

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan THE OSWEGO HOSPITAL RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 07/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan) OSWEGO HOSPITAL, INC.
2b Employer Identification Number (EIN) 15-0532220
2c Plan Sponsor's telephone number 315-349-5553
2d Business code (see instructions) 622000

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

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

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 type="checkbox"/> Same as Plan Sponsor OSWEGO HOSPITAL, INC. 110 WEST 6TH STREET OSWEGO, NY 13126-2507	3b Administrator's EIN 15-0532220 3c Administrator's telephone number 315-349-5553
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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
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5 Total number of participants at the beginning of the plan year	5	655
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	142
a(2) Total number of active participants at the end of the plan year	6a(2)	121
b Retired or separated participants receiving benefits.....	6b	347
c Other retired or separated participants entitled to future benefits	6c	142
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	610
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	28
f Total. Add lines 6d and 6e	6f	638
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>THE OSWEGO HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OSWEGO HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>15-0532220</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>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>39048682</u>
	b Actuarial value	2b	<u>40781220</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>356</u>	<u>26889479</u>
	b For terminated vested participants	<u>158</u>	<u>6818717</u>
	c For active participants	<u>142</u>	<u>5882080</u>
	d Total	<u>656</u>	<u>39590276</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>5.08 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>554000</u>
	c Target normal cost	6c	<u>554000</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>NICHOLAS R. MARK, FSA, EA, MAAA</u> Type or print name of actuary <u>BPAS ACTUARIAL & PENSION SERVICES</u> Firm name <u>706 N. CLINTON STREET, SUITE 200</u> <u>SYRACUSE, NY 13204</u> Address of the firm	Date <u>23-07842</u> Most recent enrollment number <u>315-703-8974</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)	0	4996225
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		672652
9	Amount remaining (line 7 minus line 8)	0	4323573
10	Interest on line 9 using prior year's actual return of <u>12.16</u> %	0	525746
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>5.21</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		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4849319

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.69 %
15	Adjusted funding target attainment percentage	15	102.93 %
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	90.44 %
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
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 type="checkbox"/> Yes <input checked="" 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 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	554000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3685711	351955	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 905955
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	905955	905955
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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE OSWEGO HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OSWEGO HOSPITAL, INC.	D Employer Identification Number (EIN) 15-0532220	

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)

WILMINGTON TRUST, NA

16-1486454

(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 51	NONE	123153	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BPAS ACTUARIAL & PENSION SERVICES

30-0192194

(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 17 50 70	NONE	100340	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)

FUST CHARLES CHAMBERS LLP

16-1226221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7500	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"/>

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 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE OSWEGO HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OSWEGO HOSPITAL, INC.	D Employer Identification Number (EIN) 15-0532220

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	29897	10226
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	298030	338477
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	833496	1823705
(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)	23335420	25290659
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	3841379	1644117
(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)	0	0
(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)	10710460	8237461
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	39048682	37344645
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	80090	8670
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	80090	8670
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	38968592	37335975

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)	1214483	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1214483
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	321328	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	18527	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		339855
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1236920	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1241921	
(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)	-1146339	
(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)		1340541
c Other income	2c		13179
d Total income. Add all income amounts in column (b) and enter total	2d		1756718

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2870011	
(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)		2870011
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	101053	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	418271	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		519324
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3389335

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1632617
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FUSTCHARLES LLP

(2) EIN: 16-1226221

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 542886.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE OSWEGO HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OSWEGO HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>15-0532220</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 16-0380815

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		7
---	--	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

OSWEGO HOSPITAL RETIREMENT PLAN

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

OSWEGO HOSPITAL RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Oswego Hospital Retirement Plan:

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

We have performed audits of the accompanying financial statements of Oswego Hospital Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 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 audit of Oswego Hospital Retirement Plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in note 6 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above, related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

(Continued)

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

(Continued)

Other Matter -Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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).

OSWEGO HOSPITAL RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ 36,995,942	38,720,755
Receivables - Accrued income	338,477	298,030
Cash	<u>10,226</u>	<u>29,897</u>
Total assets	37,344,645	39,048,682
Liabilities - administrative expenses payable	<u>8,670</u>	<u>80,090</u>
Net assets available for benefits	<u>\$ 37,335,975</u>	<u>38,968,592</u>

See accompanying notes to financial statements.

OSWEGO HOSPITAL RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions:		
Net appreciation in fair value of investments	\$ 202,380	2,938,235
Interest and dividends	<u>1,554,338</u>	<u>1,594,301</u>
Total additions	<u>1,756,718</u>	<u>4,532,536</u>
Deductions:		
Benefits paid to participants	2,870,011	2,802,655
Administrative expenses	<u>519,324</u>	<u>702,548</u>
Total deductions	<u>3,389,335</u>	<u>3,505,203</u>
Net increase (decrease)	(1,632,617)	1,027,333
Net assets available for benefits:		
Beginning of year	<u>38,968,592</u>	<u>37,941,259</u>
End of year	<u>\$ 37,335,975</u>	<u>38,968,592</u>

See accompanying notes to financial statements.

OSWEGO HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of Plan

The following description of the Oswego Hospital Retirement Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a non-contributory defined benefit pension plan covering the eligible employees of Oswego Hospital (Hospital) and Seneca Hill Manor Inc. (Manor). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Hospital and Manor are controlled by the same parent corporation, Oswego Health, Inc.

Effective June 26, 2006, the Plan was amended to state that accrued benefits are frozen for any participant who made a one-time irrevocable election to opt out of the Plan as of June 26, 2006 to be covered under the Oswego Health 403(b) Retirement Plan. All employees who opted out of the defined benefit plan or had not met eligibility requirements of the Plan ceased to be an eligible participant under the defined benefit plan. Furthermore, the accrued benefit of any participant not actively employed on June 26, 2006 was frozen.

Effective January 31, 2010, the Plan was amended to freeze the accrued benefits for all participants.

(b) Funding Policy

The Plan's funding policy is for the Hospital and Manor to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For 2024 and 2023, the Hospital and Manor did not make contributions.

Although they have not expressed any intention to do so, the Hospital and Manor have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

(c) Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.75% of the average monthly compensation a participant averaged over the five calendar years which produce the highest monthly average within the last ten completed years of employment, multiplied by total number of years of credited service, reduced by 1.66% of the primary social security benefit, multiplied by total number of years of credited service.

OSWEGO HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

(1) Description of Plan, Continued

(c) Pension Benefits, Continued

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

The Plan allows early retirement, late retirement, vested termination benefits and pre-retirement death benefit options.

(d) Death and Disability Benefits

A vested participant who dies prior to the participant's actual retirement date shall have the participant's death benefit paid to the participant's surviving spouse in the form of a pre-retirement survivor annuity. The pre-retirement survivor annuity payments will be made to the participant's spouse in the same amount as if the participant had separated from service on the date before death and retired at early retirement age with the election of a joint and survivor annuity option in effect.

The Plan does not provide disability benefits. If a participant becomes disabled and ceases employment, the participant is entitled to the same benefits as an employee who has been terminated.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

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

OSWEGO HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

(2) Summary of Significant Accounting Policies, Continued

(c) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Oswego Health, Inc.'s Finance/Resource Committee determines the Plan's valuation policy utilizing information provided by investment advisors and the custodians and trustee. See note 5 for a discussion of fair value measurements.

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

(d) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(e) Expenses

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

(f) Subsequent Events

The Plan has evaluated subsequent events through October 2, 2025, the date the financial statements were available to be issued.

OSWEGO HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (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 they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were: (a) life expectancy of participants (Sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis), (b) retirement age assumptions (the assumed average retirement age was 65), (c) a rate of return on Plan assets of 4.85% in 2024 and 2023. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

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

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving payments	\$ 27,530,485	26,640,121
Terminated vested participants	7,211,558	7,991,806
Active participants	<u>6,041,042</u>	<u>7,103,434</u>
Total vested benefits	40,783,085	41,735,361
Non-vested benefits	<u>25,684</u>	<u>30,049</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 40,808,769</u>	<u>41,765,410</u>

OSWEGO HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

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

The change in the actuarial present value of accumulated plan benefits for the years ended January 1 was as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits as of January 1, 2024 and January 1, 2023, respectively	\$ <u>41,765,410</u>	<u>49,008,281</u>
Change during the year attributable to:		
Increase for interest due to the decrease in the discount period	1,957,658	1,758,151
Changes in actuarial assumptions	(87,788)	(5,878,421)
Benefits accumulated, including actuarial gains and losses	(23,856)	(141,238)
Benefits paid	<u>(2,802,655)</u>	<u>(2,981,363)</u>
Net decrease	<u>(956,641)</u>	<u>(7,242,871)</u>
Actuarial present value of accumulated plan benefits as of January 1, 2024 and January 1, 2023, respectively	\$ <u><u>40,808,769</u></u>	<u><u>41,765,410</u></u>

The decrease in changes in actuarial assumptions in 2023 were due to an increase in interest rate used to determine the present value of accumulated benefits used as of January 1, 2023 from 3.70% to 4.85%. The interest rate in 2024 remained the same with 2023.

(4) Plan Termination

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

- (a) Annuity benefits 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 nonvested benefits.

OSWEGO HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

(4) Plan Termination, Continued

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.

(5) Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

OSWEGO HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

(5) Fair Value Measurements, Continued

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market, mutual and exchange-traded funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Fixed-income funds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available. These securities are considered level 2 assets.

Hedge funds: Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan’s fair value measurements at December 31:

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Money market funds	\$ 1,823,705	-	-	1,823,705
Fixed-income funds	-	25,290,659	-	25,290,659
Mutual and exchange-traded funds	8,237,461	-	-	8,237,461
Investments measured at NAV:				
Hedge funds	-	-	-	1,644,117
Total assets at fair value	\$ 10,061,166	25,290,659	-	36,995,942

OSWEGO HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

(5) Fair Value Measurements, Continued

	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Money market funds	\$ 833,496	-	-	833,496
Fixed-income funds	-	23,335,420	-	23,335,420
Mutual and exchange-traded funds	10,710,460	-	-	10,710,460
Investments measured at NAV:				
Hedge funds	-	-	-	3,841,379
 Total assets at fair value	 \$ <u>11,543,956</u>	 <u>23,335,420</u>	 <u>-</u>	 <u>38,720,755</u>

The following tables summarize the Plan's investments whose NAV is used to determine their fair value as of December 31:

	2024				
	<u>Fair value</u>	<u>Unfunded commitment</u>	<u>Redemption frequency</u>	<u>Other redemption restrictions</u>	<u>Redemption notice period</u>
BlackRock Event Driven Equity Fund Institutional Shares	\$ 552,060	N/A	Daily	(a)	(a)
Blackstone Alternative Multi-Strategy Fund Class I	539,641	N/A	Daily	(a)	(a)
Wilmington Global Alpha Equities Fund	552,416	N/A	Daily	(a)	(a)
	2023				
	<u>Fair value</u>	<u>Unfunded commitment</u>	<u>Redemption frequency</u>	<u>Other redemption restrictions</u>	<u>Redemption notice period</u>
BlackRock Event Driven Equity Fund Institutional Shares	\$ 1,208,851	N/A	Daily	(a)	(a)
Blackstone Alternative Multi-Strategy Fund Class I	1,254,343	N/A	Daily	(a)	(a)
Wilmington Global Alpha Equities Fund	1,378,185	N/A	Daily	(a)	(a)

(a) An investor may withdraw all or a portion of its units once each valuation date, upon advance written notice to the custodian (unless such notice is waived by the custodian).

OSWEGO HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

(6) Certified Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplementary schedules, including investments, accrued income receivable and cash held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Wilmington Trust, who acts as the investment advisor and is an affiliate of M&T, who acts as the trustee, and third-party administrator as defined by the Plan.

(7) Tax Status

The IRS has determined the Plan by a letter dated September 28, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to the routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(8) Risks and Uncertainties

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

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

(9) Party-in-Interest Transactions

The Plan invested in shares of a money market fund, a mutual fund, and a hedge fund managed by Wilmington Trust, who acts as the investment advisor and is an affiliate of M&T, who acts as the trustee, and third-party administrator as defined by the Plan. As described in note 2(e), the Plan paid certain expenses related to plan operations and investment activity to these service providers. These transactions qualify as party-in-interest transactions under ERISA.

OSWEGO HOSPITAL RETIREMENT PLAN

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Wilmington U.S. Govt. Money Market	Money market fund - 1,823,705 shares	\$ 1,823,705	1,823,705
	Abbott Laboratories	Corporate Bond, \$300,000 par value; 5.300%; due 5/27/40	340,573	301,095
	AbbVie, Inc.	Corporate Bond, \$300,000 par value; 4.450%; due 5/14/46	283,866	255,012
	Amazon.com, Inc.	Corporate Bond, \$300,000 par value; 4.250%; due 8/22/57	319,966	245,667
	American Tower Corp.	Corporate Bond, \$300,000 par value; 3.950%; due 3/15/29	301,557	287,445
	Amgen, Inc.	Corporate Bond, \$300,000 par value; 4.663%; due 6/15/51	303,665	251,181
	Anheuser-Busch	Corporate Bond, \$250,000 par value; 4.900%; due 1/23/31	266,639	249,763
	Anheuser-Busch	Corporate Bond, \$300,000 par value; 5.800%; due 1/23/59	340,272	305,481
	Anthem, Inc.	Corporate Bond, \$300,000 par value; 4.375%; due 12/01/47	291,870	241,812
	Aon PLC	Corporate Bond, \$350,000 par value; 4.600%; due 6/14/44	357,245	296,058
	Archer-Daniels	Corporate Bond, \$400,000 par value; 4.500%; due 3/15/49	431,181	336,928
	AT&T, Inc.	Corporate Bond, \$250,000 par value; 4.300%; due 2/15/30	256,122	242,120
	Bank of America CRP MTN	Corporate Bond, \$250,000 par value; 2.676%; due 6/19/40	177,597	173,558
	Baker Hughes, LLC	Corporate Bond, \$300,000 par value; 4.080%; due 12/15/47	277,730	236,040
	Bank of Montreal MTN	Corporate Bond, \$500,000 par value; 3.700%; due 6/07/25	496,290	497,695
	Barrick NA Finance	Corporate Bond, \$250,000 par value; 5.750%; due 5/01/43	250,633	246,125
	Becton Dickinson	Corporate Bond, \$250,000 par value; 4.685%; due 12/15/44	229,798	216,138
	Campbell Soup Co.	Corporate Bond, \$500,000 par value; 3.950%; due 3/15/25	500,531	498,845
	Church & Dwight Co.	Corporate Bond, \$300,000 par value; 3.950%; due 8/01/47	286,869	231,381
	Citigroup Inc V-Q	Corporate Bond, \$250,000 par value; 2.904%; due 11/03/42	178,606	175,080
	Comcast Corp.	Corporate Bond, \$600,000 par value; 4.049%; due 11/01/52	583,791	450,906
	Conagra Brands, Inc.	Corporate Bond, \$500,000 par value; 5.400%; due 11/01/48	522,480	453,550
	Consolidated Edison	Corporate Bond, \$500,000 par value; 4.500%; due 5/15/58	520,621	401,660
	Corning, Inc.	Corporate Bond, \$300,000 par value; 4.375%; due 11/15/57	275,361	230,013
	Crown Castle Int	Corporate Bond, \$150,000 par value; 1.050%; due 7/15/26	140,313	141,726
	CSX Corp.	Corporate Bond, \$500,000 par value; 4.250%; due 11/01/66	467,071	377,905
	CVS Health Corp.	Corporate Bond, \$300,000 par value; 5.125%; due 7/20/45	300,974	252,048
	Digital Realty	Corporate Bond, \$500,000 par value; 3.600%; due 7/01/29	459,694	472,820

OSWEGO HOSPITAL RETIREMENT PLAN

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Discovery Commun	Corporate Bond, \$250,000 par value; 4.875%; due 4/01/43	196,407	190,690
	Dominion Energy	Corporate Bond, \$300,000 par value; 4.600%; due 3/15/49	307,828	247,170
	Dow Chemical Company	Corporate Bond, \$300,000 par value; 5.250%; due 11/15/41	314,604	278,301
	Dr. Pepper Snapple Group, Inc.	Corporate Bond, \$300,000 par value; 4.420%; due 12/15/46	276,497	246,027
	DTE Electric Co	Corporate Bond, \$300,000 par value; 2.250%; due 3/01/30	266,628	264,423
	Duke Energy Corp.	Corporate Bond, \$300,000 par value; 4.800%; due 12/15/45	320,360	258,906
	Duke Energy Corp.	Corporate Bond, \$300,000 par value; 6.450%; due 10/15/32	363,007	322,608
	Enbridge Inc	Corporate Bond, \$500,000 par value; 1.600%; due 10/04/26	469,376	473,270
	Energy Transfer Partners	Corporate Bond, \$300,000 par value; 6.500%; due 2/01/42	331,777	310,677
	Energy Transfer Partners	Corporate Bond, \$250,000 par value; 5.750%; due 2/15/33	260,825	253,428
	Enterprise Products	Corporate Bond, \$300,000 par value; 4.950%; due 10/15/54	310,927	262,038
	Express Scripts Holding	Corporate Bond, \$300,000 par value; 6.125%; due 11/15/41	343,589	277,482
	Fedex Corp.	Corporate Bond, \$250,000 par value; 4.950%; due 10/17/48	257,357	218,183
	Fifth Third Banc	Corporate Bond, \$500,000 par value; 6.361%; due 10/27/28	509,502	516,980
	GATX Corp	Corporate Bond, \$500,000 par value; 3.250%; due 9/15/26	483,377	486,685
	GATX Corp	Corporate Bond, \$300,000 par value; 3.500%; due 6/01/32	260,108	264,690
	Gen Motors Finl Co	Corporate Bond, \$500,000 par value; 4.350%; due 1/17/27	491,004	494,215
	General Mills, Inc.	Corporate Bond, \$300,000 par value; 5.400%; due 6/15/40	324,981	290,025
	Hartford Financial	Corporate Bond, \$350,000 par value; 4.300%; due 4/15/43	354,530	295,117
	Health Care REIT	Corporate Bond, \$300,000 par value; 6.500%; due 3/15/41	355,702	320,835
	HealthPeak PPTYs	Corporate Bond, \$250,000 par value; 6.750%; due 2/01/43	266,553	270,453
	Home Depot, Inc.	Corporate Bond, \$300,000 par value; 3.500%; due 9/15/56	274,059	207,969
	Ingersoll-Rand	Corporate Bond, \$325,000 par value; 4.500%; due 3/21/49	329,448	278,782
	International Paper Company	Corporate Bond, \$223,000 par value; 4.800%; due 6/15/44	220,360	196,174
	Johnson Controls	Corporate Bond, \$300,000 par value; 4.950%; due 7/02/64	287,742	253,311
	JP Morgan Chase	Corporate Bond, \$300,000 par value; 5.600%; due 7/15/41	353,291	302,868
	Kinder Morgan, Inc.	Corporate Bond, \$300,000 par value; 5.200%; due 3/01/48	313,241	264,597

OSWEGO HOSPITAL RETIREMENT PLAN

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Kroger Company	Corporate Bond, \$300,000 par value; 4.650%; due 1/15/48	282,321	250,785
	L3Harris Technology	Corporate Bond, \$300,000 par value; 1.800%; due 1/15/31	248,431	247,011
	Lockheed Martin Corp.	Corporate Bond, \$300,000 par value; 4.090%; due 9/15/52	301,981	237,300
	Lowe's COS Inc	Corporate Bond, \$300,000 par value; 2.625%; due 4/01/31	260,000	260,571
	Marathon Petrol Corp.	Corporate Bond, \$300,000 par value; 5.000%; due 9/15/54	295,914	246,825
	Marathon Petroleum	Corporate Bond, \$300,000 par value; 4.750%; due 9/15/44	301,675	248,970
	McDonald's Corp	Corporate Bond, \$300,000 par value; 4.875%; due 12/09/45	320,344	268,734
	Microsoft Corp.	Corporate Bond, \$300,000 par value; 3.041%; due 3/17/62	286,638	191,651
	Morgan Stanley MTN V-Q	Corporate Bond, \$500,000 par value; 4.431%; due 1/23/30	520,013	486,629
	MPLX LP	Corporate Bond, \$500,000 par value; 4.900%; due 4/15/58	474,187	403,700
	Nextera Energy Cap	Corporate Bond, \$300,000 par value; 1.875%; due 1/15/27	280,487	283,467
	Norfolk Southern	Corporate Bond, \$300,000 par value; 4.050%; due 8/15/52	290,487	230,202
	Oneok Partners LP	Corporate Bond, \$300,000 par value; 6.125%; due 2/01/41	332,374	298,767
	Oracle Corp	Corporate Bond, \$500,000 par value; 4.000%; due 7/15/46	374,295	384,785
	Phillips 66 Printer	Corporate Bond, \$300,000 par value; 4.900%; due 10/01/46	303,652	222,306
	Prologis LP	Corporate Bond, \$500,000 par value; 3.250%; due 10/01/26	484,183	489,390
	Prudential Financial MTN	Corporate Bond, \$300,000 par value; 4.350%; due 2/25/50	307,706	244,467
	Qualcomm, Inc.	Corporate Bond, \$300,000 par value; 4.800%; due 5/20/45	320,809	271,098
	Royal BK CA MTN Conv	Corporate Bond, \$300,000 par value; 4.875%; due 1/19/27	298,400	301,155
	San Diego G&E	Corporate Bond, \$300,000 par value; 4.500%; due 8/15/40	308,821	268,887
	South Carolina E&G	Corporate Bond, \$500,000 par value; 5.100%; due 6/01/65	594,481	447,050
	Spectra Energy Partners	Corporate Bond, \$250,000 par value; 4.500%; due 3/15/45	211,618	205,588
	Sysco Corp	Corporate Bond, \$250,000 par value; 4.850%; due 10/01/45	227,498	219,173
	Toronto Dom MTN Conv	Corporate Bond, \$500,000 par value; 1.150%; due 6/12/25	490,684	492,370
	Union Pacific Corp.	Corporate Bond, \$300,000 par value; 4.250%; due 4/15/43	299,370	246,665
	Ventas Realty LP	Corporate Bond, \$300,000 par value; 4.875%; due 4/15/49	311,918	258,180
	WEC Energy Group Inc	Corporate Bond, \$500,000 par value; 4.750%; due 1/09/26	496,880	500,265

OSWEGO HOSPITAL RETIREMENT PLAN

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Wells Fargo MTN V-Q	Corporate Bond, \$250,000 par value; 5.013%; due 4/04/51	234,967	221,913
	Whirlpool Corp.	Corporate Bond, \$300,000 par value; 4.500%; due 6/01/46	278,485	231,566
	Zimmer Biomet Holdings	Corporate Bond, \$300,000 par value; 4.450%; due 8/15/45	293,160	250,626
	Zoetis, Inc.	Corporate Bond, \$300,000 par value; 4.700%; due 2/01/43	316,526	266,607
	American Beacon SIM High Yield	Mutual Fund - 86,618 shares	828,632	802,080
	Virtus SEIX FLT RT HI Inc Fund	Mutual Fund - 48,138 shares	393,766	375,955
*	Wilmington Real Asset Fund	Mutual Fund - 65,698 shares	973,261	905,323
	iShares Core S&P 500	Exchange-Traded Fund - 6,310 shares	1,786,286	3,714,571
	iShares Russell 2000	Exchange-Traded Fund - 2,975 shares	481,997	657,356
	iShares Core MSCI EAFE	Exchange-Traded Fund - 17,575 shares	1,083,740	1,235,171
	iShares Core MSCI Emerging	Exchange-Traded Fund - 10,475 shares	549,081	547,005
	BlackRock Event Driven Equity Fund Institutional Shares	Hedge Fund - 55,206 units	538,585	552,060
	Blackstone Alternative Multi-Strategy Fund Class I	Hedge Fund - 50,387 units	538,052	539,641
*	Wilmington Global Alpha Equities Fund	Hedge Fund - 41,850 units	488,158	552,416
			<u>\$ 37,837,963</u>	<u>36,995,942</u>

* Party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

OSWEGO HOSPITAL RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan No. 001

Employer Identification No. 15-0532220

For the year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Single Security Transactions in Excess of 5% of Plan Assets</u>						
Wilmington U.S. Govt. Money Market	Money Market Fund	\$ 2,012,000	-	2,012,000	2,012,000	-
Wilmington U.S. Govt. Money Market	Money Market Fund	-	3,500,000	3,500,000	3,500,000	-
Wilmington U.S. Govt. Money Market	Money Market Fund	3,500,000	-	3,500,000	3,500,000	-
Wilmington U.S. Govt. Money Market	Money Market Fund	-	3,409,757	3,409,757	3,409,757	-
<u>Series of Security Transactions in Excess of 5% of Plan Assets</u>						
Wilmington U.S. Govt. Money Market	Money Market Fund	15,135,117	14,144,900	29,280,017	29,280,017	-
Ishares Core S&P 500 ETF	Exchange Traded Fund	-	2,550,264	2,263,967	2,550,264	286,297

See accompanying independent auditor's report.

Oswego Hospital Retirement Plan
 Schedule SB, Line 26a - Schedule of Active Participant
 Data EIN/PN: 15-0532220/001

Completed Years of Service on January 1, 2024											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	1	5	7	0	0	0	0	0	0	0	13
45-49	1	8	10	0	0	0	0	0	0	0	19
50-54	1	2	13	9	4	0	0	0	0	0	29
55-59	1	6	9	14	9	3	1	0	0	0	43
60-64	0	7	4	3	5	7	4	0	0	0	30
65-70	0	3	1	0	1	0	1	0	0	0	6
70 & up	0	0	0	0	1	1	0	0	0	0	2
Total	4	31	44	26	20	11	6	0	0	0	142

Actuarial Assumptions and Methods

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

Funding Target Liability

Valuation Date: January 1, 2024

Demographic Information: The demographic information was provided as of January 1, 2024 by Oswego Hospital. Although we did not audit the data, we did review the data for reasonableness.

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

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

Anticipated Rate of Return on Plan Assets: : 4.85%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

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

Interest Rates for Minimum Required Contribution: The September 2023 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Oswego Hospital. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	4.75%
Segment 2	4.87%
Segment 3	5.59%

Effective Interest Rate
5.08%

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

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

Segment	Interest Rate
Segment 1	3.62%
Segment 2	4.46%
Segment 3	4.52%

Effective Interest Rate
4.42%

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

Rate of Compensation Increase: Salary increases are not applicable as the plan is frozen.

Mortality for Healthy Lives:

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

Mortality improvements: The base mortality table is adjusted by projecting mortality improvements using Scale MP-2020 from the year 2006 through 2023, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

Retirement Incidence: Employees were assumed to retire at normal retirement age. This assumption is consistent with the Hospital's expectation of future retirement incidence.

Turnover: Rates of decrement due to turnover are assumed to be 0%. This assumption was based on the demographics and provision of the plan.

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

Assumptions Used to Convert Annuities to Actuarially Equivalent Lump Sum Amounts: In accordance with IRS Regulation 1.430(d)-1(f)(5)(ii)(B), annuities are converted to lump sums using the current applicable mortality under IRC Section 417(e)(3) that would apply to a distribution with an annuity starting date occurring on the valuation date and the underlying valuation interest rates under IRC Section 430(h)(2).

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

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

Form of Benefit: The assumed form of benefit was based on the Plan provisions and client expectations.

Death: Pre-retirement survivor annuity payable at early retirement date of participant. If the 403(b) Plan was elected June 26, 2006, the actuarial equivalent benefit was valued at the early retirement date of the participant.

Retirement: Upon retirement of active participants, 80% of participants that elected the 403(b) Plan are assumed to elect an immediate lump sum distribution and the remaining 20% are assumed to elect a life annuity at normal retirement age. Participants not eligible for a lump sum were assumed to elect a life annuity.

Terminated Vested participants are assumed to elect a life annuity at Normal Retirement Date.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 4.85%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Mortality: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

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

Segment	Interest Rate
Segment 1	5.50%
Segment 2	5.76%
Segment 3	5.83%

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

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

OSWEGO HOSPITAL RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan No. 001

Employer Identification No. 15-0532220

For the year ended December 31, 2024

(a) Identity of <u>party involved</u>	(b) Description of asset (include interest rate and <u>maturity in case of loan</u>)	(c) Purchase <u>price</u>	(d) Selling <u>price</u>	(g) Cost of <u>asset</u>	(h) Current value of asset on transaction <u>date</u>	(i) Net gain or (loss)
<u>Single Security Transactions in Excess of 5% of Plan Assets</u>						
Wilmington U.S. Govt. Money Market	Money Market Fund	\$ 2,012,000	-	2,012,000	2,012,000	-
Wilmington U.S. Govt. Money Market	Money Market Fund	-	3,500,000	3,500,000	3,500,000	-
Wilmington U.S. Govt. Money Market	Money Market Fund	3,500,000	-	3,500,000	3,500,000	-
Wilmington U.S. Govt. Money Market	Money Market Fund	-	3,409,757	3,409,757	3,409,757	-
<u>Series of Security Transactions in Excess of 5% of Plan Assets</u>						
Wilmington U.S. Govt. Money Market	Money Market Fund	15,135,117	14,144,900	29,280,017	29,280,017	-
Ishares Core S&P 500 ETF	Exchange Traded Fund	-	2,550,264	2,263,967	2,550,264	286,297

See accompanying independent auditor's report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 THE OSWEGO HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OSWEGO HOSPITAL, INC.	D Employer Identification Number (EIN) 15-0532220	
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>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	39,048,682	
b Actuarial value	2b	40,781,220	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	356	26,889,479	26,889,479
b For terminated vested participants	158	6,818,717	6,818,717
c For active participants	142	5,882,080	5,909,416
d Total	656	39,590,276	39,617,612
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	5.08%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	554,000	
c Target normal cost	6c	554,000	

Statement by Enrolled Actuary

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

SIGN HERE	<u>Nicholas R. Mark</u> NRW	
	Signature of actuary	<u>10/3/2025</u>
	Nicholas R. Mark, FSA, EA, MAAA	Date
	Type or print name of actuary	2307842
	BPAS Actuarial & Pension Services	Most recent enrollment number
	Firm name	315-703-8974
	706 N. CLINTON STREET, SUITE 200	Telephone number (including area code)
	SYRACUSE NY 13204	
	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

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

Schedule SB (Form 5500) 2024
v. 240311

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,996,225
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		672,652
9 Amount remaining (line 7 minus line 8)	0	4,323,573
10 Interest on line 9 using prior year's actual return of <u>12.16%</u>	0	525,746
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>5.21%</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		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	4,849,319

Part III	Funding Percentages	
14 Funding target attainment percentage	14	90.69%
15 Adjusted funding target attainment percentage	15	102.93%
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	90.44%
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: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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 type="checkbox"/> Yes <input checked="" 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 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 554,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	3,685,711		351,955	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 905,955
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	905,955	905,955	
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				

The Oswego Hospital Retirement Plan
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
EIN/PN: 15-0532220/001

All participants were assumed to retire at age 65.

Plan Provisions

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

Plan Sponsor: Oswego Hospital
EIN/PN: 15-0532220/001

Effective Date

July 1, 1959

Effective January 31, 2010, the Plan was amended to freeze benefit accruals for all participants.

Effective April 30, 2012, the Oswego Hospital Retirement Plan was amended to correct the effective date of Amendment #6. This corrective amendment changed the plan freeze date for participants who made the special election in 2006 from June 11, 2006 to June 26, 2006.

Covered Employee

Any person employed by the Plan Sponsor excluding the hospital administrator (except for prior administrator as amended) and any physician or doctor who is a member of the Plan Sponsor's medical staff.

A Participant who made the one time irrevocable election to opt out of the Plan effective June 26, 2006 and instead be covered under the Oswego Hospital 403(b) Plan shall cease to be a covered employee.

Credited Service

Each Employee's period of Employment determined as follows: (1) Prior to 1/1/76: The period, if any, of his continuous employment prior to 7/1/59, plus the period of his continuous employment on or after 7/1/59 during which he was an "employee" as defined under the Plan prior to January 1, 1976. (2) On and after 1/1/76, an Employee shall receive credit for one year of Credited Service for each Plan Year during which he completes at least 1,000 hours of Service, with partial credit (proportional to 1,000 hours) granted for the first or last Plan Year of employment. An employee continuously employed from July 1, 1975 to December 31, 1975 shall receive 1 year of vesting credit and ½ year of Credited Service for benefit accrual purposes for such period.

Eligibility Requirements

Each Covered Employee shall be eligible to become a Participant on the first Participation Date at least 6 months later than his initial date of hire, or later, following his attainment of age 20½.

Employees who have not satisfied the eligibility requirements of the Plan in accordance as of June 26, 2006 shall not be covered employees and participation in the Plan shall be frozen as of said date.

Annual Earnings

The basic rate of compensation paid to a Participant during a calendar year by the Employer, excluding premium pay, overtime, bonuses, service award or any other remuneration, but including any contributions for such year pursuant to a salary reduction agreement to a cash or deferred plan under Section 403(b) of the Internal Revenue Code, not to exceed the limitation under Section 401(a)(17) of the Internal Revenue Code.

Average Annual Earnings

The Participant's Annual Earnings averaged over the highest 5 Plan Years of the Participant's last 10 Plan Years immediately prior to the Participant's Normal Retirement Date or, if applicable, Early Retirement Date, Late Retirement Date, Termination Date, date of change in Employment status or date this Plan terminates, whichever first occurs.

Normal Retirement Provision

- Normal Retirement Date: The first day of the calendar month coincident with or, otherwise, next following the participant's 65th birthday.
- Normal Form: A monthly life annuity with the first payment being due on the Participant's Retirement Date, if he is then living.
- Annual Benefit: A monthly benefit payable in the Normal Form commencing on the Participant's Normal Retirement Date equal to the greater of (1) and (2):
- (1) 1/12th the product of (a) and (b)
 - (a) an amount equal to (i) reduced by (ii), where
 - (i) 1-3/4% of his Average Annual Earnings,
 - (ii) 1-2/3% of his Primary Social Security Benefit.
 - (b) Years of Credited Service
 - (2) \$50.00 per month.

Accrued Benefit

An amount determined by the Plan's benefit formula calculated as though the effective date of the calculation were the Participant's Normal Retirement Date; provided, however, that the \$50 per month minimum shall be multiplied by a fraction, not to exceed 1, the numerator of which is the number of full years of Credited Service the Participant has completed up to such applicable date, and the denominator of which is the number of full years of Credited Service which would otherwise have been completed had he remained in the employ of the Employer until his Normal Retirement Date.

Notwithstanding the above, the accrued benefit under the Plan is frozen as of January 31, 2010.

Early Retirement Provision

- Eligibility: Attainment of age 55 and completion of 10 years of Credited Service. If the 403(b) Plan was elected as of June 26, 2006, the participant may retire at the latest of age 62, 5 years of Credited Service, or January 1, 2010.
- Benefit: The Participant's Accrued Benefit, as of Early Retirement Date, reduced by ½% for each month that the benefit commencement date precedes Normal Retirement Date.

Late Retirement Provision

- Eligibility: Active employment subsequent to the Participant's Normal Retirement Date.
- Benefit: The Participant's Accrued Benefit as of his Late Retirement Date, or, if greater, the actuarial equivalent of the benefit that would have been payable if the participant had retired on his Normal Retirement Date.

Death Benefit Provision

If a married Participant (i) dies at a time when he satisfies the requirements for early retirement but before his benefits under the Plan commence or (ii) dies while engaged in Employment on or after his Normal Retirement Date, his surviving Spouse shall be entitled to a life annuity determined as though the Participant had retired on the first day of the month in which his death occurred with the 50% Contingent Annuitant Option in effect.

If a married participant with a vested benefit dies before the date of attaining the earliest retirement age, a survivor annuity will be provided to the surviving spouse commencing on the date that would have been the participant's earliest retirement age, based on the 50% Contingent Annuitant Option as if the participant had separated from service on the date of death, survived to the earliest retirement age, retired with a 50% Contingent Annuitant Option at that age, and died on the day after the day of attaining the earliest retirement age. If the 403(b) Plan was elected June 26, 2006, the actuarial equivalent benefit is payable to the participant's beneficiary.

Termination of Employment Provision

Any Participant who has completed at least 5 years of Credited Service on his Termination Date, shall be entitled to a pension benefit in the Normal Form commencing on what otherwise would have been his Normal Retirement Date equal to his Accrued Benefit determined as of his Termination Date

OSWEGO HOSPITAL RETIREMENT PLAN

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Wilmington U.S. Govt. Money Market	Money market fund - 1,823,705 shares	\$ 1,823,705	1,823,705
	Abbott Laboratories	Corporate Bond, \$300,000 par value; 5.300%; due 5/27/40	340,573	301,095
	AbbVie, Inc.	Corporate Bond, \$300,000 par value; 4.450%; due 5/14/46	283,866	255,012
	Amazon.com, Inc.	Corporate Bond, \$300,000 par value; 4.250%; due 8/22/57	319,966	245,667
	American Tower Corp.	Corporate Bond, \$300,000 par value; 3.950%; due 3/15/29	301,557	287,445
	Amgen, Inc.	Corporate Bond, \$300,000 par value; 4.663%; due 6/15/51	303,665	251,181
	Anheuser-Busch	Corporate Bond, \$250,000 par value; 4.900%; due 1/23/31	266,639	249,763
	Anheuser-Busch	Corporate Bond, \$300,000 par value; 5.800%; due 1/23/59	340,272	305,481
	Anthem, Inc.	Corporate Bond, \$300,000 par value; 4.375%; due 12/01/47	291,870	241,812
	Aon PLC	Corporate Bond, \$350,000 par value; 4.600%; due 6/14/44	357,245	296,058
	Archer-Daniels	Corporate Bond, \$400,000 par value; 4.500%; due 3/15/49	431,181	336,928
	AT&T, Inc.	Corporate Bond, \$250,000 par value; 4.300%; due 2/15/30	256,122	242,120
	Bank of America CRP MTN	Corporate Bond, \$250,000 par value; 2.676%; due 6/19/40	177,597	173,558
	Baker Hughes, LLC	Corporate Bond, \$300,000 par value; 4.080%; due 12/15/47	277,730	236,040
	Bank of Montreal MTN	Corporate Bond, \$500,000 par value; 3.700%; due 6/07/25	496,290	497,695
	Barrick NA Finance	Corporate Bond, \$250,000 par value; 5.750%; due 5/01/43	250,633	246,125
	Becton Dickinson	Corporate Bond, \$250,000 par value; 4.685%; due 12/15/44	229,798	216,138
	Campbell Soup Co.	Corporate Bond, \$500,000 par value; 3.950%; due 3/15/25	500,531	498,845
	Church & Dwight Co.	Corporate Bond, \$300,000 par value; 3.950%; due 8/01/47	286,869	231,381
	Citigroup Inc V-Q	Corporate Bond, \$250,000 par value; 2.904%; due 11/03/42	178,606	175,080
	Comcast Corp.	Corporate Bond, \$600,000 par value; 4.049%; due 11/01/52	583,791	450,906
	Conagra Brands, Inc.	Corporate Bond, \$500,000 par value; 5.400%; due 11/01/48	522,480	453,550
	Consolidated Edison	Corporate Bond, \$500,000 par value; 4.500%; due 5/15/58	520,621	401,660
	Corning, Inc.	Corporate Bond, \$300,000 par value; 4.375%; due 11/15/57	275,361	230,013
	Crown Castle Int	Corporate Bond, \$150,000 par value; 1.050%; due 7/15/26	140,313	141,726
	CSX Corp.	Corporate Bond, \$500,000 par value; 4.250%; due 11/01/66	467,071	377,905
	CVS Health Corp.	Corporate Bond, \$300,000 par value; 5.125%; due 7/20/45	300,974	252,048
	Digital Realty	Corporate Bond, \$500,000 par value; 3.600%; due 7/01/29	459,694	472,820

OSWEGO HOSPITAL RETIREMENT PLAN

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	Discovery Commun	Corporate Bond, \$250,000 par value; 4.875%; due 4/01/43	196,407	190,690
	Dominion Energy	Corporate Bond, \$300,000 par value; 4.600%; due 3/15/49	307,828	247,170
	Dow Chemical Company	Corporate Bond, \$300,000 par value; 5.250%; due 11/15/41	314,604	278,301
	Dr. Pepper Snapple Group, Inc.	Corporate Bond, \$300,000 par value; 4.420%; due 12/15/46	276,497	246,027
	DTE Electric Co	Corporate Bond, \$300,000 par value; 2.250%; due 3/01/30	266,628	264,423
	Duke Energy Corp.	Corporate Bond, \$300,000 par value; 4.800%; due 12/15/45	320,360	258,906
	Duke Energy Corp.	Corporate Bond, \$300,000 par value; 6.450%; due 10/15/32	363,007	322,608
	Enbridge Inc	Corporate Bond, \$500,000 par value; 1.600%; due 10/04/26	469,376	473,270
	Energy Transfer Partners	Corporate Bond, \$300,000 par value; 6.500%; due 2/01/42	331,777	310,677
	Energy Transfer Partners	Corporate Bond, \$250,000 par value; 5.750%; due 2/15/33	260,825	253,428
	Enterprise Products	Corporate Bond, \$300,000 par value; 4.950%; due 10/15/54	310,927	262,038
	Express Scripts Holding	Corporate Bond, \$300,000 par value; 6.125%; due 11/15/41	343,589	277,482
	Fedex Corp.	Corporate Bond, \$250,000 par value; 4.950%; due 10/17/48	257,357	218,183
	Fifth Third Banc	Corporate Bond, \$500,000 par value; 6.361%; due 10/27/28	509,502	516,980
	GATX Corp	Corporate Bond, \$500,000 par value; 3.250%; due 9/15/26	483,377	486,685
	GATX Corp	Corporate Bond, \$300,000 par value; 3.500%; due 6/01/32	260,108	264,690
	Gen Motors Finl Co	Corporate Bond, \$500,000 par value; 4.350%; due 1/17/27	491,004	494,215
	General Mills, Inc.	Corporate Bond, \$300,000 par value; 5.400%; due 6/15/40	324,981	290,025
	Hartford Financial	Corporate Bond, \$350,000 par value; 4.300%; due 4/15/43	354,530	295,117
	Health Care REIT	Corporate Bond, \$300,000 par value; 6.500%; due 3/15/41	355,702	320,835
	HealthPeak PPTYs	Corporate Bond, \$250,000 par value; 6.750%; due 2/01/43	266,553	270,453
	Home Depot, Inc.	Corporate Bond, \$300,000 par value; 3.500%; due 9/15/56	274,059	207,969
	Ingersoll-Rand	Corporate Bond, \$325,000 par value; 4.500%; due 3/21/49	329,448	278,782
	International Paper Company	Corporate Bond, \$223,000 par value; 4.800%; due 6/15/44	220,360	196,174
	Johnson Controls	Corporate Bond, \$300,000 par value; 4.950%; due 7/02/64	287,742	253,311
	JP Morgan Chase	Corporate Bond, \$300,000 par value; 5.600%; due 7/15/41	353,291	302,868
	Kinder Morgan, Inc.	Corporate Bond, \$300,000 par value; 5.200%; due 3/01/48	313,241	264,597

OSWEGO HOSPITAL RETIREMENT PLAN

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	Kroger Company	Corporate Bond, \$300,000 par value; 4.650%; due 1/15/48	282,321	250,785
	L3Harris Technology	Corporate Bond, \$300,000 par value; 1.800%; due 1/15/31	248,431	247,011
	Lockheed Martin Corp.	Corporate Bond, \$300,000 par value; 4.090%; due 9/15/52	301,981	237,300
	Lowe's COS Inc	Corporate Bond, \$300,000 par value; 2.625%; due 4/01/31	260,000	260,571
	Marathon Petrol Corp.	Corporate Bond, \$300,000 par value; 5.000%; due 9/15/54	295,914	246,825
	Marathon Petroleum	Corporate Bond, \$300,000 par value; 4.750%; due 9/15/44	301,675	248,970
	McDonald's Corp	Corporate Bond, \$300,000 par value; 4.875%; due 12/09/45	320,344	268,734
	Microsoft Corp.	Corporate Bond, \$300,000 par value; 3.041%; due 3/17/62	286,638	191,651
	Morgan Stanley MTN V-Q	Corporate Bond, \$500,000 par value; 4.431%; due 1/23/30	520,013	486,629
	MPLX LP	Corporate Bond, \$500,000 par value; 4.900%; due 4/15/58	474,187	403,700
	Nextera Energy Cap	Corporate Bond, \$300,000 par value; 1.875%; due 1/15/27	280,487	283,467
	Norfolk Southern	Corporate Bond, \$300,000 par value; 4.050%; due 8/15/52	290,487	230,202
	Oneok Partners LP	Corporate Bond, \$300,000 par value; 6.125%; due 2/01/41	332,374	298,767
	Oracle Corp	Corporate Bond, \$500,000 par value; 4.000%; due 7/15/46	374,295	384,785
	Phillips 66 Printer	Corporate Bond, \$300,000 par value; 4.900%; due 10/01/46	303,652	222,306
	Prologis LP	Corporate Bond, \$500,000 par value; 3.250%; due 10/01/26	484,183	489,390
	Prudential Financial MTN	Corporate Bond, \$300,000 par value; 4.350%; due 2/25/50	307,706	244,467
	Qualcomm, Inc.	Corporate Bond, \$300,000 par value; 4.800%; due 5/20/45	320,809	271,098
	Royal BK CA MTN Conv	Corporate Bond, \$300,000 par value; 4.875%; due 1/19/27	298,400	301,155
	San Diego G&E	Corporate Bond, \$300,000 par value; 4.500%; due 8/15/40	308,821	268,887
	South Carolina E&G	Corporate Bond, \$500,000 par value; 5.100%; due 6/01/65	594,481	447,050
	Spectra Energy Partners	Corporate Bond, \$250,000 par value; 4.500%; due 3/15/45	211,618	205,588
	Sysco Corp	Corporate Bond, \$250,000 par value; 4.850%; due 10/01/45	227,498	219,173
	Toronto Dom MTN Conv	Corporate Bond, \$500,000 par value; 1.150%; due 6/12/25	490,684	492,370
	Union Pacific Corp.	Corporate Bond, \$300,000 par value; 4.250%; due 4/15/43	299,370	246,665
	Ventas Realty LP	Corporate Bond, \$300,000 par value; 4.875%; due 4/15/49	311,918	258,180
	WEC Energy Group Inc	Corporate Bond, \$500,000 par value; 4.750%; due 1/09/26	496,880	500,265

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	Wells Fargo MTN V-Q	Corporate Bond, \$250,000 par value; 5.013%; due 4/04/51	234,967	221,913
	Whirlpool Corp.	Corporate Bond, \$300,000 par value; 4.500%; due 6/01/46	278,485	231,566
	Zimmer Biomet Holdings	Corporate Bond, \$300,000 par value; 4.450%; due 8/15/45	293,160	250,626
	Zoetis, Inc.	Corporate Bond, \$300,000 par value; 4.700%; due 2/01/43	316,526	266,607
	American Beacon SIM High Yield	Mutual Fund - 86,618 shares	828,632	802,080
	Virtus SEIX FLT RT HI Inc Fund	Mutual Fund - 48,138 shares	393,766	375,955
*	Wilmington Real Asset Fund	Mutual Fund - 65,698 shares	973,261	905,323
	iShares Core S&P 500	Exchange-Traded Fund - 6,310 shares	1,786,286	3,714,571
	iShares Russell 2000	Exchange-Traded Fund - 2,975 shares	481,997	657,356
	iShares Core MSCI EAFE	Exchange-Traded Fund - 17,575 shares	1,083,740	1,235,171
	iShares Core MSCI Emerging	Exchange-Traded Fund - 10,475 shares	549,081	547,005
	BlackRock Event Driven Equity Fund Institutional Shares	Hedge Fund - 55,206 units	538,585	552,060
	Blackstone Alternative Multi-Strategy Fund Class I	Hedge Fund - 50,387 units	538,052	539,641
*	Wilmington Global Alpha Equities Fund	Hedge Fund - 41,850 units	488,158	552,416
			<u>\$ 37,837,963</u>	<u>36,995,942</u>

* Party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

Schedule of Amortization Bases

Amortization Schedule as of January 1, 2024					
Year Established	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment
2024	15 Years	(\$ 40,633)	15 Years	(\$ 40,633)	(\$ 3,697)
2023	15 Years	\$ 3,883,471	14 Years	\$ 3,726,344	\$ 355,652
Total				\$ 3,685,711	\$ 351,955