

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: FINANCIAL INSTITUTIONS, INC. PENSION PLAN AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/01/1957
2a Plan sponsor's name (employer, if for a single-employer plan): FINANCIAL INSTITUTIONS, INC.
2b Employer Identification Number (EIN): 16-0816610
2c Plan Sponsor's telephone number: 585-786-1100
2d Business code (see instructions): 522110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	1205
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)	659
	6a(2)	597
	6b	272
	6c	240
	6d	1109
	6e	15
	6f	1124
	6g(1)	
6g(2)		
6h		95
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 1C 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached _____
 - (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **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>FINANCIAL INSTITUTIONS, INC. PENSION PLAN AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM</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>FINANCIAL INSTITUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>16-0816610</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>66354013</u>
	b Actuarial value	2b	<u>66354013</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>285</u>	<u>33024656</u>
	b For terminated vested participants	<u>261</u>	<u>14276286</u>
	c For active participants	<u>659</u>	<u>21426370</u>
	d Total	<u>1205</u>	<u>68727312</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	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>5.29 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1721598</u>
	b Expected plan-related expenses	6b	<u>683412</u>
	c Target normal cost	6c	<u>2405010</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		
	Signature of actuary	<u>07/14/2025</u>
	<u>MICHAEL MIKHITARIAN, FSA, EA</u>	Date
	Type or print name of actuary	<u>23-05834</u>
	<u>MILLIMAN, INC.</u>	Most recent enrollment number
	Firm name	<u>518-514-7100</u>
	<u>3 WINNERS CIRCLE SUITE 300 ALBANY, NY 12205</u>	Telephone number (including area code)
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	11469958	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3408168	0
9	Amount remaining (line 7 minus line 8)	8061790	0
10	Interest on line 9 using prior year's actual return of <u>-1.86</u> %	-149949	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>5.46</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)	7911841	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.14 %
15	Adjusted funding target attainment percentage	15	95.54 %
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	109.97 %
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
0	0	0	0

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	
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	2405010	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	11008386	1008156	
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	3413166	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	3413166	0	3413166
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan FINANCIAL INSTITUTIONS, INC. PENSION PLAN AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FINANCIAL INSTITUTIONS, INC.	D Employer Identification Number (EIN) 16-0816610	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JPMORGAN CHASE BANK, N.A.

13-4994650

(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?
24 27 28 50 51	NONE	217246	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	197230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEW YORK BANKERS ASSOCIATION

13-1882974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	86087	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

STATE STREET CORPORATION

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 62 99	NONE	20567	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan FINANCIAL INSTITUTIONS, INC. PENSION PLAN AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM	B Three-digit plan number (PN)	▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FINANCIAL INSTITUTIONS, INC.	D Employer Identification Number (EIN) <u>16-0816610</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COMMINGLED PENSION TRUST FUND</u>	
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>	
c EIN-PN <u>47-2831446-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70847651</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024			
A Name of plan FINANCIAL INSTITUTIONS, INC. PENSION PLAN AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 FINANCIAL INSTITUTIONS, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 16-0816610</td> </tr> </table>	D Employer Identification Number (EIN) 16-0816610	
D Employer Identification Number (EIN) 16-0816610			

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.

		(a) Beginning of Year	(b) End of Year
Assets			
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)	5849	2722
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	474736	742966
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2284	1522
(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)	65871485	70847651
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	-341	0

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	66354013	71594861
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	66354013	71594861

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	48869	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		48869
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	720884	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	13149337	
(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)		
c Other income.....	2c		1849
d Total income. Add all income amounts in column (b) and enter total.....	2d		13920939

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8043282	
(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)		8043282
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)	86087	
(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)	217246	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	20566	
(7) Actuarial fees.....	2i(7)	197230	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	115680	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		636809
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8680091

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5240848
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: **MENGEL, METZGER, BARR & CO., LLP**

(2) EIN: **16-1092347**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 536034.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>FINANCIAL INSTITUTIONS, INC. PENSION PLAN AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FINANCIAL INSTITUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>16-0816610</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-1867445

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	95
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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.)
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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
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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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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: 28.00 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 65.00 %
 High-Yield Debt: 2.00 % Real Assets: 5.00 % 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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501719A.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE
BANKERS RETIREMENT SYSTEM

WARSAW, NEW YORK

AUDITED FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES

AND

INDEPENDENT AUDITOR'S REPORT

SEPTEMBER 30, 2024 AND 2023



BUSINESS
ADVISORS
AND CPAS

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BUSINESS
ADVISORS
AND CPAS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Financial Institutions, Inc. Pension Plan
As a Member of the New York State Bankers Retirement System

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

We have performed audits of the financial statements of Financial Institutions, Inc. Pension Plan As a Member of the New York State Bankers Retirement System, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2024 and 2023, and for the years ended September 30, 2024 and 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Financial Institutions, Inc. Pension Plan As a Member of the New York State Bankers Retirement System's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Financial Institutions, Inc. Pension Plan As a Member of the New York State Bankers Retirement System'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 Financial Institutions, Inc. Pension Plan As a Member of the New York State Bankers Retirement System’s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of Assets Held for Investment Purposes at End of Year – September 30, 2024 and the Schedule of Reportable Transactions – Year ended September 30, 2024 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Mengel, Metzger, Baw & Co. LLP

Rochester, New York
July 14, 2025

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>September 30,</u>	
	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Plan's interest in New York State Bankers Retirement System Master Trust	\$ 71,592,139	\$ 66,348,164
Other receivable	<u>2,722</u>	<u>5,849</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 71,594,861</u>	<u>\$ 66,354,013</u>

See accompanying independent auditor's report and notes to the financial statements.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended September 30,	
	2024	2023
<u>ADDITIONS</u>		
Net investment gain (loss) from Plan's interest in New York State Bankers Retirement System Master Trust	\$ 13,920,939	\$ (1,305,972)
<u>DEDUCTIONS</u>		
Benefits paid to participants	8,043,282	4,124,287
Administrative expenses	636,809	683,411
TOTAL DEDUCTIONS	8,680,091	4,807,698
NET INCREASE (DECREASE)	5,240,848	(6,113,670)
Net assets available for benefits at beginning of year	66,354,013	72,467,683
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 71,594,861	\$ 66,354,013

See accompanying independent auditor's report and notes to the financial statements.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE A: PLAN DESCRIPTION

Financial Institutions, Inc. Pension Plan As a Member of the New York State Bankers Retirement System (the "Plan") is a defined benefit pension plan covering substantially all employees of Financial Institutions, Inc. (the "Company"). It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The New York State Bankers Retirement System ("Retirement System") Master Trust (the "Trust") is a trust that was established in 1938 to provide for the payment of benefits to officers and employees of participating banks. Each participating bank establishes and administers a retirement plan in accordance with the provisions of the Retirement System.

All member banks of the New York Bankers Association or any other state bankers association are eligible for participation in the Retirement System.

Net assets of the Retirement System are allocated to participating banks on the basis of prior percentage of net assets allocated, adjusted for current-period contributions and benefit payments of the participating banks. The Plan's interest in net assets of the Trust at September 30, 2024 and 2023 was approximately 39.86% and 41.96%, respectively.

The trustees of New York State Bankers Association (the "Trustee") serve as trustee of the Plan. State Street Bank & Trust Company is the custodian (the "Custodian") of the Retirement System's assets.

The Plan has established two tiers of participants. Tier one covers employees of the Company, and its subsidiaries, whose participation in the Plan started before January 1, 2008. Tier two covers employees of the Company, and its subsidiaries, whose participation in the Plan started on or after January 1, 2008. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and has been funded in accordance with the minimum funding requirements of the Internal Revenue Code ("IRC").

Pension benefits

For tier one participants, retirement benefits are determined as follows:

For service accrued prior to January 1, 2004:

- 1.75% of the average highest five consecutive years' compensation at termination, multiplied by years of service accrued prior to January 1, 2004, up to 35 years.

For service accrued on or after January 1, 2004, but prior to January 1, 2016:

- 1.50% of the average highest five consecutive years' compensation at termination, multiplied by years of service accrued on or after January 1, 2004 but prior to January 1, 2016, up to a maximum of the lesser of (a) 35 years of service minus years of service earned prior to January 1, 2004 or (b) 35 years of service.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE A: PLAN DESCRIPTION, Cont'd

The above formulas are increased by 1.25% of the highest average five consecutive years' compensation at termination, multiplied by years of service prior to January 1, 2016 that are in excess of 35 years.

For service accrued on or after January 1, 2016:

- 1.30% of the average highest five consecutive years' compensation at termination, multiplied by years of service accrued on and after January 1, 2016.

The above formulas are reduced by 0.49% of the average final three years' compensation at termination, multiplied by years of service up to 35 years.

For tier two participants, retirement benefits are determined as follows:

Upon retirement at the normal retirement date, a participant shall be entitled to receive the actuarial equivalent of the monthly normal form of retirement income equal to 1/12 of the participant's cash balance benefit.

The Plan permits early retirement at age 55 with a reduced level of benefits, as specified by the Plan. Also, normal retirement age was increased from age 62 with 10 years of service to age 65 for any participant who first participates in the Plan on or after January 1, 2004.

If tier one participants terminate before rendering 5 years of service, they forfeit the right to receive Plan benefits. After completion of 5 years of service, a participant who terminates employment or becomes totally and permanently disabled is entitled to 100% of the vested accrued benefit payable either at normal retirement or at early retirement reduced as specified in the Plan. Additionally, upon obtaining age 55, a participant becomes fully vested.

If tier two participants terminate before rendering 3 years of service, they forfeit the right to receive Plan benefits. After completion of 3 years of service, a participant who terminates employment or becomes totally and permanently disabled is entitled to 100% of the vested accrued benefit payable either at normal retirement or at early retirement reduced as specified in the Plan.

For tier one participants, a pension to the beneficiary equal to the amount that would have been paid had the participant separated from service on their date of death, survived to their earliest retirement date, retired with a Joint & 50% Survivor Pension, and died on the day after they retired.

For tier two participants, the beneficiary will receive the actuarial equivalent of the participant's cash balance account.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE A: PLAN DESCRIPTION, Cont'd

Eligibility

Tier one of the Plan was closed to new participants effective December 31, 2006. Only employees hired on or before December 31, 2006, and who met participation requirements on or before January 1, 2008, are eligible to receive benefits under tier one of the Plan. Employees were eligible to participate in the Plan upon attaining age 21 and completing one year of service, as defined.

Effective as of January 1, 2016, eligible employees hires on and after January 1, 2007, shall be eligible to participate in the Plan as of the later of January 1, 2016 or such Participant's date of hire.

Tier adjustment

The Plan amended its tier of participants during January 2023. The Plan's accrued benefits of tier one participants earned as of January 31, 2023, under the tier one formula, were frozen. This means tier one participants will not accrue additional benefits under the tier one benefit formula after January 31, 2023. Instead, future accrued benefits for tier one participants, accrued on or after February 1, 2023, shall now be determined using the tier two cash balance formula.

Date of management's review

Subsequent events were evaluated through July 14, 2025, which is the date the financial statements were available to be issued.

NOTE B: SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The Plan's financial statements have been prepared on the accrual basis of accounting. Portions of the financial statements have been derived from New York State Bankers Retirement System (a trust) whose report is dated June 23, 2025.

Cash and cash equivalents

The Retirement System considers all highly liquid investments available for current use, with maturities of three months or less to be cash equivalents.

The Retirement System maintains their cash balances at financial institutions, which may at times exceed amounts insured by the Federal Deposit Insurance Corporation. Management does not believe the Retirement System is exposed to any risk on cash and cash equivalent balances.

Investments and income recognition

The Plan invests exclusively in the Trust. The fair value of the investment in the Trust is determined by the Custodian based on the market values of the underlying investments in the Trust and the Plan's percentage ownership of the Trust assets.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE B: SIGNIFICANT ACCOUNTING POLICIES, Cont'd

Marketable securities of the Retirement System are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the valuation date; securities traded in the over-the-counter market and listed securities for which no sales were reported on the valuation date are valued at the average of the last reported bid and asked prices, certificates of deposit, unlisted corporate notes and investments in direct placements are valued at fair value as determined by Thompson Reuters Pricing Service - for equities, and IDC Corporate USA - for fixed income securities. Commingled pension trust funds were valued at fair value as determined by JPMorgan Chase Bank, N.A.

Securities traded on foreign markets are valued at their closing market prices on the valuation date. The fair value of investments denominated in foreign currencies is translated into U.S. dollars at the foreign exchange rates on the valuation date.

Securities transactions are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividend income is recorded on the ex-dividend date; and is included in net investment gain (loss) from Master Trust.

The net appreciation (depreciation) in fair value of investments, which consists of the realized gains or (losses), and the unrealized appreciation (depreciation) on those investments, that have been allocated from the Retirement System are presented in the Statements of Changes in Net Assets Available for Benefits. The realized net gain or loss on the sale of investments is the difference between the proceeds received and the cost of investments sold. Cost of investments is determined on the average cost basis for common stocks and the amortized cost basis for fixed income securities.

Derivative financial instruments

The Retirement System utilizes derivative financial instruments to reduce financial market risks and enhance returns. The derivative instruments used by the Retirement System are short currency forwards, long currency forwards and currency options.

The criteria the Retirement System uses for designating an instrument as a hedge include the instrument's effectiveness in risk reduction. Foreign bond futures are to invest in foreign bonds while seeking a hedge position. Foreign bond futures are denominated in a foreign currency at the time the future is purchased. This allows the trust to hold the foreign collateral against the future in U.S. dollars and avoid currency exposure. This saves the trust two sets of transaction costs. First, the Retirement System does not have to buy foreign currency to pay for the contract. Second, the Retirement System does not have to sell currency forward to hedge the position.

While the contract or notional amounts provide one measure of the volume of these transactions, they do not represent the amount of the Retirement System's exposure to credit risk. The amounts potentially subject to credit risk arising from the possible inability of the counterparties to meet the terms of their contracts are generally limited to amounts, if any, by which the counterparties' obligations exceed the obligations of the Retirement System. The Retirement System controls credit risk through credit approvals, limits and monitoring procedures. Credit rating criteria for off-balance-sheet transactions are like those of investments.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE B: SIGNIFICANT ACCOUNTING POLICIES, Cont'd

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 who have rendered service up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuaries, Milliman Consultants and Actuaries, and is the 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, withdrawals, or retirement) between the valuation date and the expected date of payment.

Payments of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Risks and uncertainties

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

The Retirement System held one investment valued at approximately \$177,727,000 and \$156,993,600 at September 30, 2024 and 2023, respectively. The investment is the JPMCB LDI Diversified Balance Fund, a commingled pension trust fund, and represents approximately 99% of the System's investments in the aggregate. A significant change in the overall capital markets could have a significant impact on the net assets of the Retirement System.

The Plan invests in various types of 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.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE B: SIGNIFICANT ACCOUNTING POLICIES, Cont'd

Use of estimates

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

NOTE C: CERTIFIED INVESTMENTS (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements including investments held and other receivable held at September 30, 2024 and 2023, and net investment gain (loss) for the years ended September 30, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by State Street Bank & Trust Company, the Custodian of the Plan.

The following is a summary of the unaudited information regarding the Plan:

	<u>September 30,</u>	
	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Plan's interest in New York State Bankers Retirement System Master Trust	\$ 71,592,139	\$ 66,348,164
Other receivable	2,722	5,849
Investment gain (loss):		
Net investment gain (loss) from Plan's interest in New York State Bankers Retirement System Master Trust	13,920,939	(1,305,972)

All information included in the attached supplemental schedules of Assets Held for Investment Purposes at End of Year - September 30, 2024 and Reportable Transactions - Year Ended September 30, 2024.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE D: INVESTMENT IN MASTER TRUST

All of the Plan's investments are invested in the Trust. The purpose of the Trust is the collective investment of assets of participating plans. Each participating retirement plan has an undivided interest in the Trust. The value of the Plan's interest in the Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income (loss) less actual distributions and allocated administrative expenses. The Trust specifically identifies contributions, benefit payments, and plan-specific expenses attributable to each participating plan. Investment gains (losses) are allocated to each participating plan in the Trust on a daily basis based on each plan's interest in the Trust.

The following table presents the investments and other assets and liabilities of the Master Trust and the Plan's interest in the Master Trust as of September 30, 2024:

	<u>Master Trust Balances</u>	<u>Plan's Interest in Master Trust Balances</u>
Investments at fair value:		
Cash - interest bearing, domestic	\$ 1,863,790	\$ 742,966
Corporate bonds and notes	3,817	1,522
Commingled pension trust funds - equity	<u>177,727,069</u>	<u>70,847,651</u>
Total investments, at fair value	179,594,676	71,592,139
Receivables		
Receivable from participating banks and participating banks' employees	2,093,467	-
Receivable from broker for securities sold, net	3,842	2,722
Accrued interest and dividends	<u>2,987</u>	<u>-</u>
Total receivables	<u>2,100,296</u>	<u>2,722</u>
	181,694,972	71,594,861
Liabilities		
Accounts payable and accrued expenses	<u>412,451</u>	<u>-</u>
Net assets available for benefits	<u>\$ 181,282,521</u>	<u>\$ 71,594,861</u>

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE D: INVESTMENT IN MASTER TRUST, Cont'd

The following table presents the investments and other assets and liabilities of the Master Trust and the Plan's interest in the Master Trust as of September 30, 2023:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value:		
Cash - interest bearing, domestic	\$ 1,131,454	\$ 474,395
Corporate bonds and notes	5,444	2,284
Commingled pension trust funds - equity	156,993,563	65,871,485
Total investments, at fair value	158,130,461	66,348,164
Receivables		
Receivable from participating banks and participating banks' employees	170,500	-
Receivable from broker for securities sold, net	8,885	5,849
Accrued interest and dividends	5,054	-
Total receivables	184,439	5,849
	158,314,900	66,354,013
Liabilities		
Accounts payable and accrued expenses	231,615	-
Net assets available for benefits	\$ 158,083,285	\$ 66,354,013

NOTE E: FAIR VALUE MEASUREMENTS

The Trust's overall investment strategy is to invest in a diversified portfolio while managing the variability between the assets and projected liabilities of underfunded pension plans. Substantially all of the Trust's assets are in one fund, Commingled Pension Trust Fund (LDI Diversified Balanced) of JPMorgan Chase Bank, N.A. (JPMCB LDI Diversified Balance Fund" or the "Fund"). The Fund is a collective investment fund managed by the Trustee under the Declaration of Trust. The Trustee is the Fund's manager and makes day-to-day investment decisions for the Fund. The Fund is a group trust within the meaning of Internal Revenue Service Revenue Ruling 81-100, as amended. In reliance upon exemptions from the registration requirements of the federal securities laws, neither the fund nor the Fund's Units are registered with the Securities and Exchange Commission ("SEC") or any state securities commission. Because the Fund is not subject to registration under federal and state securities laws, certain protections that might otherwise be provided to investors in registered funds are not available to investors in the Fund. However, as a bank-sponsored collective investment trust holding qualified retirement plan assets, the Fund is required to comply with applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and the Trustee is subject to supervision and regulation by the Office of the Comptroller of the Currency and the Department of Labor.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE E: FAIR VALUE MEASUREMENTS, Cont'd

Cash equivalents include repurchase agreements, banker's acceptances, commercial paper, negotiable certificates of deposit, U.S. government securities with less than one year to maturity and funds (including the Commingled Pension Trust Fund (Liquidity) of JPMorgan Chase Bank, N.A.) established to invest in common stocks, depository receipts, preferred stocks, commingled pension trust funds, exchange traded funds and real estate investment trusts ("REITs"). Fixed income securities include corporate bonds, government issues, credit card receivables, mortgage backed securities, municipals, commingled pension trust funds and other asset backed securities.

Fair value is defined under *Financial Accounting Standards Board* ("FASB") Accounting Standards Codification Subtopic 820 "*Fair Value Measurements and Disclosures*" ("ASC 820") as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques used to measure fair value under ASC 820 must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes the fair value hierarchy based on three levels of input, which the first two are considered observable and the last one is unobservable, that may be used to measure fair value which are the following:

- Level 1 - Valuations are based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgement.
- Level 2 - Valuations are based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.
- Level 3 - Valuations are based on inputs that are unobservable and significant to the overall fair value measurement.

The availability of observable inputs can vary and is affected by a wide variety of factors. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Accordingly, the degree of judgment exercised in determining fair value is greatest for instruments categorized in Level 3. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes the level in the fair value hierarchy within which the fair value measurement in its entirety falls is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE E: FAIR VALUE MEASUREMENTS, Cont'd

The following table sets forth by level, within the fair value hierarchy, the Retirement System's assets at fair value at September 30, 2024 and 2023:

	Level 1	Level 2	Level 3	Total
<u>September 30, 2024</u>				
Fixed income securities:				
Corporate bonds	\$ -	\$ 3,817	\$ -	\$ 3,817
Investments valued using Net Asset Value (a)				\$ 179,590,859
				\$ 179,594,676
	Level 1	Level 2	Level 3	Total
<u>September 30, 2023</u>				
Fixed income securities:				
Corporate bonds	\$ -	\$ 5,444	\$ -	\$ 5,444
Investments valued using Net Asset Value (a)				\$ 158,125,017
				\$ 158,130,461

- (a) In accordance with the FASB authoritative guidance regarding fair value measurement, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to total Retirement System investments.

As of September 30, 2024 and 2023, no unfunded commitments existed. No redemption restrictions exist for amounts below 50% of the aggregate NAV units held by the System. For larger redemptions, the Retirement System is required to give notice by February 15th, May 15th, August 15th, or November 15th in order to redeem funds at the end of the requested quarter.

NOTE F: FUNDING POLICY

The Company has voluntarily agreed to make annual contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. The amounts contributed to the Plan are determined by the Company on the basis of (a) annual actuarial valuations of the Plan by an independent consulting actuary, (b) the maximum amount permitted by law or regulation as a Federal income tax deduction, and (c) the minimum amount certified by the actuary as necessary during any Plan year to avoid an accumulated funding deficiency as defined by ERISA. For the Plan years ended September 30, 2024 and 2023, the minimum funding requirements of ERISA were met.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE G: ACCUMULATED PLAN BENEFITS

The change in the actuarial present value of accumulated plan benefits was as follows:

	October 1,	
	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits - beginning of year	\$ 61,005,350	\$ 62,148,558
Change during the year attributable to:		
Change in discount period	3,708,056	3,606,987
Change in actuarial assumptions	-	(3,235,842)
Benefits paid	(8,043,292)	(4,124,287)
Actuarial gain (loss)	1,517,894	(6,114)
Benefits accumulated	<u>1,583,661</u>	<u>2,616,048</u>
Net decrease	<u>(1,233,681)</u>	<u>(1,143,208)</u>
Actuarial present value of accumulated plan benefits - end of year	<u>\$ 59,771,669</u>	<u>\$ 61,005,350</u>

The change in actuarial assumptions for the years ended September 30, 2024 and 2023, relates to the updated statutory segment interest rates and updates to the statutory mortality tables.

The present value of the accumulated plan benefits are as follows for the years ended:

	October 1,	
	<u>2024</u>	<u>2023</u>
Vested benefits:		
Active participants	\$ 17,915,657	\$ 18,590,878
Participants with deferred benefits	10,473,853	12,257,612
Retired and disabled participants, and beneficiaries	<u>31,053,683</u>	<u>29,512,090</u>
Total vested benefits	59,443,193	60,360,580
Non-vested benefits	<u>328,476</u>	<u>644,770</u>
	<u>\$ 59,771,669</u>	<u>\$ 61,005,350</u>

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
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NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE G: ACCUMULATED PLAN BENEFITS, Cont'd

The significant actuarial assumptions used in the valuations as of September 30, 2024 and 2023 are as follows:

Assumed rate of return on investments	2024: 6.50% per annum 2023: 6.50% per annum
Projected salary increases	4.0% per annum
Mortality basis	2024: PRI-2012 Total Dataset Sex-Distinct Retiree/Employee Mortality Tables, for current survivors the Contingent Survivor Table was used, with full generational projection using Scale MP-2021. 2023: PRI-2012 Total Dataset Sex-Distinct Retiree/Employee Mortality Tables, for current survivors the Contingent Survivor Table was used, with full generational projection using Scale MP-2021.
Rates of retirement	Based on actuarial tables and experience.

Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE H: INCOME TAX STATUS

The Plan obtained its latest determination letter on September 28, 2020, in which the Internal Revenue Service states that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or other applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE BANKERS RETIREMENT SYSTEM

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE I: TRANSACTIONS WITH PARTIES-IN-INTEREST

All of the Plan's investments are in a trust which was established for the investment of assets of the Plan as well as those of other participating banks sponsored retirement plans. Each participating Plan has an undivided interest in the trust. The assets of the trust are held by the Trustee. The Custodian has certified to the completeness and accuracy of the Plan's interest in the Trust and the net investment income or loss from the Trust. The Plan's trustee is also the trustee of the Trust; as such, all of the investments in the Trust are considered to be party-in-interest transactions. The New York Bankers Association provides administrative services to the Retirement System. As described in Note B, the Plan paid certain expenses related to the Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

NOTE J: RECONCILIATION TO FORM 5500

The accompanying financial statements report net assets available for Plan benefits in agreement with net assets reported on the Plan's Form 5500. The Form 5500, however, details the Plan's share of the Master Trust's assets and liabilities on their respective lines.

NOTE K: TERMINATION OF THE PLAN

Although it has not indicated any intention to do so, the Company may terminate the Plan at any time. In the event the Plan is terminated, partially terminated, or there is a complete discontinuance of Company contributions to the Plan, the funded accrued benefits of all affected participants shall become fully vested. 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 that 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 non-vested 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.

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE
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SUPPLEMENTAL SCHEDULES

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE
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EIN: 16-0816610
PLAN #001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i – SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR – SEPTEMBER 30, 2024

(a) Party- in- interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	New York State Bankers Retirement System	Plan's interest in Master Trust	<u>\$ 56,528,821</u>	<u>\$ 71,592,139</u>

* Party-in-interest as defined by ERISA

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE
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EIN: 16-0816610
PLAN #001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4j – SCHEDULE OF REPORTABLE TRANSACTIONS -
YEAR ENDED - SEPTEMBER 30, 2024

Reportable transactions are transactions or a series of transactions more than 5% of the value of the Plan assets as of October 1, 2023, as defined in Section 2520.103-6 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA:

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase Price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Single transactions</u>						
None						
<u>Series of transactions</u>						
New York State Bankers Retirement System	* Interest bearing cash ST1F 25 BPS	\$ 7,455,426	\$ 7,166,650	\$ 7,166,650	\$ 14,622,076	\$ -
	* Commingled Pension Trust Fund	\$ -	\$ 5,191,914	\$ 4,489,137	\$ 5,191,914	\$ 702,777

Note: Columns (e) and (f) are not applicable.

* Party-in-interest as defined by ERISA

Financial Institutions, Inc. Pension Plan as a member of the
New York State Bankers Retirement System
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Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets.

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

Minimum Funding	
Segment 1 (0-5 years)	4.75%
Segment 2 (5-20 years)	5.00%
Segment 3 (20+ years)	5.74%
Effective Interest Rate	5.29%

Compensation Increases

4.00% per year, with increases assumed to occur at beginning of year. This assumption represents an estimate of future experience.

Administrative Expenses

An allowance of \$683,412 for administrative expenses has been included in the Target Normal Cost, reflecting the actual administrative expenses paid from the Plan's trust during the previous year.

Mortality

ERISA minimum funding, Maximum Deductible Contribution: Generational mortality per code section 1.430(h)(3)-(1).

Financial Institutions, Inc. Pension Plan as a member of the
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Retirement

Rates depending on age as follows:

Age	Rate
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65 & Over	100.00%

For those Participants eligible for Normal Retirement prior to age 65, the above table is modified by increasing the assumption to 100% at age 62 through 64.

Terminated vested participants are assumed to retire at their Normal Retirement Age.

Termination

Annual rates of termination are based on the SOA 2003 Small Pension Plan Turnover Study Table, depending on service. Sample rates are shown in the following table.

Age	Rate
0	29.70%
5	18.45%
10	7.40%
15	4.40%
20	2.50%
25	1.40%
30	0.80%
35	0.40%

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Disability

None assumed.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Tier 1 Participants: Active and terminated vested participants are assumed to elect the 5 Year Certain and Life Annuity option.

Tier 2 Participants: Active and terminated vested participants are assumed to elect a Lump Sum Distribution.

Marital Characteristics

For participants not in pay status: 80% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 4 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

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Schedule SB, Part V –
Summary of Plan Provisions

Definitions

Tier 1 Participant: A participant whose date of participation is prior to January 1, 2008.

Tier 2 Participant: A participant whose date of participation is on or after January 1, 2008.

Average Compensation: The 5 consecutive Calendar years for which Compensation was highest, or if less than 5 years, the average will be determined based on complete calendar (and partial years if higher than a complete) years resulting in the highest average.

Final Average Compensation is the average of the 3 final complete consecutive years of compensation.

If the participant has less than 3 consecutive Plan Years of service, Final Average Compensation is averaged over the consecutive completed calendar years during the Participant's entire period of service.

Compensation earned after January 31, 2023 is excluded in determining Average Compensation and Final Average Compensation.

Benefit Service: Elapsed Time from date of participation for Tier 1 Participants. Benefit Service under the Tier 1 benefit formula is frozen as of January 31, 2023.

For Tier 2 Participants (and Tier 1 Participants after January 31, 2023), an Employee shall accrue a service credit for each calendar year in which he is credited with 1,000 Hours of Employment.

Compensation: Wages as reported in Box 1 of Form W-2, including amounts within the meaning of Section 3401(a) of the IRC plus any other amounts for which the Employer is required to furnish a written statement under Sections 6401(d), 6501(a)(3) and 6502 of the IRC and excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

The maximum salary used to determine Plan benefits is limited as required by IRC Section 401(a)(17).

Covered Compensation: The average (without indexing) of the Taxable Wage Base in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age. (or January 31, 2023, if earlier).

Plan Effective Date: January 4, 1939 (First Tier)
January 14, 1939 (Pavilion)
March 23, 1949 (Geneva)
July 1, 1983 (Wyoming)
May 1, 2001 (Bath)
January 1, 2002 (Burke)
October 1, 2002 (Financial Institutions Inc.)
October 1, 2002 (FIGI)

Plan Year: The 12-month period beginning October 1 and ending September 30.

Vesting Service: A full year is credited for each Plan Year in which 1,000 or more hours of service are credited. No partial years of Vesting Service are credited.

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Eligibility for Participation

Prior to January 1, 2008, the first day of the month which coincides with or next follows the date on which the employee completes one year of eligibility service and attains age 21. A year of eligibility service is earned for (a) the 12-month period beginning on the date of hire and (b) each subsequent plan year, provided that 1,000 or more hours of service are credited within such period.

Effective as of January 1, 2016, Eligible Employees hired on and after January 1, 2007, shall be eligible to participate in the Plan as of the later of January 1, 2016 or such Participant's date of hire.

Normal Retirement

Normal Retirement Date: For Participants who first participated in the Plan prior to January 1, 2004, the first day of the month coinciding with or next following age 62 and 10 years of Vesting Service. For those who first participated in the Plan on or after January 1, 2004, the first day of the month coinciding with or next following age 65.

Normal Retirement Benefit for Tier 1 Participants: For service accrued prior to January 1, 2004:

1.75% of Average Compensation times Years of Benefit Service (not to exceed 35 years);

For service accrued on or after January 1, 2004 but prior to January 1, 2016:

1.50% of Average Compensation times Years of Benefit Service (not to exceed 35 years minus service accrued prior to January 1, 2004);

For service accrued on or after January 1, 2016:

1.30% of Average Compensation times Years of Benefit Service;

The above amount is added to:

1.25% of Average Compensation times Years of Benefit Service accrued prior to January 1, 2016 in excess of 35 years (not to exceed 5 years); minus

0.49% of Final Average Compensation (up to Covered Compensation) times Years of Benefit Service accrued prior to January 1, 2016 (not to exceed 35 years).

Benefit accruals under the Tier 1 benefit formula are frozen as of January 31, 2023. Effective February 1, 2023, Tier 1 Participants accrue benefits under the same formula as Tier 2 Participants.

Normal Retirement Benefit for Tier 2 Participants: Upon Retirement at his Normal Retirement Date, a Participant shall be entitled to receive the Actuarial Equivalent of the Participant's Cash Balance Account, which is credited with service credits equal to 5% of Compensation earned each credit period and interest credits of 4% per credit period.

Early Retirement

Early Retirement Date: For Tier 1 Participants, the first day of the month following attainment of age 55. For Tier 2 Participants, the first day of the month following attainment of 3 Years of Vesting Service.

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Summary of Plan Provisions

Early Retirement Benefit for benefits earned under the Tier 1 benefit formula: For Participants who first participated in the Plan prior to January 1, 2004 and who are 100% vested as of December 31, 2003 and who remain in the employment of the employer until age 55, a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 0.25% for the basic benefit and 0.5% for the offset benefit for each month that his Early Retirement Date precedes his Normal Retirement Date.

For Participants who first participated in the Plan prior to January 1, 2004 and who are either not 100% vested as of December 31, 2003 or who do not remain in the employment of the employer until age 55, a monthly pension benefit equal to his Accrued Benefit determined as of December 31, 2003, reduced by 0.25% for the basic benefit and 0.5% for the offset benefit for each month that his Early Retirement Date precedes his Normal Retirement Date, plus the portion of the accrued benefit earned after January 1, 2004 reduced by 1/15th for each of the first 5 years and by 1/30th by each of the next 5 years that his Early Retirement Date precedes his Normal Retirement Date.

For Participants who first participated in the Plan on or after January 1, 2004, a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 1/15th for each of the first 5 years and by 1/30th by each of the next 5 years that his Early Retirement Date precedes his Normal Retirement Date.

Early Retirement Benefit for benefits earned under the Tier 2 benefit formula: If a Cash Balance benefit is payable in a form other than a Lump Sum before a Participant's Normal Retirement Date, it will be actuarially reduced using the Applicable Interest Rate and Applicable Mortality Rate as specified in the Plan Document.

Deferred Retirement

Deferred Retirement Date: The first day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Deferred Retirement Benefit: The greater of (i) the Accrued Benefit determined as of the Deferred Retirement Date or (ii) the Accrued Benefit determined as of the Normal Retirement Date and actuarially increased to the Deferred Retirement Date.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following tables:
 For Tier 1 Participants:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Tier 1 Participants are 100% vested at age 55.

For Tier 2 Participants:

Years of Vesting Service	Vested Percentage
Less than 3	0%
3 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement. Preretirement Death.

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Schedule SB, Part V –
Summary of Plan Provisions

Preretirement Death

Preretirement Death Benefit Eligibility:

Tier 1 benefit formula: Surviving spouse will receive a monthly pension benefit commencing at the earliest retirement date equal to 50% of the monthly pension benefit that would have been payable had the participant retired on the day before death and elected a Joint and 50% Contingent Survivor pension.

Tier 2 benefit formula: The Participant's beneficiary will receive the Actuarial Equivalent of the Participant's Cash Balance Account.

Normal Form of Benefit

5 Year Certain and Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefit

5 Year Certain and Life Annuity; Single Life Annuity; Joint and Survivor Annuity (50%, 75%, 100%, 50% with Pop-Up, 50% with 5 yr. Certain, 100% with Pop-Up, 100% with 5 yr. Certain); Lump Sum.

Small Lump Sum: Payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is \$7,000 or less.

Optional forms of benefits for the Tier 1 benefit formula are based on the tables outlined in Exhibit B and Exhibit C of the Plan Document. Optional forms of benefits for the Tier 2 benefit formula are based on the Applicable Interest Rate and Applicable Mortality Rate as specified in the Plan Document.

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Schedule SB, Line 26a –
Schedule of Active Participant Data

Number of Participants by Age and Service Groups

The number of active participants summarized by attained age and years of credited service as of October 1, 2023 is shown below.

Age	Years of Credited Service										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
0-24	23	15	0	0	0	0	0	0	0	0	38
25-29	19	26	12	0	0	0	0	0	0	0	57
30-34	11	36	22	5	1	0	0	0	0	0	75
35-39	16	37	18	7	2	0	0	0	0	0	80
40-44	16	24	23	2	6	5	0	0	0	0	76
45-49	13	32	11	3	2	8	2	0	0	0	71
50-54	14	33	9	6	7	10	5	4	0	0	88
55-59	10	24	15	6	8	5	3	0	2	0	73
60-64	5	17	17	9	13	4	3	1	3	0	72
65-69	0	3	4	1	1	0	1	0	2	1	13
70+	2	0	3	3	5	1	0	1	1	0	16
Total	129	247	134	42	45	33	14	6	8	1	659

Financial Institutions, Inc. Pension Plan as a member of the
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Schedule SB Attachment, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	1,211,617	444,377	2,927,591	4,583,585
2024	941,196	443,930	2,875,928	4,261,054
2025	1,017,500	484,640	2,823,501	4,325,641
2026	1,161,713	585,383	2,768,074	4,515,170
2027	1,186,911	598,751	2,682,974	4,468,636
2028	1,228,024	738,458	2,603,729	4,570,211
2029	1,221,147	762,548	2,540,087	4,523,782
2030	1,166,149	796,810	2,473,095	4,436,054
2031	1,309,355	828,231	2,402,589	4,540,175
2032	1,340,119	1,161,750	2,328,467	4,830,336
2033	1,446,203	939,463	2,250,667	4,636,333
2034	1,512,046	1,008,446	2,169,172	4,689,664
2035	1,438,414	1,054,333	2,084,010	4,576,757
2036	1,698,812	1,140,179	1,995,265	4,834,256
2037	1,316,221	1,199,750	1,903,092	4,419,063
2038	1,624,848	1,229,299	1,807,711	4,661,858
2039	1,602,066	1,179,293	1,709,429	4,490,788
2040	1,475,700	1,342,789	1,608,674	4,427,163
2041	1,614,006	1,101,968	1,505,978	4,221,952
2042	1,506,261	1,236,450	1,401,960	4,144,671
2043	1,571,202	1,161,995	1,297,326	4,030,523
2044	1,535,793	1,036,804	1,192,836	3,765,433
2045	1,575,449	1,028,817	1,089,318	3,693,584
2046	1,563,283	993,515	987,650	3,544,448
2047	1,609,849	983,362	888,697	3,481,908
2048	1,568,589	901,490	793,323	3,263,402
2049	1,594,054	951,424	702,340	3,247,818
2050	1,296,068	954,846	616,469	2,867,383
2051	1,507,186	861,971	536,338	2,905,495
2052	1,249,354	947,825	462,431	2,659,610
2053	1,089,958	715,439	395,050	2,200,447
2054	1,216,980	923,055	334,347	2,474,382
2055	1,013,316	758,153	280,291	2,051,760
2056	1,094,627	570,784	232,713	1,898,124
2057	1,044,076	679,834	191,332	1,915,242
2058	919,420	632,840	155,763	1,708,023
2059	707,435	577,462	125,554	1,410,451
2060	895,344	453,643	100,206	1,449,193
2061	557,251	374,767	79,185	1,011,203
2062	450,532	348,224	61,959	860,715
2063	379,279	262,992	48,008	690,279
2064	341,752	229,046	36,843	607,641
2065	297,682	197,354	28,014	523,050
2066	267,425	168,116	21,116	456,657
2067	205,188	141,485	15,790	362,463
2068	170,607	117,561	11,726	299,894
2069	145,488	96,397	8,658	250,543
2070	122,831	77,954	6,365	207,150
2071	102,601	62,136	4,667	169,404
2072	84,737	48,789	3,417	136,943

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024


▶ **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 Financial Institutions, Inc. Pension Plan as a member of the New York State Bankers Retirement System	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Financial Institutions, Inc.	D Employer Identification Number (EIN) 16-0816610	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	66,354,013
	b Actuarial value	2b	66,354,013
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	285	33,024,656
	b For terminated vested participants	261	14,276,286
	c For active participants	659	21,426,370
	d Total	1,205	68,727,312
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	5.29 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	1,721,598
	b Expected plan-related expenses	6b	683,412
	c Target normal cost	6c	2,405,010

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 Michael Mikhitarian, FSA, EA Type or print name of actuary Milliman, Inc. Firm name 3 Winners Circle Suite 300 Albany NY 12205 Address of the firm	<u>07/14/2025</u> Date <u>23-05834</u> Most recent enrollment number <u>(518) 514-7100</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	11,469,958	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3,408,168	0
9	Amount remaining (line 7 minus line 8)	8,061,790	0
10	Interest on line 9 using prior year's actual return of <u>-1.86%</u>	-149,949	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>5.46%</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)	7,911,841	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	84.14%
15	Adjusted funding target attainment percentage	15	95.54%
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	109.97%
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	
0	0	0		0

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 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 63

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	2,405,010
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11,008,386	1,008,156
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	3,413,166
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	3,413,166	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	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

Financial Institutions, Inc. Pension Plan as a member of the
New York State Bankers Retirement System
EIN 16-0816610 / PN 001
Schedule SB, Line 32 –
Schedule of Amortization Bases

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning October 1, 2023 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

Date <u>Established</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Present Value <u>Factor</u>	Present <u>Value</u>
1. Present value of remaining prior Shortfall Amortizations				
a. Total	0			\$0
2. Shortfall Amortization for current plan year				
a. Applicable Funding Target				\$69,450,558
b. Actuarial Value of Assets less credit balances				58,442,172
c. Is the plan exempt from establishing a Shortfall Amortization for the current year?				No
d. Funding Shortfall [(a) - (b), but not < \$0]				11,008,386
e. Net Funding Shortfall [If (d) > \$0, (d) - (1a), otherwise n/a]				11,008,386
f. Amortization factor				10.919328
g. Shortfall Amortization for current plan year [(e) ÷ (f)]				\$1,008,156
3. Total Shortfall Amortizations [(1a) + (2g), but not < \$0]				
				1,008,156

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE
BANKERS RETIREMENT SYSTEM
EIN: 16-0816610
PLAN #001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i – SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR – SEPTEMBER 30, 2024

(a) Party- in- interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	New York State Bankers Retirement System	Plan's interest in Master Trust	<u>\$ 56,528,821</u>	<u>\$ 71,592,139</u>

* Party-in-interest as defined by ERISA

FINANCIAL INSTITUTIONS, INC. PENSION PLAN
AS A MEMBER OF THE NEW YORK STATE
BANKERS RETIREMENT SYSTEM
EIN: 16-0816610
PLAN #001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4j – SCHEDULE OF REPORTABLE TRANSACTIONS -
YEAR ENDED - SEPTEMBER 30, 2024

Reportable transactions are transactions or a series of transactions more than 5% of the value of the Plan assets as of October 1, 2023, as defined in Section 2520.103-6 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA:

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase Price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Single transactions</u>						
None						
<u>Series of transactions</u>						
New York State Bankers Retirement System	* Interest bearing cash ST1F 25 BPS	\$ 7,455,426	\$ 7,166,650	\$ 7,166,650	\$ 14,622,076	\$ -
	* Commingled Pension Trust Fund	\$ -	\$ 5,191,914	\$ 4,489,137	\$ 5,191,914	\$ 702,777

Note: Columns (e) and (f) are not applicable.

* Party-in-interest as defined by ERISA

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		10/01/2023	and ending
			09/30/2024
A This return/report is for:	<input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)		
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan Financial Institutions, Inc. Pension Plan as a member of the New York State Bankers Retirement System	1b Three-digit plan number (PN) ▶	001	
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) Financial Institutions, Inc. 220 Liberty Street Warsaw NY 14569	1c Effective date of plan	12/01/1957	
	2b Employer Identification Number (EIN)	16-0816610	
	2c Plan Sponsor's telephone number	(585) 786-1100	
	2d Business code (see instructions)	522110	

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	<i>Steven Przybyl</i>	7/15/25	Steven Przybyl
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728