

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC. 1b Three-digit plan number (PN): 001 1c Effective date of plan: 01/01/1960 2a Plan sponsor's name (employer, if for a single-employer plan): AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC. 2b Employer Identification Number (EIN): 15-0546396 2c Plan Sponsor's telephone number: 315-312-2107 2d Business code (see instructions): 611000

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.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	122
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	49
	6a(2)	44
	6b	46
	6c	20
	6d	110
	6e	2
	6f	112
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.</p>	<p>D Employer Identification Number (EIN) 15-0546396</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	GA1036	112	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	886836
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	37629
	7c(4)	1446280
	7c(5)	
(6) Total additions	7c(6)	1483909
d Total of balance and additions (add lines 7b and 7c(6))	7d	2370745
e Deductions:		
	7e(1)	1445228
	7e(2)	15694
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	1460922
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	909823

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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>RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.</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>AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.</u>	D Employer Identification Number (EIN) <u>15-0546396</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 checked="" type="checkbox"/> 101-500 <input 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>13894936</u>
	b Actuarial value	2b	<u>13894936</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>51</u>	<u>6433387</u>
	b For terminated vested participants	<u>22</u>	<u>903869</u>
	c For active participants	<u>49</u>	<u>5148614</u>
	d Total	<u>122</u>	<u>12485870</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>5.13 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>225824</u>
	b Expected plan-related expenses	6b	<u>16000</u>
	c Target normal cost	6c	<u>241824</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>MICHAEL T. ALBINO, ASA, 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	<u>09/09/2025</u> Date <u>23-07074</u> Most recent enrollment number <u>315-703-8995</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	740275
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	740275
10	Interest on line 9 using prior year's actual return of <u>12.42</u> %	0	91942
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		227841
	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> %		11871
	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		239712
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	832217

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.80 %
15	Adjusted funding target attainment percentage	15	109.35 %
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	94.21 %
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
07/15/2024	0	62737			
10/09/2024	125000	0			
01/09/2025	125000	0			
			Totals ▶	18(b)	250000
				18(c)	62737

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	239297

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input 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	241824
b Excess assets, if applicable, but not greater than line 31a			31b	241824
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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	0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)			36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	239297
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	239297
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 RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.	D Employer Identification Number (EIN) 15-0546396	

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)

MANNING & NAPIER ADVISORS, INC.

16-0995736

(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?
28 50 51	NONE	100296	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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(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?
19 23 28 50 51	NONE	15694	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)

EXETER TRUST COMPANY

02-0476209

(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?
19 50	NONE	11634	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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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 RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.	B Three-digit plan number (PN)	▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.	D Employer Identification Number (EIN) <u>15-0546396</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ALIC - SEPARATE ACCOUNT 174</u>		
b Name of sponsor of entity listed in (a):	<u>AETNA LIFE INSURANCE COMPANY SEPARATE ACCOUNT 174</u>		
c EIN-PN <u>06-6033492-012</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>152910</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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 RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.	D Employer Identification Number (EIN) 15-0546396

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	375000	125000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22924	19069
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	273056	191646
(2) U.S. Government securities	1c(2)	4259901	1940532
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5347221	7245916
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2734709	3217187
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	886836	909823
(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	13899647	13649173
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13899647	13649173

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)	250000	
(B) Participants.....	2a(1)(B)	62737	
(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)		312737
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	12294	
(B) U.S. Government securities.....	2b(1)(B)	108181	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	37629	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		158104
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	82620	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	120735	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		203355
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9150259	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8838379	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		311880
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	389431	
(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)		-53129
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1322378

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1445228	
(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)		1445228
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)	100814	
(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)	26810	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		127624
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1572852

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-250474
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: **DERMODY BURKE & BROWN LLC**

(2) EIN: **01-0723685**

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		500000
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 545727.

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>RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.</u>	D Employer Identification Number (EIN) <u>15-0546396</u>	

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 06-6033492

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	6
--	---	---

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 07 / 31 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501987A.

**RETIREMENT PLAN FOR EMPLOYEES
OF AUXILIARY SERVICES, STATE
UNIVERSITY COLLEGE AT OSWEGO, INC.**

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

PLAN ADMINISTRATOR RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES

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

We have performed audits of the accompanying financial statements of the **RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**, 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 ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

Management has obtained a certification from the qualified institutions as of December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

443 North Franklin Street • Syracuse, NY 13204-1441 • (315) 471-9171 • Fax (315) 471-8555

1120 Corporate Drive • Auburn, NY 13021-1634 • (315) 253-6273 • Fax (315) 253-0890

4350 Middle Settlement Road • New Hartford, NY 13413-5328 • (315) 732-2991 • Fax (315) 732-0282

<http://www.dbbllc.com>

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Retirement Plan for Employees of Auxiliary Services, State University College at Oswego, Inc. 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.

Emphasis of Matter – Hard-Freeze Amendment

As discussed in Note 12 to the financial statements, the governing body of the Retirement Plan for Employees of Auxiliary Services, State University College at Oswego, Inc. approved an amendment to hard-freeze the plan effective May 31, 2025. As a result, no further benefit accruals will occur for plan participants. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Retirement Plan for Employees of Auxiliary Services, State University College at Oswego, Inc.'s ability to continue as a going concern within 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Auditor’s Responsibilities for the Audit of the Financial Statements – Continued

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

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 its 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).

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

October 13, 2025

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
	(Liquidation Basis)	(Accrual Basis)
ASSETS		
INVESTMENTS		
Investments at Fair Value	\$ 12,595,281	\$ 12,614,887
Fully Benefit-Responsive Investment Contract at Contract Value	<u>909,823</u>	<u>886,836</u>
Total Investments	13,505,104	13,501,723
RECEIVABLES		
Employer Contributions	125,000	375,000
Accrued Dividends and Interest Receivable	<u>19,069</u>	<u>22,924</u>
Total Receivables	<u>144,069</u>	<u>397,924</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 13,649,173</u></u>	<u><u>\$ 13,899,647</u></u>

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
	(Liquidation Basis)	(Accrual Basis)
ADDITIONS		
Investment Income:		
Net Appreciation in		
Fair Value of Investments	\$ 648,182	\$ 1,309,074
Dividend and Interest Income on Investments	361,459	314,350
Total Investment Income	1,009,641	1,623,424
Contributions:		
Employer Contributions	250,000	500,000
Employee Contributions	62,737	57,758
Total Contributions	312,737	557,758
Total Additions	1,322,378	2,181,182
DEDUCTIONS		
Administrative Expenses	127,624	121,360
Benefit Payments	1,445,228	874,370
Total Deductions	1,572,852	995,730
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(250,474)	1,185,452
NET ASSETS AVAILABLE FOR BENEFITS		
Balance, Beginning of Year	13,899,647	12,714,195
Balance, End of Year	\$ 13,649,173	\$ 13,899,647

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Retirement Plan for Employees of Auxiliary Services, State University College at Oswego, Inc. (the “Plan”) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General

The Plan is a contributory defined benefit plan covering all eligible employees of Auxiliary Services, State University College at Oswego, Inc. (the “Sponsor”) who had elected to participate, whom had attained age 21 and completed one year of employment. Eligible employees enter the Plan on the first day of the Plan year in which eligibility requirements are met, and on January 1st of the year following their hire date if they were hired during the last six months of the year. Effective December 31, 2018, participation was frozen for employees hired or rehired after June 30, 2018. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan management has overall responsibility for the operation and administration of the Plan and determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Participant’s Accounts

Participants of the Plan contribute 3% of their basic earnings to the Plan. Such contribution shall be credited to the participant’s Accumulated Employee Contribution Benefit, as defined by the Plan Document. Interest is credited at the rate of interest as prescribed by Section 411(c)(2)(C) of the Internal Revenue Code. Participants may not withdraw their contributions prior to their termination of employment or required commencement of benefits. As of December 31, 2024 and 2023, the value of the present employees’ accumulated contributions with interest was \$1,048,770 and \$1,096,907, respectively, and the interest rate credited on employees’ contributions was 5.25% and 4.62%, respectively.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Funding

Contributions from the Sponsor are based on amounts required to be funded under provisions of the Employee Retirement Income Security Act of 1974 (ERISA) or, if greater, amounts actually contributed for the year. For the plan years ending December 31, 2024 and 2023, the Sponsor made contributions of \$250,000 and \$500,000, respectively. Minimum funding requirements for the Plan under ERISA have been met for 2024 and 2023.

Vesting

Employees are fully vested in accumulated employee contributions derived from mandatory contributions. Vested percentages in accrued benefits attributable to employer contributions are determined under the following schedule:

Years of Service	Percentage
1	20%
2	40%
3	60%
4	80%
5+	100%

Pension Benefits

Subject to certain Plan provisions for bridging breaks in service, employees with 5 or more years of vesting service are entitled to receive annual pension benefits beginning at normal retirement age of 65. The normal retirement benefit is equal to 1.5% of final average earnings times years of credited service. The Plan permits early retirement at age 55 at reduced benefits. Participants may also retire at age 62 with no penalty to their benefits. Participants that are still employed after reaching retirement age will continue to accrue benefits. Participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or if the value of the participant's benefit derived from employer and employee contributions exceeds \$5,000, then they may choose a monthly annuity payable for their lifetime or joint and survivor annuities. Participants that terminate employment prior to early or normal retirement eligibility may immediately elect to receive a return of their mandatory employee contributions with interest.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Death Benefits

If an active employee dies prior to commencing retirement benefits, the employee's spouse or beneficiary will receive a death benefit as defined by the Plan. The value of the death benefit will not be less than the value of the participant's employee contributions with interest as of their date of death. The employee's beneficiary may elect to immediately receive a return of employee contributions with interest.

The Plan does not allow for disability benefits, other than those payable upon termination of employment.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; 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.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Investments, Fair Value Measurements, and Income Recognition

The Plan's investments are reported at fair value except for the Plan's immediate participation contract with Aetna Life Insurance Company. 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. Plan management determines the Plan's valuation policies utilizing information provided by its investment advisors, custodians, and insurance company. See Note 6 for a discussion of fair value measurements. The Plan's immediate participation contract with Aetna Life Insurance Company is valued at contract value. See Note 7 for discussion of the immediate participation contract.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain investment expenses are paid by the Plan. All other administrative expenses are paid by the Sponsor. Expenses that are paid directly by the Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

NOTE 3 – INFORMATION CERTIFIED BY CUSTODIANS

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Aetna Life Insurance Company and Exeter Trust Company, the custodians of the Plan, have certified to the completeness and accuracy of all information provided by them as of December 31, 2024 and 2023 and for the years then ended. Information included in the accompanying financial statements and notes as to investments, interest and dividend income, and net appreciation in fair value of investments, and all information in the supplemental schedules, are presented in reliance solely upon those certifications.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service that the employee works 1,000 hours and makes mandatory employee contributions. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable due to retirement, death, and termination of employment are included, to the extent they are deemed attributable, to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by 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 probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS – Continued**

The actuarial present value of accumulated plan benefits as of December 31 are as follows:

	2024	2023
Vested Benefits:		
Retired	\$ 6,347,724	\$ 5,481,246
Terminated	838,973	715,569
Active	<u>5,612,621</u>	<u>4,187,853</u>
Total Vested Benefits	12,799,318	10,384,668
Nonvested Benefits	<u>174,577</u>	<u>188,825</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 12,973,895</u>	<u>\$ 10,573,493</u>

The changes in accumulated plan benefits as of December 31 are as follows:

	2024	2023
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	\$ 10,573,493	\$ 10,438,153
Increase (Decrease) During the Year Attributable to:		
Net Benefits Accumulated and Actuarial Gains and Losses	293,497	309,642
Increase for Interest Due to Decrease in the Discount Period at 7.0%	689,561	700,068
Benefits Paid	(1,445,229)	(874,370)
Effect of Assumption Change	<u>2,862,573</u>	<u>0</u>
Net Change	<u>2,400,402</u>	<u>135,340</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 12,973,895</u>	<u>\$ 10,573,493</u>

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS – Continued**

Significant assumptions underlying the actuarial computations as of December 31 are as follows:

1. Rate of Return on Assets: For the years ending December 31, 2024 and 2023, it is assumed that the Plan's investments will earn 4.3% and 7% annual compound interest in future periods, respectively.
2. Rate of Compensation Increase:
 - a. At December 31, 2024, it is assumed salaries will increase 3.50% per year, based on the Sponsor's expectation of future salary increases.
 - b. At December 31, 2023, it is assumed salaries will increase 8.00% from January 1, 2024 through December 31, 2025, and then 3.50% thereafter, based on the Sponsor's expectation of future salary increases.
3. Retirement Age: It is assumed that 100% of employees will retire at age 64.
4. Mortality: The mortality table employed was the sex-distinct Amount-Weighted Pri-2012 Blue Collar 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.

These 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, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 5 – PLAN TERMINATION

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

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving at least for 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.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All non-vested benefits.

Benefits to be provided via contracts under which Aetna Life Insurance Company (Note 7) is obligated to pay the benefits would be excluded for allocation purposes. 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 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.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 6 – 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 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 6 – FAIR VALUE MEASUREMENTS – Continued

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

Interest-Bearing Cash: Valued at carrying cost, which approximates fair value. (Level 1)

Money Market Funds: Valued at carrying cost, which approximates fair value. (Level 1)

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. (Level 1)

U.S. Treasury Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. The investment category of U.S. Government Securities / Federal Agency Notes held by the Plan at December 31, 2024 and 2023 consisted of U.S. Treasury Bonds and U.S. Treasury Notes. (Level 2)

Stocks: Valued at the closing price reported on the active market on which the individual securities are traded. (Level 1)

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 6 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments:				
Interest-Bearing Cash	\$ 191,646	\$ 0	\$ 0	\$ 191,646
Mutual Funds	3,217,187	0	0	3,217,187
U.S. Treasury Securities	0	1,940,532	0	1,940,532
Stocks	<u>7,245,916</u>	<u>0</u>	<u>0</u>	<u>7,245,916</u>
Total Investments at Fair Value	<u>\$ 10,654,749</u>	<u>\$ 1,940,532</u>	<u>\$ 0</u>	<u>\$ 12,595,281</u>

Assets at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Investments:				
Money Market Funds	\$ 273,056	\$ 0	\$ 0	\$ 273,056
Mutual Funds	2,734,709	0	0	2,734,709
U.S. Treasury Securities	0	4,259,901	0	4,259,901
Stocks	<u>5,347,221</u>	<u>0</u>	<u>0</u>	<u>5,347,221</u>
Total Investments at Fair Value	<u>\$ 8,354,986</u>	<u>\$ 4,259,901</u>	<u>\$ 0</u>	<u>\$ 12,614,887</u>

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in net appreciation in fair value of investments.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 7 – IMMEDIATE PARTICIPATION CONTRACT

The Plan's investments include immediate participation guarantee contracts entered into prior to March 20, 1992 which are valued at contract value totaling \$909,823 and \$886,836 at December 31, 2024 and 2023, respectively. The guaranteed participation contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The credit rating is based on a formula established by the contract issuer, but may not be less than 1.0%. The minimum effective annual interest rate of 3.5% will apply on all assets, unallocated and allocated, held in the general account of the immediate participation contract.

This contract meets the fully-benefit responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Aetna Life Insurance Company, represents contributions made under the contract, plus interest at the contract rate, less funds used to purchase annuities for retiring employees and pay administration expenses not paid by the sponsor. The average annual effective interest rates were 4.31% and 4.29% for 2024 and 2023, respectively.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or actuarial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

In addition, certain events allow the issuer, Aetna Life Insurance Company, to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risk includes global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 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 estimation and assumption process, and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in these estimates, assumptions and risks in the near term would be material to the financial statements.

NOTE 9 – SOFT FREEZE

Effective December 31, 2018, Plan management adopted an amendment to implement a soft freeze (where the plan is closed to new entrants while those participants already in the plan continue to accrue benefits and vesting service). The Plan was amended to freeze participation for employees hired or rehired after June 30, 2018 that did not enroll in the Plan by January 1, 2019. The change had no effect on benefit obligations or service cost, and there was no significant impact to the actuarial present value of accumulated plan benefits. As discussed in Note 12, Plan management adopted an amendment effective May 31, 2025 to implement a hard freeze.

NOTE 10 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated September 9, 2025, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the plan is currently designed and 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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 11 – PARTY-IN-INTEREST TRANSACTIONS

Exeter Trust Company is a custodian of the Plan's assets. As such, transactions between Exeter Trust Company and the Plan qualify as party-in-interest transactions. Aetna Life Insurance Company is also a custodian of the Plan and holds the Immediate Participation Contract in the Plan. Therefore, transactions involving the Immediate Participation Contract qualify as party-in-interest transactions. The Plan has a number of service providers. Such providers are parties in interest under ERISA and are exempt from prohibitive transaction rules.

NOTE 12 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2025, which is the date the financial statements were available to be issued and identified the following additional disclosure.

The Plan Sponsor adopted an amendment to hard-freeze the plan, providing for the following provisions:

1. Accrued benefits under the Plan shall be frozen effective May 31, 2025.
2. Plan compensation for the period January 1, 2025 through May 31, 2025, for any participant making mandatory employee contributions, shall be annualized for purposes of determining average annual compensation.
3. Credited service shall be granted to any participant employed on May 31, 2025 who was making mandatory employee contributions at that time, regardless of hours of service completed during the period.
4. Effective May 31, 2025, all mandatory employee contributions shall cease.

In January 2025, the Plan's custodial services were transferred from Exeter Trust Company to UBS Financial Services, Inc. This change does not impact the financial information presented as of and for the years ended December 31, 2024 and 2023.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

OTHER FINANCIAL INFORMATION

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2024

EIN# 15-0546396

Plan # 001

Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Aetna Capital Management	Immediate Participation Contract	\$ 909,823	\$ 909,823
Interest-Bearing Cash:				
	BNY Mellon NA Insured Dep Acct	Interest-Bearing Cash	191,646	191,646
U.S. Treasury Securities:				
	U.S. Government	US Treasury Bond, 3.00%, 5/15/2047	255,937	233,088
	U.S. Government	US Treasury Bond, 2.00%, 2/15/2050	251,056	234,417
	U.S. Government	US Treasury Bond 10 Yr, 0.125%, 1/15/2031	130,805	131,298
	U.S. Government	US Treasury Note, 4.625%, 9/30/2030	1,049,033	1,030,373
	U.S. Government	US Treasury Note, 2.875%, 5/15/2028	333,692	311,356
			2,020,523	1,940,532
Mutual Funds:				
*	Manning & Napier Fund Inc. New Core Bond Class W	Mutual Fund - Fixed	3,073,807	2,645,982
*	Manning & Napier Fund Inc. New Overseas Series Class W	Mutual Fund - Equity	435,095	571,205
			3,508,902	3,217,187
Stocks:				
	Air Liquide ADR	Stock	129,824	112,585
	Albemarle Corp Com	Stock	99,072	83,239
	Alphabet Inc CL A	Stock	153,441	283,004
	Amazon.Com Inc.	Stock	169,291	341,810
	Applied Matls Inc. Com	Stock	129,850	109,287
	Astrazeneca PLC Sponsored ADR	Stock	273,799	250,090
	BAE Systems PLC SPON ADR	Stock	35,893	54,759
	Blackrock Inc. New Com	Stock	124,194	148,641
	Cadence Design Sys Inc. Com	Stock	132,076	139,414
	Canadian Natl Co Com	Stock	122,666	103,236
	CBRE Group Inc CL A	Stock	190,020	194,441
	Coca-Cola Co	Stock	175,070	200,041
	Copart Inc.	Stock	70,332	151,452
	CSX Corp Com	Stock	157,924	156,961
	Deutsche Boerse ADR	Stock	58,828	68,087
	Electronic Arts	Stock	109,788	133,865

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Stocks - Continued:			
	EPAM Sys Inc. Com	Stock	127,947	158,296
	Evergy Inc Com	Stock	109,943	116,945
	Fiserv Inc. Com	Stock	71,175	94,904
	Globant S A Com	Stock	60,293	74,404
	HDFC BK LTD ADR	Stock	130,484	151,093
	Hermes Intl SCA ADR	Stock	61,907	66,450
	Infineon Technologies AG	Stock	229,427	197,758
	Intercontinental Exchange Inc.	Stock	44,447	61,839
	Intuitive Surgical Inc	Stock	30,545	73,596
	Johnson & Johnson	Stock	149,485	168,916
	Lonza Group AG ADR	Stock	67,254	66,480
	LVMH Moet Hennessy Louis Vuitton ADR	Stock	200,668	190,807
	L3Harris Technologies Inc Com	Stock	105,838	115,233
	Masco Corp Com	Stock	47,198	67,490
	MasterCard Inc CL A	Stock	105,300	310,676
	Mercadolibre Inc. Com	Stock	93,537	108,829
	Meta Platforms Inc Cl A	Stock	243,442	425,666
	Microsoft Corp	Stock	284,769	322,869
	Moody's Corp	Stock	67,759	99,408
	MSCI Inc. Com	Stock	58,014	72,002
	NASDAQ Inc. Com	Stock	68,243	71,821
	Northrup Grumman Corp	Stock	91,836	96,204
	Roche HLDGS LTD Sponsored ADR	Stock	103,647	113,674
	S&P Global Inc.	Stock	42,191	64,246
	Servicenow Inc.	Stock	82,400	135,695
	Sociedad Quimica Y Minera De Chile S A	Stock	100,522	93,554
	Taiwan Semiconductor Spons ADR	Stock	84,812	191,565
	Techtronics IND LTD Spon ADR	Stock	127,182	118,426
	Thermo Fisher Scientific Inc	Stock	126,610	143,063
	Transunion Com	Stock	142,902	147,872
	Union Pac Corp Com	Stock	86,891	96,005
	Vertex Pharmaceuticals Inc.	Stock	29,897	60,002
	Visa Inc. Cl A	Stock	95,671	233,238
	West Fraser Timber Inc	Stock	84,336	88,692
	Extra Space Storage Inc. Com	Stock	133,775	117,286
			<u>5,822,415</u>	<u>7,245,916</u>
		Totals	<u>\$ 12,453,309</u>	<u>\$ 13,505,104</u>

* Denotes a Party-in-Interest.

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2024

EIN# 15-0546396

Plan # 001

Schedule H, Line 4j

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (i) - Single Transaction in Excess of 5% of Plan Assets:</u>								
U.S. Treasury Note	CUSIP: 91282CEP2, 2.875%,	\$ 0	\$ 634,049	\$ 0	\$ 0	\$ 698,700	\$ 634,049	\$ (64,651)
U.S. Treasury Note	CUSIP: 91282CCB5, 1.625%,	\$ 0	\$ 900,648	\$ 0	\$ 0	\$ 980,876	\$ 900,648	\$ (80,228)
<u>Category (ii) - Series of Transactions in Other Than Securities with the Same Person in Excess of 5% of Plan Assets:</u>								
None								
<u>Category (iii) - Series of Security Transactions in Excess of 5% of Plan Assets:</u>								
U.S. Treasury Note	CUSIP: 91282CHZ7, 4.625%,	\$ 426,423	\$ 671,956	\$ 0	\$ 0	\$ 675,801	\$ 671,956	\$ (3,845)
U.S. Treasury Note	CUSIP: 91282CHZ7, 4.625%,	176,622	86,720	0	0	86,780	86,720	(60)
		<u>\$ 603,045</u>	<u>\$ 758,676</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 762,581</u>	<u>\$ 758,676</u>	<u>\$ (3,905)</u>
U.S. Treasury Note	CUSIP: 91282CHC8, 3.375%,	\$ 683,838	\$ 692,382	\$ 0	\$ 0	\$ 683,838	\$ 692,382	\$ 8,544
U.S. Treasury Note	CUSIP: 91282CHC8, 3.375%,	0	266,765	0	0	256,077	266,765	10,688
		<u>\$ 683,838</u>	<u>\$ 959,147</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 939,915</u>	<u>\$ 959,147</u>	<u>\$ 19,232</u>
U.S. Treasury Note	CUSIP: 91282CEP2, 2.875%,	\$ 194,449	\$ 192,408	\$ 0	\$ 0	\$ 194,449	\$ 192,408	\$ (2,041)
U.S. Treasury Note	CUSIP: 91282CEP2, 2.875%,	0	754,863	0	0	833,267	754,863	(78,404)
		<u>\$ 194,449</u>	<u>\$ 947,271</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,027,716</u>	<u>\$ 947,271</u>	<u>\$ (80,445)</u>
<u>Category (iv) - Series of Transactions Involving Securities with a Single Person in Excess of 5% of Plan Assets:</u>								
None								

* Denotes a Party-in-Interest.

See notes to financial statements.

Retirement Plan for Employees of Auxiliary Services, State University College at Oswego, Inc.
 Schedule SB, Line 26 - Schedule of Active Participant Data
 EIN/PN: 15-0546396/001

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

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 Auxiliary Services. 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: Market Value of Assets as provided by the trustee.

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 January 2024 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Auxiliary Services, State University College at Oswego, Inc. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	4.75%
Segment 2	4.96%
Segment 3	5.59%

Effective Interest Rate
5.13 %

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	4.37%
Segment 2	4.96%
Segment 3	4.95%

Effective Interest Rate
4.91%

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: 8.00% per year from January 1, 2024 through December 31, 2025, and 3.50% thereafter, based on Auxiliary Services' expectation of future salary increases.

Mortality:

Base mortality table: The blended sex distinct RP-2014 mortality tables, adjusted backward to 2006 with Scale MP-2014.

Mortality improvements: The base mortality table is adjusted by projecting mortality improvements using Scale MP-2021 from the year 2006 through 2024, 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: 100% of employees were assumed to retire at age 64 based on the availability of an unreduced benefit at age 62 and the Plan's normal retirement date.

Turnover: The 2003 SOA Pension Plan Turnover Study Basic Age Table. Due to limited available experience, the assumption utilized was based on the most recent available experience study released by the Society of Actuaries.

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

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

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

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

Death:	Modified cash refund annuity payable at participant's earliest eligible Retirement Date
Termination:	Deferred modified cash refund annuity payable at participant's Normal Retirement Date.
Retirement:	Immediate modified cash refund annuity.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 7.00%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), input from the Plan's investment advisors, and expected returns using recent capital market assumptions published by financial organizations.

Mortality:

The sex-distinct Amount-Weighted Pri-2012 Blue Collar 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.

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.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2024

EIN# 15-0546396

Plan # 001

Schedule H, Line 4j

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (i) - Single Transaction in Excess of 5% of Plan Assets:</u>								
U.S. Treasury Note	CUSIP: 91282CEP2, 2.875%,	\$ 0	\$ 634,049	\$ 0	\$ 0	\$ 698,700	\$ 634,049	\$ (64,651)
U.S. Treasury Note	CUSIP: 91282CCB5, 1.625%,	\$ 0	\$ 900,648	\$ 0	\$ 0	\$ 980,876	\$ 900,648	\$ (80,228)
<u>Category (ii) - Series of Transactions in Other Than Securities with the Same Person in Excess of 5% of Plan Assets:</u>								
None								
<u>Category (iii) - Series of Security Transactions in Excess of 5% of Plan Assets:</u>								
U.S. Treasury Note	CUSIP: 91282CHZ7, 4.625%,	\$ 426,423	\$ 671,956	\$ 0	\$ 0	\$ 675,801	\$ 671,956	\$ (3,845)
U.S. Treasury Note	CUSIP: 91282CHZ7, 4.625%,	176,622	86,720	0	0	86,780	86,720	(60)
		<u>\$ 603,045</u>	<u>\$ 758,676</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 762,581</u>	<u>\$ 758,676</u>	<u>\$ (3,905)</u>
U.S. Treasury Note	CUSIP: 91282CHC8, 3.375%,	\$ 683,838	\$ 692,382	\$ 0	\$ 0	\$ 683,838	\$ 692,382	\$ 8,544
U.S. Treasury Note	CUSIP: 91282CHC8, 3.375%,	0	266,765	0	0	256,077	266,765	10,688
		<u>\$ 683,838</u>	<u>\$ 959,147</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 939,915</u>	<u>\$ 959,147</u>	<u>\$ 19,232</u>
U.S. Treasury Note	CUSIP: 91282CEP2, 2.875%,	\$ 194,449	\$ 192,408	\$ 0	\$ 0	\$ 194,449	\$ 192,408	\$ (2,041)
U.S. Treasury Note	CUSIP: 91282CEP2, 2.875%,	0	754,863	0	0	833,267	754,863	(78,404)
		<u>\$ 194,449</u>	<u>\$ 947,271</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,027,716</u>	<u>\$ 947,271</u>	<u>\$ (80,445)</u>
<u>Category (iv) - Series of Transactions Involving Securities with a Single Person in Excess of 5% of Plan Assets:</u>								
None								

* Denotes a Party-in-Interest.

See notes to financial statements.

**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 RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES, STATE UNIVERSITY COLLEGE AT OSWEGO, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Auxiliary Services, State University College at Oswego, Inc.	D Employer Identification Number (EIN) 15-0546396	
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 checked="" type="checkbox"/> 101-500 <input 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	13,894,936	
b Actuarial value	2b	13,894,936	
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	51	6,433,387	6,433,387
b For terminated vested participants	22	903,869	903,869
c For active participants	49	5,148,614	5,369,455
d Total	122	12,485,870	12,706,711
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	5.13%	
6 Target normal cost			
a Present value of current plan year accruals	6a	225,824	
b Expected plan-related expenses	6b	16,000	
c Target normal cost	6c	241,824	

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	MICHAEL T. ALBINO, ASA, EA, MAAA <i>MTA</i> Signature of actuary	09/09/2025 Date
	MICHAEL T. ALBINO, ASA, EA, MAAA Type or print name of actuary	2307074 Most recent enrollment number
	BPAS Actuarial & Pension Services Firm name	315-703-8995 Telephone number (including area code)
	706 N. Clinton Street, Suite 200 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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	241,824
b Excess assets, if applicable, but not greater than line 31a	31b	241,824

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 239,297

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	239,297
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

Retirement Plan for Employees of Auxiliary Services, State University College at Oswego, Inc.
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 15-0546396/001

All participants were assumed to retire at age 64.

ATTACHMENT TO 2023 FORM 5500 SCHEDULE SB

Retirement Plan for Employees of Auxiliary Services, State University College at Oswego, Inc.
Schedule SB, Line 18 - Contributions Made to the Plan
EIN/PN: 15-0546396/001

Date	Amount
1/5/2024	2,330
1/19/2024	2,486
1/31/2024	2,244
2/16/2024	2,493
2/29/2024	2,518
3/15/2024	2,750
4/1/2024	2,100
4/12/2024	2,581
4/26/2024	2,601
5/10/2024	2,563
5/24/2024	2,592
6/7/2024	1,328
6/21/2024	1,185
7/5/2024	1,923
7/19/2024	1,120
7/30/2024	1,131
8/16/2024	1,178
8/30/2024	1,416
9/13/2024	2,529
9/27/2024	2,756
10/11/2024	2,612
10/25/2024	2,441
11/8/2024	2,762
11/22/2024	4,106
11/25/2024	61
12/6/2024	3,446
12/20/2024	3,059
12/30/2024	2,426
Total:	<hr/> \$62,737

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: Auxiliary Services, State University College at Oswego, Inc.
EIN/PN: 15-0546396/001

Eligibility Employees who agree to make employee contributions are eligible on the nearest January 1st, after completing 1,000 hours of service in the 12 month period beginning with their date of hire or during any plan year thereafter. Effective December 31, 2018 participation was frozen for employees hired or re-hired after June 30, 2018.

Credited Service Prior to January 1, 1984, a year of credited service for each year of continuous service (taken to completed twelfths). On and after January 1, 1984, a year of credited service for each plan year during which the employee completes 1000 hours of service. Any period of service during which the employee does not make the required contributions shall be excluded for purposes of determining credited service.

Annual Employee Contributions Interest is credited at the rate of interest as prescribed by Section 411(c) (2)(C) of the Internal Revenue Code. Employees contribute 3% of their earnings.

Normal Form of Benefit Modified cash refund.

Retirement Date Normal - Age 65.

Early - Age 55.

Amount of Plan Benefit The Normal Retirement Benefit is equal to 1.5% of final average earnings times years of credited service. In no event will a participant's benefit be less than the amount of his or her benefit on December 31, 1983. Final average earnings is defined as the average of the five highest consecutive year's earnings out of the last ten plan years.

Reduction for Early Retirement Benefits are unreduced for retirement at or after age 62. For retirement prior to 62, benefits are reduced by 1/180 per month for each of the first 60 months and 1/360 for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement

Vesting

Employees who entered the Plan before July 1, 1992 are 100 percent vested. Employees who entered the Plan after July 1, 1992 will become vested according to the following schedule:

Years of Vesting Service	Vesting Percentage
1	20%
2	40%
3	60%
4	80%
5+	100%

Death Benefit Before Retirement

Upon a participant's death, prior to normal retirement age, a survivor's benefit will be payable to the spouse equal to 50 percent of the benefit that would have been payable under a joint and 50 percent survivor's annuity had he retired the day before his death, (if age 55 or older at death), or if he had terminated, survived until age 55, and died the next day (if under age 55 at death). In no event will the value of the death benefit be less than the value of the participant's employee contributions with interest as of their date of death. For unmarried participants the death benefit payable to their beneficiary is equal to the value of their employee contributions with interest as of their date of death.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

OTHER FINANCIAL INFORMATION

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2024

EIN# 15-0546396

Plan # 001

Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Aetna Capital Management	Immediate Participation Contract	\$ 909,823	\$ 909,823
Interest-Bearing Cash:				
	BNY Mellon NA Insured Dep Acct	Interest-Bearing Cash	191,646	191,646
U.S. Treasury Securities:				
	U.S. Government	US Treasury Bond, 3.00%, 5/15/2047	255,937	233,088
	U.S. Government	US Treasury Bond, 2.00%, 2/15/2050	251,056	234,417
	U.S. Government	US Treasury Bond 10 Yr, 0.125%, 1/15/2031	130,805	131,298
	U.S. Government	US Treasury Note, 4.625%, 9/30/2030	1,049,033	1,030,373
	U.S. Government	US Treasury Note, 2.875%, 5/15/2028	333,692	311,356
			2,020,523	1,940,532
Mutual Funds:				
*	Manning & Napier Fund Inc. New Core Bond Class W	Mutual Fund - Fixed	3,073,807	2,645,982
*	Manning & Napier Fund Inc. New Overseas Series Class W	Mutual Fund - Equity	435,095	571,205
			3,508,902	3,217,187
Stocks:				
	Air Liquide ADR	Stock	129,824	112,585
	Albemarle Corp Com	Stock	99,072	83,239
	Alphabet Inc CL A	Stock	153,441	283,004
	Amazon.Com Inc.	Stock	169,291	341,810
	Applied Matls Inc. Com	Stock	129,850	109,287
	Astrazeneca PLC Sponsored ADR	Stock	273,799	250,090
	BAE Systems PLC SPON ADR	Stock	35,893	54,759
	Blackrock Inc. New Com	Stock	124,194	148,641
	Cadence Design Sys Inc. Com	Stock	132,076	139,414
	Canadian Natl Co Com	Stock	122,666	103,236
	CBRE Group Inc CL A	Stock	190,020	194,441
	Coca-Cola Co	Stock	175,070	200,041
	Copart Inc.	Stock	70,332	151,452
	CSX Corp Com	Stock	157,924	156,961
	Deutsche Boerse ADR	Stock	58,828	68,087
	Electronic Arts	Stock	109,788	133,865

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF AUXILIARY SERVICES,
STATE UNIVERSITY COLLEGE AT OSWEGO, INC.**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Stocks - Continued:			
	EPAM Sys Inc. Com	Stock	127,947	158,296
	Evergy Inc Com	Stock	109,943	116,945
	Fiserv Inc. Com	Stock	71,175	94,904
	Globant S A Com	Stock	60,293	74,404
	HDFC BK LTD ADR	Stock	130,484	151,093
	Hermes Intl SCA ADR	Stock	61,907	66,450
	Infineon Technologies AG	Stock	229,427	197,758
	Intercontinental Exchange Inc.	Stock	44,447	61,839
	Intuitive Surgical Inc	Stock	30,545	73,596
	Johnson & Johnson	Stock	149,485	168,916
	Lonza Group AG ADR	Stock	67,254	66,480
	LVMH Moet Hennessy Louis Vuitton ADR	Stock	200,668	190,807
	L3Harris Technologies Inc Com	Stock	105,838	115,233
	Masco Corp Com	Stock	47,198	67,490
	MasterCard Inc CL A	Stock	105,300	310,676
	Mercadolibre Inc. Com	Stock	93,537	108,829
	Meta Platforms Inc Cl A	Stock	243,442	425,666
	Microsoft Corp	Stock	284,769	322,869
	Moody's Corp	Stock	67,759	99,408
	MSCI Inc. Com	Stock	58,014	72,002
	NASDAQ Inc. Com	Stock	68,243	71,821
	Northrup Grumman Corp	Stock	91,836	96,204
	Roche HLDGS LTD Sponsored ADR	Stock	103,647	113,674
	S&P Global Inc.	Stock	42,191	64,246
	Servicenow Inc.	Stock	82,400	135,695
	Sociedad Quimica Y Minera De Chile S A	Stock	100,522	93,554
	Taiwan Semiconductor Spons ADR	Stock	84,812	191,565
	Techtronics IND LTD Spon ADR	Stock	127,182	118,426
	Thermo Fisher Scientific Inc	Stock	126,610	143,063
	Transunion Com	Stock	142,902	147,872
	Union Pac Corp Com	Stock	86,891	96,005
	Vertex Pharmaceuticals Inc.	Stock	29,897	60,002
	Visa Inc. Cl A	Stock	95,671	233,238
	West Fraser Timber Inc	Stock	84,336	88,692
	Extra Space Storage Inc. Com	Stock	133,775	117,286
			<u>5,822,415</u>	<u>7,245,916</u>
		Totals	<u>\$ 12,453,309</u>	<u>\$ 13,505,104</u>

* Denotes a Party-in-Interest.

See notes to financial statements.