	<u>26,025,109</u>
b For terminated vested participants.....	<u>144</u>	<u>6,545,674</u>	<u>6,545,674</u>
c For active participants.....	<u>153</u>	<u>7,719,333</u>	<u>7,738,046</u>
d Total	<u>567</u>	<u>40,290,116</u>	<u>40,308,829</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	<u>5.22%</u>	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>1,000</u>	
c Target normal cost.....	6c	<u>1,000</u>	

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

SIGN HERE	<u>William H. Stuart</u> Signature of actuary	<u>08/31/2024</u> Date
	<u>William H. Stuart, A.S.A., E.A.</u> Type or print name of actuary	<u>2306801</u> Most recent enrollment number
	<u>BPAS Actuarial & Pension Services</u> Firm name	<u>315-703-8985</u> Telephone number (including area code)
	<u>706 N. Clinton Street Suite 200</u> <u>SYRACUSE NY 13204</u> Address of the firm	

(b) Prefunding balance

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1,000	
b Excess assets, if applicable, but not greater than line 31a	31b	1,000	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years.....		40	0

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

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

Oneida Healthcare Center Pension Plan
Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/PN: 16-1492011/001

Attained Age	Years of Credited Service										Summary
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	6	1	0	0	0	0	0	0	0	7
40 to 44	0	6	6	3	1	0	0	0	0	0	16
45 to 49	0	5	8	6	1	1	0	0	0	0	21
50 to 54	0	9	6	6	1	2	0	0	0	0	24
55 to 59	0	13	8	25	4	3	0	0	0	0	53
60 to 64	0	1	5	11	6	2	0	0	0	0	25
65 to 69	0	1	1	1	3	0	0	0	0	0	6
70 & up	0	0	0	0	1	0	0	0	0	0	1
Total	0	41	35	52	17	8	0	0	0	0	153

Oneida Healthcare Center Pension Plan
EIN/PN: 16-1492011/001
Schedule SB, Part V – Summary of Plan Provisions

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: Oneida Health Systems, Inc.
EIN/PN: 16-1492011/001

Effective Date of the Plan

The Plan became effective as of January 1, 1996.

Plan Entry

All eligible employees employed on December 31, 1995 immediately enter the Plan as 100% vested on January 1, 1996. Otherwise, an eligible employee becomes a plan participant upon the January 1 of the plan year in which one year of service is attained. **The Plan was frozen to new participants as of January 1, 2008.**

Normal Retirement

Eligibility - Age 65.

Amount of Benefit - The sum of 1.66% of average monthly compensation for each year of service.

Note: No service prior to January 1, 1996 was used for benefit accruals.

Participants making a one-time irrevocable election to opt out of the Plan effective either January 1, 2008 or January 1, 2009 shall have their benefits frozen as of that date and will accrue future benefits under the Oneida Health Systems, Inc. 403(b) Plan.

Effective February 1, 2015, all non-union participants shall have their benefits frozen and will accrue future benefits under the Oneida Health Systems, Inc. 403(b) Plan.

Effective February 1, 2017, all union participants shall have their benefits frozen and will accrue future benefits under the Oneida Health Systems, Inc. 403(b) Plan.

Early Retirement

For employees that became plan participants on January 1, 1996, they are eligible for early retirement at age 55. Otherwise, a participant is eligible upon attainment of age 55 and completion of 5 years of service.

Amount of Benefit - Accrued Benefit reduced by one-half of 1% for each month retirement precedes age 62.

Deferred Retirement

Members can postpone retirement beyond age 65 without the employer's consent, in which case the member's benefit is calculated as for normal retirement, actuarially increased to actual retirement date.

Average Monthly Compensation

In a plan year in which a participant works enough hours to earn a year of service, average monthly compensation equals compensation for the plan year divided by the months worked in that plan year.

Compensation shall mean total compensation earned in a plan year excluding longevity and educational bonuses and including amounts deferred from taxation under code sections 125, 402(e)(3), 402(h)(1)(B), 403(b) and 457.

Disability

Eligibility - Total and permanent disability, and the participant's disability continues for 6 consecutive months and employment ceases.

Amount of Benefit - Accrued benefit as of date of disability, payable upon the participant's attainment of normal retirement age. A reduced benefit may be elected at an early retirement date.

Benefits Upon Termination of Employment

Eligibility - For employees that became plan participants on January 1, 1996, they are immediately 100% vested. Otherwise, a participant is 100% vested upon completion of 5 years of service.

Amount of Benefit - Accrued benefit payable for life, commencing at normal retirement date, or in a reduced amount at an early retirement date.

Form of Benefits at Retirement

Normal form of benefits is life annuity, subject to Qualified Joint and Survivor Annuity requirements applicable to married members.

At retirement a member's benefit will be paid in the form of a reduced joint and 50% survivor optional benefit with his spouse as contingent annuitant unless elected otherwise by the member.

Optional forms available at retirement include various contingent annuitant options, and are provided on the following actuarially equivalent basis:

Interest -	7.00% per annum.
Mortality -	1984 Unisex Pension Mortality Table, adjusted to reflect an 80% female/20% male population mix.

Oneida Healthcare Center Pension Plan
EIN/PN: 16-1492011/001
Schedule SB, Part V – Summary of Plan Provisions

Benefits Payable in the Form of a Single Sum Distribution:

Interest -	Interest rates mandated by the IRS as of November 1 of the year preceding the calendar year during which distribution is made.
Mortality -	The prevailing applicable mortality table for the determination of present values under IRC Section 417(e)(3)(B).

Death Benefits

Pre-Retirement - a life annuity is payable to the surviving spouse of a member whose death occurs after becoming vested, but prior to retirement. The amount payable to the surviving spouse is 50% of the member's accrued benefit reduced for early retirement and joint and survivor option election. Benefits commence at the earliest date the member could have retired, had he survived, under the Plan.

Participants making a one-time irrevocable election to opt out of the Plan effective either January 1, 2008 or January 1, 2009 shall have the present value of their vested accrued benefit paid to their surviving spouse, or if the participant is not married, their designated beneficiary.

Post-Retirement - None other than the benefit available under a selected optional form.

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds</u>				
	Abbot Laboratories	Corporate bond, maturity date 11/30/2046, 4.900%, \$70,000	94,004	71,798
	Abbvie Inc	Corporate bond, maturity date 05/14/2025, 3.600%, \$275,000	266,909	269,891
	Aflac Inc	Corporate bond, maturity date 01/15/2049, 4.750%, \$170,000	225,767	160,208
	Air Lease Corp	Corporate bond, maturity date 10/01/2029, 3.250%, \$440,000	444,694	397,976
	Amazon.com Inc	Corporate bond, maturity date 08/22/2047, 4.050%, \$110,000	127,656	99,572
	Amazon.com Inc	Corporate bond, maturity date 04/13/2052, 3.950%, \$190,000	176,003	167,006
	American Electric Power	Corporate bond, maturity date 03/01/2033, 5.625%, \$165,000	164,332	172,250
	American Water Capital Corp	Corporate bond, maturity date 09/01/2047, 3.750%, \$214,000	227,113	175,399
	Amgen Inc	Corporate bond, maturity date 05/01/2045, 4.400%, \$180,000	200,640	160,274
	Anheuser-Busch Inbev Worldwide Inc	Corporate bond, maturity date 02/01/2036, 4.700%, \$155,000	151,308	155,095
	Anthem Inc	Corporate bond, maturity date 12/01/2047, 4.375%, \$102,000	109,989	91,225
	Apple Inc	Corporate bond, maturity date 05/04/2043, 3.850%, \$185,000	203,337	165,272
	Apple Inc	Corporate bond, maturity date 08/04/2046, 3.850%, \$228,000	269,142	198,832
	Atmos Energy Corp	Corporate bond, maturity date 10/15/2044, 4.125%, \$135,000	142,128	119,899
	Atmos Energy Corp	Corporate bond, maturity date 10/01/2048, 4.300%, \$145,000	168,423	129,668
	Bank of America Corp FXD	Corporate bond, maturity date 04/23/2040, 4.078%, \$165,000	142,595	144,502
	Bank of America Corp FXD	Corporate bond, maturity date 01/20/2028, 3.824%, \$70,000	75,612	67,298
	Bank of America Corp	Corporate bond, maturity date 06/19/2041, 2.676%, \$180,000	121,448	129,344
	Bank of America Corp FXD	Corporate bond, maturity date 12/20/2028, 3.419%, \$419,000	448,062	394,509
	Bank of America Corp FXD	Corporate bond, maturity date 03/20/2051, 4.083%, \$120,000	139,519	101,435
	Bank of America Corp FXD	Corporate bond, maturity date 07/21/2032, 2.299%, \$220,000	174,467	179,870
	BNY Mellon Corp FXD	Corporate bond, maturity date 10/25/2028, 5.802%, \$350,000	358,322	363,104
	Berkshire Hathaway Fin Corp	Corporate bond, maturity date 05/15/2042, 4.400%, \$140,000	168,180	135,260
	Berkshire Hathaway Fin Corp	Corporate bond, maturity date 03/15/2052, 3.850%, \$85,000	66,419	71,447
	Berkshire Hathaway Energy Co	Corporate bond, maturity date 07/15/2048, 3.800%, \$225,000	244,890	177,626

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	BHP Billiton Finance USA Ltd	Corporate bond, maturity date 09/30/2043, 5.000%, \$100,000	126,008	101,109
	Boeing Co	Corporate bond, maturity date 02/24/2026, 2.196%, \$190,000	172,794	179,590
	BP Capital Markets America Inc	Corporate bond, maturity date 02/08/2061, 3.379%, \$350,000	352,946	254,702
	Bristol-Myers Squibb Co	Corporate bond, maturity date 03/15/2052, 3.700%, \$130,000	115,794	102,588
	Bristol-Myers Squibb Co	Corporate bond, maturity date 10/26/2049, 4.250%, \$115,000	121,139	100,173
	Broadcom Inc	Corporate bond, maturity date 11/15/2030, 4.150%, \$105,000	112,181	100,439
	Burlington Northern Santa Fe LLC	Corporate bond, maturity date 05/01/2040, 5.750%, \$136,000	175,629	148,405
	California Institute of Technology	Corporate bond, maturity date 09/01/2119, 3.650%, \$45,000	44,886	32,223
	Capital One Financial Corp FXD	Corporate bond, maturity date 07/26/2030, 5.247%, \$265,000	266,905	260,866
	Capital One Financial Corp FXD	Corporate bond, maturity date 11/02/2027, 1.878%, \$295,000	254,440	265,473
	Caterpillar Financial Services Corp	Corporate bond, maturity date 05/13/2025, 3.400%, \$140,000	136,164	137,633
	Caterpillar Inc	Corporate bond, maturity date 09/19/2049, 3.250%, \$155,000	147,013	122,962
	Centerpoint Energy Houston Electric LLC	Corporate bond, maturity date 03/01/2048, 3.950%, \$118,000	134,994	100,534
	Citigroup Inc	Corporate bond, maturity date 01/30/2042, 5.875%, \$105,000	147,366	111,780
	Citigroup Inc	Corporate bond, maturity date 03/09/2026, 4.600%, \$30,000	31,938	29,625
	Citigroup Inc	Corporate bond, maturity date 05/01/2025, 0.000%, \$245,000	228,029	240,855
	Citigroup Inc	Corporate bond, maturity date 05/18/2046, 4.750%, \$95,000	80,017	85,276
	Citigroup Inc FXD	Corporate bond, maturity date 01/29/2031, 2.666%, \$240,000	207,818	208,488
	Citigroup Inc FXD	Corporate bond, maturity date 01/28/2027, 1.122%, \$210,000	182,587	193,011
	Cleveland Clinic Foundation/THE	Corporate bond, maturity date 01/01/2114, 4.858%, \$90,000	115,270	84,963
	CNO Financial Group Inc	Corporate bond, maturity date 05/30/2029, 5.250%, \$190,000	211,225	187,683
	Comcast Corp	Corporate bond, maturity date 03/01/2044, 4.750%, \$175,000	207,343	166,240
	Comcast Corp	Corporate bond, maturity date 10/15/2038, 4.600%, \$180,000	219,063	174,521
	Comcast Corp	Corporate bond, maturity date 01/15/2031, 1.950%, \$200,000	160,312	168,982
	Comcast Corp	Corporate bond, maturity date 10/15/2030, 4.250%, \$80,000	92,323	78,963

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	Comcast Corp	Corporate bond, maturity date 05/15/2064, 5.500%, \$95,000	96,009	100,414
	Commonwealth Edison Co	Corporate bond, maturity date 03/01/2050, 3.000%, \$125,000	130,981	91,099
	Concophillips	Corporate bond, maturity date 02/01/2039, 6.500%, \$68,000	93,666	78,825
	Consolidated Edison Co of New York Inc	Corporate bond, maturity date 11/15/2052, 6.150%, \$90,000	103,142	102,260
	Consolidated Edison Co of New York Inc	Corporate bond, maturity date 04/01/2030, 3.350%, \$350,000	365,471	326,694
	Corporate Office Properties LP	Corporate bond, maturity date 04/15/2031, 2.750%, \$225,000	208,924	181,780
	CSX Corp	Corporate bond, maturity date 03/01/2043, 4.400%, \$75,000	83,420	68,557
	Dell International LLC/EMC Corp	Corporate bond, maturity date 07/15/2046, 8.350%, \$50,000	80,506	65,923
	Dignity Health	Corporate bond, maturity date 11/01/2064, 5.267%, \$70,000	81,355	64,964
	Dominion Energy Inc	Corporate bond, maturity date 08/01/2041, 4.900%, \$135,000	155,597	125,053
	DTE Electric Co	Corporate bond, maturity date 08/15/2047, 3.750%, \$155,000	167,975	124,146
	DTE Electric Co	Corporate bond, maturity date 11/01/2024, 4.220%, \$170,000	166,892	168,011
	DTE Electric Co	Corporate bond, maturity date 06/01/2028, 4.875%, \$140,000	136,871	141,161
	Duke Energy Carolinas LLC	Corporate bond, maturity date 08/15/2049, 3.200%, \$140,000	157,344	102,011
	Duke Energy Carolinas LLC	Corporate bond, maturity date 04/15/2038, 6.050%, \$65,000	89,111	70,639
	Duke Energy Corp	Corporate bond, maturity date 08/15/2032, 4.500%, \$190,000	176,250	184,226
	Energy Transfer Operating LP	Corporate bond, maturity date 02/01/2042, 6.500%, \$101,000	118,624	106,971
	Energy Transfer Operating LP	Corporate bond, maturity date 01/15/2026, 4.750%, \$120,000	116,821	119,242
	Enterprise Products Operating LLC	Corporate bond, maturity date 10/15/2039, 6.125%, \$135,000	174,035	147,764
	Equinor ASA	Corporate bond, maturity date 05/22/2030, 2.375%, \$90,000	91,978	80,486
	Eversource Energy	Corporate bond, maturity date 01/15/2050, 3.450%, \$95,000	104,230	68,721
	Extra Space Storage LP	Corporate bond, maturity date 12/15/2027, 3.875%, \$340,000	346,194	324,809
	Exxon Mobil Corp	Corporate bond, maturity date 03/01/2026, 3.043%, \$311,000	321,081	302,192
	Exxon Mobil Corp	Corporate bond, maturity date 08/16/2029, 2.440%, \$235,000	207,157	214,017
	Exxon Mobil Corp	Corporate bond, maturity date 03/01/2046, 4.114%, \$143,000	164,060	127,932

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	Fedex Corp	Corporate bond, maturity date 05/15/2050, 5.250%, \$70,000	95,777	69,951
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 09/01/2052, 5.000%, \$540,000	442,798	484,300
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 01/01/2053, 5.500%, \$485,000	417,375	448,400
	General Motors Financial Co Inc	Corporate bond, maturity date 06/21/2030, 3.600%, \$195,000	180,540	177,239
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 05/22/2045, 5.150%, \$95,000	114,480	92,145
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 04/22/2042, 3.210%, \$75,000	58,438	57,624
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 02/24/2028, 2.640%, \$380,000	341,544	352,050
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 10/01/2037, 6.750%, \$145,000	192,317	159,997
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 10/21/2032, 2.650%, \$674,000	541,697	562,568
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 03/09/2027, 1.431%, \$250,000	223,425	230,550
	HCA Inc	Corporate bond, maturity date 02/15/2027, 4.500%, \$105,000	100,636	103,622
	HCA Inc	Corporate bond, maturity date 06/15/2047, 5.500%, \$103,000	122,684	99,352
	HCP Inc	Corporate bond, maturity date 02/01/2041 6.750%, \$53,000	72,185	59,383
	Healthcare Trust of America	Corporate bond, maturity date 07/01/2027, 3.750%, \$180,000	190,609	170,300
	Hewlett Packard Enterprise Co	Corporate bond, maturity date 10/15/2045, 6.350%, \$135,000	181,575	146,063
	Home Depot Inc	Corporate bond, maturity date 04/01/2041, 5.950%, \$95,000	128,948	106,519
	John Deere Capital Corp	Corporate bond, maturity date 09/08/2025, 4.050%, \$140,000	137,936	138,719
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 07/24/2038, 3.882%, \$220,000	188,716	195,818
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 03/13/2026, 2.005%, \$270,000	261,861	259,438
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 04/22/2026, 2.083%, \$345,000	350,596	330,513
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 02/04/2032, 1.953%, \$360,000	269,023	293,130
	JPMorgan Chase & Co	Corporate bond, maturity date 05/15/2038, 6.400%, \$175,000	236,561	200,937
	Kimco Realty Corp	Corporate bond, maturity date 09/01/2047, 4.450%, \$83,000	91,434	68,771
	Kimco Realty Corp	Corporate bond, maturity date 10/01/2049, 3.700%, \$77,000	75,450	57,786
	Kimco Realty Corp	Corporate bond, maturity date 02/01/2033, 4.600%, \$180,000	167,215	173,938

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	Merck & Co Inc	Corporate bond, maturity date 02/10/2045, 3.700%, \$90,000	98,802	76,766
	Merck & Co Inc	Corporate bond, maturity date 12/10/2051, 2.750%, \$75,000	65,762	51,790
	Meta Platforms Inc.	Corporate bond, maturity date 08/15/2027, 3.50%, \$145,000	138,289	141,314
	Meta Platforms Inc.	Corporate bond, maturity date 05/15/2053, 5.600%, \$65,000	58,410	70,791
	Metlife Inc	Corporate bond, maturity date 06/15/2035, 5.700%, \$75,000	77,810	80,790
	Microsoft Corp	Corporate bond, maturity date 06/01/2060, 2.675%, \$128,000	124,202	85,766
	Microsoft Corp	Corporate bond, maturity date 08/08/2026, 2.400%, \$340,000	315,078	324,006
	Microsoft Corp	Corporate bond, maturity date 11/03/2025, 3.125%, \$70,000	67,972	68,347
	Microsoft Corp	Corporate bond, maturity date 11/03/2035, 4.200%, \$14,000	14,045	14,070
	Moody's Corp	Corporate bond, maturity date 11/29/2061, 3.100%, \$135,000	134,722	91,160
	Mylan NV SR GLBL NT	Corporate bond, maturity date 6/15/2026, 3.950%, \$50,000	53,038	48,335
	Mylan NV	Corporate bond, maturity date 6/15/2046, 5.250%, \$135,000	143,354	112,797
	National Rural Utilities Coop Finance Corp	Corporate bond, maturity date 03/15/2049, 4.300%, \$110,000	140,952	95,712
	National Rural Utilities Coop Finance Corp	Corporate bond, maturity date 02/07/2025, 1.875%, \$185,000	173,316	178,619
	New York and Presbyterian Hospital/THE	Corporate bond, maturity date 08/01/2116, 4.763%, \$50,000	59,723	44,189
	Norfolk Southern Corp	Corporate bond, maturity date 05/15/2121, 4.100%, \$80,000	81,400	60,566
	Northern Trust Corp	Corporate bond, maturity date 11/02/2032, 6.125%, \$195,000	195,827	209,769
	Northern Trust Corp	Corporate bond, maturity date 10/30/2025, 3.950%, \$370,000	357,109	363,658
	Nvidia Corp	Corporate bond, maturity date 04/01/2050, 3.500%, \$125,000	148,462	104,750
	Nvidia Corp	Corporate bond, maturity date 04/01/2030, 2.850%, \$200,000	179,390	185,266
	NYU Hospitals Center	Corporate bond, maturity date 07/01/2047, 4.368%, \$180,000	206,363	164,012
	Oracle Corp	Corporate bond, maturity date 04/01/2030, 2.950%, \$390,000	408,497	352,291
	Oracle Corp	Corporate bond, maturity date 04/01/2050, 3.600%, \$77,000	76,783	57,283
	Oracle Corp	Corporate bond, maturity date 07/15/2040, 5.375%, \$65,000	80,644	64,058
	PepsiCo Inc	Corporate bond, maturity date 04/14/2046, 4.450%, \$85,000	103,340	81,783

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	PG&E Energy Recovery FND	Corporate bond, maturity date 07/15/2046, 2.822%, \$129,000	114,695	93,032
	Philip Morris International Inc	Corporate bond, maturity date 11/10/2044, 4.250%, \$65,000	64,168	55,795
	Piedmont Natural Gas Co	Corporate bond, maturity date 05/15/2052, 5.050%, \$150,000	118,854	139,719
	PNC Financial Services Group	Corporate bond, maturity date 04/23/2029, 3.450%, \$275,000	255,244	260,436
	Primerica Inc	Corporate bond, maturity date 11/19/2031, 2.800%, \$160,000	159,280	135,651
	Prudential Financial Inc	Corporate bond, maturity date 12/07/2049, 3.935%, \$100,000	79,714	82,617
	Prudential Financial Inc	Corporate bond, maturity date 12/07/2047, 3.905%, \$134,000	154,093	109,848
	Puget Sound Energy Inc	Corporate bond, maturity date 09/15/2051, 2.893%, \$65,000	63,606	43,323
	Raymond James Financial Inc	Corporate bond, maturity date 07/15/2046, 4.950%, \$155,000	184,769	145,269
	Rio Tinto Finance USA Ltd	Corporate bond, maturity date 11/02/2051, 2.750%, \$225,000	222,545	154,467
	Sabine Pass Liquefaction LLC	Corporate bond, maturity date 06/30/2026, 5.875%, \$290,000	288,016	295,290
	Santander UK PLC	Corporate bond, maturity date 03/13/2024, 4.000%, \$310,000	312,048	308,884
	Schlumber Finance Canada Ltd	Corporate bond, maturity date 09/17/2025, 1.400%, \$245,000	246,888	232,326
	Schwab Charles Corp	Corporate bond, maturity date 05/19/2034, 5.853%, \$85,000	85,372	87,863
	Selective Insurance Group Inc	Corporate bond, maturity date 03/01/2049, 5.375%, \$195,000	228,632	187,713
	Sempra Energy	Corporate bond, maturity date 02/01/2048, 4.000%, \$220,000	217,850	181,491
	Shell International Finance BV	Corporate bond, maturity date 08/21/2042, 3.625%, \$75,000	79,420	63,593
	Simon Property Group LP	Corporate bond, maturity date 01/15/2054, 6.650%, \$75,000	74,924	88,684
	Southern Co/THE	Corporate bond, maturity date 07/01/2046, 4.400%, \$113,000	126,223	99,808
	Southwest Airlines Co	Corporate bond, maturity date 06/15/2027, 5.125%, \$115,000	114,578	115,575
	Southern California Edison Co	Corporate bond, maturity date 03/01/2048, 4.125%, \$65,000	71,337	54,795
	SouthWestern Electric Power Co	Corporate bond, maturity date 11/01/2051, 3.250%, \$65,000	67,291	44,000
	Spirit Realty LP	Corporate bond, maturity date 01/15/2030, 3.400%, \$205,000	205,156	186,901
	Statoil ASA	Corporate bond, maturity date 05/15/2043, 3.950%, \$81,000	90,055	71,535
	Sysco Corp	Corporate bond, maturity date 04/01/2050, 6.600%, \$227,000	326,602	267,436

ONEIDA HEALTHCARE CENTER PENSION PLAN

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Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate Bonds, Continued</u>				
	T-Mobile USA Inc	Corporate bond, maturity date 02/15/2026, 2.250%, \$170,000	155,371	161,082
	Target Corp	Corporate bond, maturity date 04/15/2029, 3.375%, \$145,000	135,585	139,668
	Toronto Dominion Bank	Corporate bond, maturity date 01/09/2026, 5.103%, \$225,000	226,020	226,622
	Toyota Motor Credit Corp	Corporate bond, maturity date 09/20/2027, 4.550%, \$255,000	252,946	257,155
	Truist Financial Corp FXD	Corporate bond, maturity date 07/28/2026, 4.260%, \$230,000	230,188	225,269
	United Parcel Service Inc	Corporate bond, maturity date 03/03/2053, 5.500%, \$100,000	100,118	104,041
	United Parcel Service Inc	Corporate bond, maturity date 04/01/2050, 5.300%, \$115,000	129,607	123,005
	Unitedhealth Group Inc	Corporate bond, maturity date 07/15/2045, 4.750%, \$162,000	215,054	157,851
	Unitedhealth Group Inc	Corporate bond, maturity date 03/15/2036, 5.800%, \$65,000	89,024	71,170
	United Technologies Corp	Corporate bond, maturity date 11/16/2028, 4.125%, \$235,000	225,721	229,710
	US Bancorp FXD	Corporate bond, maturity date 11/03/2036, 2.490%, \$485,000	436,670	376,898
	Valero Energy Corp	Corporate bond, maturity date 06/15/2037, 6.625%, \$90,000	113,436	98,888
	Virginia Electric and Power Co	Corporate bond, maturity date 11/15/2051, 2.950%, \$100,000	101,740	68,308
	Visa Inc	Corporate bond, maturity date 12/14/2025, 3.150%, \$85,000	81,812	82,952
	VMWare Inc	Corporate bond, maturity date 08/21/2027, 3.900%, \$195,000	203,681	188,844
	Walmart Inc	Corporate bond, maturity date 09/09/2052, 4.500%, \$90,000	79,774	87,887
	Walt Disney Co/The	Corporate bond, maturity date 01/13/2031, 2.650%, \$205,000	189,775	182,676
	Wells Fargo & Co	Corporate bond, maturity date 11/17/2045, 4.900%, \$275,000	336,640	250,817
	Wells Fargo & Co	Corporate bond, maturity date 06/02/2028, 2.393%, \$570,000	577,677	522,422
	Wesleyan University	Corporate bond, maturity date 07/01/2116, 4.781%, \$100,000	126,732	85,553
	Wyeth LLC	Corporate bond, maturity date 04/01/2037, 5.950%, \$85,000	94,252	93,755
	XCEL Energy Inc	Corporate bond, maturity date 12/01/2049, 3.500%, \$60,000	67,039	44,387
			<u>\$ 29,700,169</u>	<u>26,875,753</u>

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Municipal Bonds</u>				
	Colorado Health Facs Auth Revenue bond	Municipal bond, maturity date 11/01/2044, 3.796%, \$125,000	125,141	99,569
	New Jersey Transn Auth Revenue bond	Municipal bond, maturity date 12/15/2040, 6.561%, \$40,000	57,609	45,121
			<u>\$ 182,750</u>	<u>144,690</u>
<u>Government Bonds</u>				
	U.S. Treasury	U.S. Treasury Note, maturity date 05/15/2040, 1.125%, \$1,005,000	675,474	650,426
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2050, 1.625%, \$1,795,000	1,299,649	1,075,313
	U.S. Treasury	U.S. Treasury Note, maturity date 02/15/2052, 2.250%, \$2,785,000	1,830,895	1,940,699
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2026, 4.625%, \$945,000	956,417	960,356
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2032, 4.125%, \$335,000	320,898	341,164
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2031, 1.375%, \$1,685,000	1,371,380	1,401,516
	U.S. Treasury	U.S. Treasury Note, maturity date 08/15/2027, 2.250%, \$955,000	891,275	901,319
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 08/15/2049, 0.000%, \$1,790,000	669,291	628,737
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 05/15/2050, 0.000%, \$550,000	152,830	189,321
			<u>\$ 8,168,109</u>	<u>8,088,851</u>
			<u>\$ 41,050,967</u>	<u>42,707,434</u>

* Indicates party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

Oneida Healthcare Center Pension Plan
EIN/PN: 16-1492011/001
Schedule SB, line 24 – Change in Actuarial Assumptions

Anticipated Rate of Return on Plan Assets:

Prior to January 1, 2023: 5.50%, based on a review of the Plan's asset allocation and consultation with investment professionals regarding anticipated future asset returns.

As of January 1, 2023: 5.00%, based on a review of the Plan's asset allocation and consultation with investment professionals regarding anticipated future asset returns.