

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1981
2a Plan sponsor's name (employer, if for a single-employer plan): CAYUGA MEDICAL CENTER AT ITHACA
2b Employer Identification Number (EIN): 22-2325405
2c Plan Sponsor's telephone number: 607-274-4321
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2415
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1196
	<b>6a(2)</b>	913
	<b>6b</b>	589
	<b>6c</b>	326
	<b>6d</b>	1828
	<b>6e</b>	65
	<b>6f</b>	1893
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		194
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 3H

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CAYUGA MEDICAL CENTER AT ITHACA</u>	<b>D</b> Employer Identification Number (EIN) <u>22-2325405</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>162280525</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>164771233</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>600</u>	<u>89198741</u>
	<b>b</b> For terminated vested participants .....	<u>623</u>	<u>25250608</u>
	<b>c</b> For active participants .....	<u>1205</u>	<u>49553776</u>
	<b>d</b> Total .....	<u>2428</u>	<u>164003125</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.22 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>5707689</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>103000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>5810689</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.

<b>SIGN HERE</b>	
Signature of actuary	<u>09/23/2025</u>
<u>AMY E. KEMP, A.S.A., E.A., M.A.A.A</u>	Date
Type or print name of actuary	<u>23-06806</u>
<u>BPAS ACTUARIAL AND PENSION SERVICES</u>	Most recent enrollment number
Firm name	<u>315-703-8942</u>
<u>706 N. CLINTON ST SUITE 200 SYRACUSE, NY 13204</u>	Telephone number (including area code)
Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	7966501
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	6558972
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1407529
<b>10</b>	Interest on line 9 using prior year's actual return of <u>15.68</u> % .....	0	220701
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		3757997
	<b>b(1)</b> 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>5.34</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		589254
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		4347251
	<b>d</b> Portion of (c) to be added to prefunding balance .....		4347251
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	5975481

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	95.11 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	95.11 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	95.23 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
07/10/2025	873270	0					
			<b>Totals ▶</b>	<b>18(b)</b>	873270	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 809098
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>c</b> 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
0	0	0
		(4) 4th
		0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> 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				
<b>25</b> 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				
<b>26</b> Demographic and benefit information				
<b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 5810689
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	8149227		773691	
<b>b</b> Waiver amortization installment.....				
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 6584380
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	5775282	5775282	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 809098
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 809098
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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				

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

<b>A</b> Name of plan <b>RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CAYUGA MEDICAL CENTER AT ITHACA</b>	<b>D</b> Employer Identification Number (EIN) <b>22-2325405</b>	

**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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**(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)

TOMPKINS TRUST COMPANY

15-0470650

(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?
21	NONE	113401	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)

BANK OF AMERICA

94-1687665

(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	NONE	79611	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CAYUGA MEDICAL CENTER AT ITHACA</b>	<b>D</b> Employer Identification Number (EIN) <b>22-2325405</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	4045019	873270
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	214381	230882
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4826085	5008448
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	13541889	16483325
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	17445090	15551945
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	122294406	128410331
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	162366870	166558201
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	44416	45648
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	44416	45648
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	162322454	166512553

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	873270	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		873270
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	490269	
(C) Corporate debt instruments.....	2b(1)(C)	1106252	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1596521
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	6112696	
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	21127401	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	15601069	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		5051247
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		19160066

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	14776955	
(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)		14776955
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> 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)	113401	
(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)	79611	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		193012
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		14969967

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		4190099
<b>l</b> 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: **SCIARABBA WALKER & CO LLP**

(2) EIN: **16-1071694**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 543446.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CAYUGA MEDICAL CENTER AT ITHACA</b>	<b>D</b> Employer Identification Number (EIN) <b>22-2325405</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
<b>2</b> 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): <u>36-4245784</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>325</b>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 77.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.4 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 0.0 %

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

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

**FINANCIAL STATEMENTS OF  
RETIREMENT PLAN OF  
CAYUGA MEDICAL CENTER AT  
ITHACA**

**Years Ended December 31, 2024 and 2023**

# RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA

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## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Administrator and Trustees of  
Retirement Plan of Cayuga Medical Center at Ithaca

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

We have performed an audit of the financial statements of Retirement Plan of Cayuga Medical Center at Ithaca, 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 statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

### **Opinion**

In our opinion, based on our audit 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, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements 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 audit 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 Retirement Plan of Cayuga Medical Center at Ithaca and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these 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 Retirement Plan of Cayuga Medical Center at Ithaca's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit, identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks.

- Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Retirement Plan of Cayuga Medical Center at Ithaca’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 Retirement Plan of Cayuga Medical Center at Ithaca’s ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matter—Supplemental Schedules Required by ERISA**

The supplemental schedules of Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and 5500 Schedule H, Line 4j – Schedule of Reportable Transactions as of and 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Sciarabba Walker & Co. LLP*

Sciarabba Walker & Co., LLP

Ithaca, New York  
November 21, 2025

**RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31,**

	2024	2023
<b>ASSETS:</b>		
Investments at fair value:		
Cash and cash equivalents	\$ 5,008,448	\$ 4,826,085
U.S. government and agency obligations	16,483,325	13,541,889
Municipal and corporate bonds and notes	15,551,945	17,445,090
Mutual funds	128,410,331	122,294,406
Total investments at fair value	165,454,049	158,107,470
Contributions receivable	873,270	4,045,019
Accrued interest and dividends	230,882	214,381
<b>TOTAL ASSETS</b>	166,558,201	162,366,870
<b>LIABILITIES:</b>		
Accrued liabilities	45,648	44,416
<b>TOTAL LIABILITIES</b>	45,648	44,416
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 166,512,553	\$ 162,322,454

See accompanying notes.

**RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Years Ended December 31,**

	2024	2023
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>		
Investment income:		
Net change in the fair value of investments	\$ 10,577,579	\$ 17,241,863
Interest and dividends	7,709,217	4,771,266
Total investment income	18,286,796	22,013,129
Employer contributions	873,270	4,045,019
<b>TOTAL ADDITIONS</b>	19,160,066	26,058,148
 <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>		
Benefits paid directly to participants	14,776,955	7,803,932
Administrative expenses and commissions	193,012	179,520
<b>TOTAL DEDUCTIONS</b>	14,969,967	7,983,452
 <b>NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS</b>	4,190,099	18,074,696
 <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of year	162,322,454	144,247,758
End of year	\$ 166,512,553	\$ 162,322,454

See accompanying notes.

**RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**A. DESCRIPTION OF PLAN**

The following description of Retirement Plan of Cayuga Medical Center at Ithaca (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

*General*

The Plan is a non-contributory defined benefit pension plan covering substantially all employees of Cayuga Medical Center at Ithaca, Inc. (the “Medical Center”). As of June 13, 2014, the Medical Center is 100% owned by Cayuga Health System, Inc., and is a member of a controlled group, as defined by the IRS.

Employees became eligible to participate in the Plan upon completion of one year of service, as defined by the Plan, and attainment of age twenty-one. Employees who were employed by the Medical Center on December 31, 1981 became eligible regardless of age or service. Effective January 2, 2022, the Pension Committee enacted a soft freeze on the Plan, with no new entrants allowed into the plan effective on that date. The Medical Center has set up a new Defined Contribution Plan, and allowed employees to elect to stay in the current Plan or start to utilize the new Defined Contribution Plan. Effective September 30, 2024, the Pension Committee enacted a hard freeze on the Plan, with no further benefits accruing as of that date.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees of the Medical Center are classified in one of five tiers. Inclusion in a particular tier is based upon the dates of employment and prior participation in the New York State Retirement System (NYSRS) as follows:

- Tier I: Employees of the Medical Center on January 1, 1981 who were employees of the Tompkins County Hospital on December 31, 1980 and became members of the NYSRS prior to July 1, 1973.
- Tier II: Employees of the Medical Center on January 1, 1981 who were employees of the Tompkins County Hospital on December 31, 1980 and became members of the NYSRS between July 1, 1973 and June 30, 1976.
- Tier III: Employees of the Medical Center on January 1, 1981 who were employees of the Tompkins County Hospital on December 31, 1980 and became members of the NYSRS between July 1, 1976 and December 31, 1980.
- Tier IV: Employees of the Medical Center hired on or after January 1, 1981 and any employees eligible to participate in Tier III who elect to participate in Tier IV.
- Tier V: Employees employed in the capacity of the President or Vice President on or after January 1, 2005, and who otherwise would be considered a Tier IV employee.

## *Pension Benefits*

The Plan provides for normal retirement benefits upon reaching age 55 for Tier I, age 62 for Tiers II and III and age 65 for Tiers IV and V. The annual retirement benefits under the Plan are based on years of credited service and final average compensation as defined in the Plan, and the following calculations for participants in the various tiers:

- Tier I Employees: A normal monthly retirement benefit equal to:
- (a)  $1/60$  times years of credited service after April 1, 1960 times final average monthly compensation, plus
  - (b)  $1/120$  times credited service before April 1, 1960 times final average compensation, less
  - (c) the monthly retirement benefit payable from the NYSRS on account of service through December 31, 1980.
- Tier II Employees: A normal monthly retirement benefit equal to:
- (a)  $1/60$  times years of credited service times final average monthly compensation or
  - (b) if less, 60% of final average monthly compensation up to \$1,275 plus 50% of such compensation between \$1,275 and \$2,275 plus 40% of such compensation in excess of \$2,275, less
  - (c) the monthly retirement benefit payable from NYSRS on account of service through December 31, 1980.
- Tier III Employees: A normal monthly retirement benefit equal to 40% of final average monthly compensation.
- Tier IV Employees: A normal monthly retirement benefit equal to 1% of final average monthly compensation times credited service.
- Tier V Employees: A normal monthly retirement benefit equal to 55% of final average monthly compensation multiplied by a fraction, not greater than one (1), the numerator of which is years of service as of the normal retirement date and the denominator of which is 15.

The Plan provides early retirement options for participants in Tiers II, III, IV and V upon reaching age 55. In order to retire early, participants in Tiers II and III must also have 5 years of credited service, and participants in Tiers IV and V must have 10 years of credited service. The accrued benefit at any time prior to a participant's normal retirement date shall be determined using the participant's average compensation and years of credited service, as defined in the Plan, at the effective date of the calculation. The accrued benefit is payable at normal retirement age or reduced actuarially for retirement prior to normal retirement date.

Unless otherwise elected, participants shall receive pension benefits in the form of a joint and survivor annuity (if married), or a life annuity (if unmarried). Participants may elect other optional methods of settlement that are actuarially equivalent to the normal form of annuity. If the amount of the lump sum settlement is less than \$5,000, the benefit will automatically be paid in the form of a lump sum distribution.

### *Vesting*

Participants in the Plan are vested in accordance with a schedule set forth in the Plan and become 100% vested after five years of service.

### *Death and Disability*

If a vested participant dies prior to commencement of retirement income payments under the Plan, the spouse shall be eligible to receive a pre-retirement survivor annuity, as determined in the Plan.

An eligible participant who separates from the Medical Center because of a total and permanent disability shall continue to accrue credited service during the period of disability up to normal retirement date. The participant's compensation at the time of the disability shall be used in determining the accrued benefit.

### *Funding Policy*

The Plan is non-contributory and funded entirely by the Medical Center. The funding policy of the Plan is to fund the amounts required under ERISA as amended by the Pension Protection Act of 2006. Annual contributions to the Plan are determined by the Medical Center, in an amount greater than the minimum required contribution as calculated by the Plan actuary and as directed by the Pension Protection Act. There were no changes to the funding policy during the years ended December 31, 2024 and 2023. ERISA Minimum funding requirements have been met for the years ended December 31, 2024 and 2023.

## **B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### *Basis of Accounting*

The accompanying financial statements are 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 ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

### *Investment Valuation and Income Recognition*

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

Purchases and sales of securities are recorded on 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.

*Actuarial Present Values 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 which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, (c) active employees or their beneficiaries, and (d) disabled members or their beneficiaries.

Benefits payable under the Plan are based on employees' highest average compensation for any three consecutive years for Tier I, II, and III employees, or for any five years for Tier IV and Tier V employees, during the last ten years of employment and on years of credited service.

Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant assumptions used in the valuation as of January 1, 2024 were as follows:

Interest rate:	7.10%
Mortality:	The sex-distinct Amount-Weighted Blue Collar Pri-2012 Mortality Table for annuitants, non-annuitants, and contingent survivors, adjusted for mortality improvements 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 and the percentage of hourly and/or union participants.
Salary increases:	3.25% per year
Weighted average retirement age:	Current and future vested terminated participants are assumed to retire at age 65. Rates of retirement are determined based on the September 2016 experience study using valuation data from January 1, 2012 to

January 1, 2016. The rates used in this valuation are as follows:

Age	Percentage
55	5.00%
56	5.00%
57	1.00%
58	1.00%
59	1.00%
60	5.00%
61	5.00%
62	25.00%
63	25.00%
64	25.00%
65	100.00%

Expenses: \$103,000 for 2024, approximate 2-year average of administrative expenses paid from the trust.

The significant assumptions used in the valuation as of January 1, 2023 were as follows:

Interest rate: 7.10%

Mortality: The sex-distinct Amount-Weighted Blue Collar Pri-2012 Mortality Table for annuitants, non-annuitants, and contingent survivors, adjusted for mortality improvements using Scale MP-2020 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan and the percentage of hourly and/or union participants.

Salary increases: 3.25% per year

Weighted average retirement age: Current and future vested terminated participants are assumed to retire at age 65. Rates of retirement are determined based on the September 2016 experience study using valuation data from January 1, 2012 to January 1, 2016. The rates used in this valuation are as follows:

Age	Percentage
55	5.00%
56	5.00%
57	1.00%
58	1.00%
59	1.00%
60	5.00%
61	5.00%
62	25.00%
63	25.00%
64	25.00%
65	100.00%

Expenses: \$109,000 for 2023, approximate 2-year average of administrative expenses paid from the trust.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. See Note E for actuarial calculations of the accumulated plan benefits.

#### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

#### *Administrative Expenses*

Certain administrative functions are performed by officers or employees of the Medical Center. No such officer or employee receives compensation from the Plan. Administrative expenses paid by the Plan include investment management fees and fiduciary fees. Other fees for Pension Benefit Guaranty Corporation (PBGC) premiums, actuarial services, investment advisor services, and audit fees are paid by the Medical Center and are excluded from these financial statements.

### **C. CERTIFIED INVESTMENTS (UNAUDITED)**

Certain information related to investments disclosed in the accompanying financial statements, including investments held at December 31, 2024 and 2023, and net appreciation in the fair value of investments, interest, and dividends for the years ended December 31, 2024 and 2023, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the custodian, Tompkins Community Bank, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The content of the supplemental schedules, Form 5500 Schedule H, Line 4i – Schedule of Assets

(Held at End of Year) and Form 5500 Schedule H, Line 4j – Schedule of Reportable Transactions, was also prepared by and certified by the custodian.

#### **D. FAIR VALUE MEASUREMENTS**

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

##### *Level 1*

Inputs to the valuation methodologies 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 consist primarily of information derived by management where level 1 and level 2 inputs are not available.

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

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

U.S. government and agency obligations: Investments in fixed income securities (U.S. Treasury bonds and notes, U.S. government agency bonds and notes) are valued by a third-party pricing service based upon market transactions at fair value. They are valued using pricing models maximizing the use of observable inputs for similar securities.

Municipal and corporate bonds and notes: Investments in fixed income securities are valued by a third-party pricing service based upon market transactions at fair value. They are valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual funds: Investments in mutual funds are valued at the latest quoted sales price on the last business day of the year, which represents the net asset value of shares held by the Plan at year-end.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<b>ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2024</b>			
	<b><i>Level 1</i></b>	<b><i>Level 2</i></b>	<b><i>Level 3</i></b>	<b><i>Total</i></b>
Cash & cash equivalents	\$ 5,008,448	\$ -	\$ -	\$ 5,008,448
U.S. government and agency obligations	12,133,280	4,350,045	-	16,483,325
Municipal and corporate bonds and notes	-	15,551,945	-	15,551,945
Mutual funds	128,410,331	-	-	128,410,331
Total assets at fair value	<u>\$ 145,552,059</u>	<u>\$ 19,901,990</u>	<u>\$ -</u>	<u>\$ 165,454,049</u>

	<b>ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2023</b>			
	<b><i>Level 1</i></b>	<b><i>Level 2</i></b>	<b><i>Level 3</i></b>	<b><i>Total</i></b>
Cash & cash equivalents	\$ 4,826,085	\$ -	\$ -	\$ 4,826,085
U.S. government and agency obligations	9,187,125	4,354,764	-	13,541,889
Municipal and corporate bonds and notes	-	17,445,090	-	17,445,090
Mutual funds	122,294,406	-	-	122,294,406
Total assets at fair value	<u>\$ 136,307,616</u>	<u>\$ 21,799,854</u>	<u>\$ -</u>	<u>\$ 158,107,470</u>

#### **E. ACCUMULATED PLAN BENEFITS**

At January 1, 2024 and 2023, the actuarial present value of accumulated plan benefits was as follows:

	<b>2024</b>	<b>2023</b>
Present value of vested benefits:		
Participants currently receiving payments	\$ 75,270,564	\$ 70,593,259
Other participants	55,369,146	53,418,542
Total present value of vested benefits	<u>130,639,710</u>	<u>124,011,801</u>
Present value of non-vested benefits	<u>2,188,186</u>	<u>2,193,170</u>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<u><u>\$ 132,827,896</u></u>	<u><u>\$ 126,204,971</u></u>

The changes in the actuarial present value of accumulated plan benefits between January 1, 2023 and January 1, 2024 were as follows:

<b>Actuarial Present Value of</b>	
<b>Accumulated Plan Benefits at January 1, 2023</b>	\$ 126,204,971
Increase (decrease) attributed to:	
Increase for interest, due to decrease in the discount period at 7.10%	8,683,214
Decrease for benefits paid	( 7,812,376)
Changes in actuarial assumptions	-
Benefits accumulated and actuarial gains and losses	<u>5,752,087</u>
Net increase	<u>6,622,925</u>
<b>Actuarial Present Value of</b>	
<b>Accumulated Plan Benefits at January 1, 2024</b>	<u><u>\$ 132,827,896</u></u>

#### F. PLAN TERMINATION

Although the Medical Center has not finalized any plans to terminate the Plan, it may do so at any time, subject to provisions of ERISA. Generally, the PBGC reserves the right to terminate the Plan if the employer fails to meet the minimum funding standards, or is unable to pay benefits when due. In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

The Medical Center is liable for any unfunded vested benefits to the extent required by law. If any assets remain after providing all benefits for all categories, the remaining assets will be paid to the Medical Center.

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 may 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024, that ceiling is \$6,750 per month for participants who are 65 years old (at the time of retirement or plan termination, whichever comes later) and elect

to receive their benefit in the form of a single straight-life annuity. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligation, and may also depend on the financial condition of the Medical Center and the level of benefits guaranteed by the PBGC. For additional details, reference should be made to the formal Plan document.

## **G. TAX STATUS**

The Internal Revenue Service has determined and informed the Medical Center by a letter dated August 27, 2002, 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, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified and the related trust is tax-exempt.

As of June 13, 2014, the Medical Center is a member of a controlled group as defined by the IRC. Controlled groups are treated as a single employer for compliance and testing purposes. The Plan and controlled group passed participation, coverage, and general nondiscrimination testing for the 2024 and 2023 Plan years. As such, the Plan administrator believes that the qualified tax status is not jeopardized.

## **H. RISKS AND UNCERTAINTIES**

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

Plan contributions are made and the actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements. As described in Note B, the actuarial present value of accumulated Plan benefits as of January 1, 2024 and presented in Note E was calculated utilizing the sex-distinct Amount-Weighted Blue Collar Pri-2012 Mortality Table for annuitants, non-annuitants, and contingent survivors and was adjusted using Scale MP-2021.

## I. PARTY-IN-INTEREST TRANSACTIONS

Management fees of \$113,401 and \$104,700 were paid from the Plan to the custodian, Tompkins Community Bank, for the years ended December 31, 2024 and 2023, respectively.

The following schedule summarizes fees paid by the Medical Center on behalf of the Plan to parties in interest of the Plan for the years ended December 31, 2024 and 2023. The Medical Center does not expect reimbursement from the Plan for these services.

<b>Payee</b>	<b>Description of Transaction</b>	<b>2024</b>	<b>2023</b>
Pension Benefit Guaranty Corporation (PBGC)	PBGC insurance premiums	\$ 348,490	\$ 1,113,184
BPAS Actuarial and Pension Services, LLC	Actuarial fees, consulting fees	413,850	182,275
BilkeyKatz Investment Consultants, Inc.	Advisor fees	13,000	25,333
Sciarabba Walker & Co., LLP	Annual audit fees	19,600	19,600
		<u>\$ 794,940</u>	<u>\$ 1,340,392</u>

Additional fees were paid by the Medical Center to Sciarabba Walker & Co., LLP and to BilkeyKatz Investment Consultants, Inc. for separate engagements during 2024 and 2023.

All of these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

## J. AMENDMENT

During the 2024 plan year, the Plan was amended to (i) provide a one-time, single-sum distribution option, and (ii) permanently increase the mandatory cash-out threshold from \$5,000 to \$7,000. Under this amendment, if the lump-sum value of a participant's benefit exceeds \$1,000 and is \$7,000 or less, the benefit will be automatically rolled over to an individual retirement account, unless the participant elects otherwise within 30 days of receiving notice.

## K. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through November 21, 2025, the date when the financial statements were available to be issued, and no items required disclosure.

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date,	(d) Cost	(e) Current value
<b>CASH &amp; CASH EQUIVALENTS</b>				
<b>NON-INTEREST-BEARING CASH</b>				
	FEDERAL GOVERNMENT	US DOLLAR 134,849	\$ 134,848.54	\$ 134,848.54
<b>NON-INTEREST-BEARING CASH</b>			134,848.54	134,848.54
<b>TOTAL INTEREST-BEARING CASH</b>				
	FEDERAL GOVERNMENT	FEDERATED GOVERNMENT OBLIGATIONS FUND 4,873,600	4,873,599.94	4,873,599.94
<b>TOTAL INTEREST-BEARING CASH</b>			4,873,599.94	4,873,599.94
<b>TOTAL CASH &amp; CASH EQUIVALENTS</b>			<b>5,008,448.48</b>	<b>5,008,448.48</b>
<b>FIXED INCOME</b>				
<b>U.S. GOVERNMENT SECURITIES</b>				
<b>U.S. TREASURY BONDS</b>				
	UNITED STATES TREASURY	United States Treasury Note/Bond 2.75% 15 May 2025 2,260,000	2,203,582.43	2,247,570.00
	UNITED STATES TREASURY	United States Treasury Note/Bond 2.75% 30 Apr 2027 30,000	29,777.34	29,003.10
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.5% 15 Feb 2033 315,000	302,392.97	293,041.35
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.5% 30 Apr 2028 270,000	262,385.16	263,190.60
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.625% 31 Mar 2030 1,025,000	1,000,099.42	987,843.75
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.75% 15 Aug 2027 1,450,000	1,434,509.18	1,431,585.00
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.875% 15 Aug 2033 45,000	43,500.59	42,827.40
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.875% 15 Aug 2034 210,000	204,719.73	198,563.40
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.875% 31 Dec 2027 462,000	454,817.34	456,696.24
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.125% 31 Jul 2028 615,000	613,390.43	610,756.50
	UNITED STATES TREASURY	United States Treasury Note/Bond 4% 15 Dec 2025 660,000	655,810.54	658,884.60
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.25% 30 Jun 2029 410,000	420,158.70	407,728.60
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.25% 30 Jun 2031 830,000	834,778.34	819,566.90

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	UNITED STATES TREASURY	United States Treasury Note/Bond 4.25% 31 Dec 2025 115,000	113,917.38	115,028.75
	UNITED STATES TREASURY	United States Treasury Note/Bond 4% 29 Feb 2028 485,000	488,460.15	480,591.35
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.375% 15 May 2034 220,000	230,416.11	216,618.60
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.375% 30 Nov 2028 1,900,000	1,919,582.91	1,900,779.00
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.375% 31 Jul 2026 445,000	445,556.25	445,734.25
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.75% 31 Jul 2025 50,000	49,974.61	50,137.50
	UNITED STATES TREASURY	United States Treasury Note/Bond .625% 15 Aug 2030 208,000	166,936.25	168,914.72
	UNITED STATES TREASURY	United States Treasury Bill Zero 10 Jul 2025 315,000	305,580.32	308,218.05
	<b>TOTAL U.S. TREASURY BONDS</b>		<b>12,180,346.15</b>	<b>12,133,279.66</b>
	<b>U.S. GOVERNMENT AND AGENCY OBLIGATIONS</b>			
	FEDERAL NATL MTGE ASSOC	Fannie Mae-Aces FNA 2017-M8 A2 Var 25 May 2027 182,465	181,923.17	176,523.90
	FEDERAL NATL MTGE ASSOC	Fannie Mae-Aces FNA 2019-M18 A2 2.469% 25 Aug 2029 262,964	265,354.74	239,294.33
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN 256517 6% 01 Dec 2026 4,695	5,231.25	4,718.83
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN AL8143 Flt 01 Nov 2036 26,532	27,925.28	27,447.95
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN AS5137 4% 01 Jun 2045 27,414	29,376.18	25,462.71
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN BM4163 Var 01 Mar 2027 110,703	122,274.41	107,886.28
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN FM1660 3% 01 Aug 2032 297,159	284,576.06	286,164.01
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN FM9063 3% 01 May 2035 157,727	143,728.66	148,159.20
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN FS4367 3.5% 01 May 2037 304,579	286,304.18	290,964.24
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA3631 3% 01 Apr 2034 166,256	154,176.79	156,177.90
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA3738 3% 01 Aug 2034 213,418	197,911.40	200,478.03

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date,	(d) Cost	(e) Current value
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA4399 2.5% 01 Aug 2051 294,949	305,986.81	241,669.62
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA4466 2.5% 01 Nov 2051 268,794	275,775.86	220,383.82
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA4493 2.5% 01 Dec 2051 281,443	288,335.24	230,237.18
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA4849 4.5% 01 Nov 2037 288,480	272,162.68	282,395.80
	FEDERAL NATL MTGE ASSOC	Fannie Mae REMICS FNR 2014-1 DA 4% 25 Jun 2043 14,244	15,090.08	13,655.62
	FEDERAL HOME LN MTGE CORP	Freddie Mac Multifamily Structured Pass Through Certificates FHMS K-158 A2 4.05% 25 270,000	260,201.95	253,625.07
	FEDERAL HOME LN MTGE CORP	Freddie Mac Multifamily Structured Pass Through Certificates FHMS KIR2 A1 2.748% 25 66,183	68,309.51	64,771.51
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR QA3583 3% 01 Oct 2049 84,950	89,317.19	73,386.80
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR QB4938 2% 01 Nov 2050 182,704	190,468.42	144,682.91
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR SB0839 3.5% 01 Dec 2035 194,460	180,088.38	185,483.91
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR SB8506 2% 01 Feb 2036 221,301	197,373.01	197,517.97
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR SD7555 3% 01 Aug 2052 321,997	268,565.61	277,667.67
	FEDERAL HOME LN MTGE CORP	Freddie Mac REMICS FHR 3062 DE 5.5% 15 Nov 2035 17,771	19,675.89	18,182.50
	FRESB	FRESB 2018-SB45 Mortgage Trust FRESB 2018-SB45 A10F Var 25 Nov 2027 52,855	53,087.73	50,831.21
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 4955 4% 20 Feb 2026 .01	0.01	0.01
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 83039 Flt 20 Feb 2042 10,095	10,504.49	10,229.17
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 AE7151 Flt 20 Jun 2063 13,357	14,399.71	13,656.73
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 AR2401 Var 20 May 2066 .04	0.04	0.04
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 AT2417 Var 20 Jul 2066 48,370	53,364.38	47,933.95

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	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 MA7706 3% 20 Nov 2051 175,149	166,610.85	151,980.62
	SEASONED LOANS STRUCTURED TRANS	Seasoned Loans Structured Transaction Trust Series 2019-3 SLST 2019-3 A1C 2.75% 25 223,868	234,221.62	207,788.65
	SBA	SMALL BUSINESS ADMIN POOL# 522103 9.093% 25-Aug-2027 690	777.02	687.22
	<b>TOTAL U.S. GOVERNMENT AND AGENCY OBLIGATIONS</b>		<b>4,663,098.60</b>	<b>4,350,045.36</b>
	<b>TOTAL U.S. GOVERNMENT SECURITIES</b>		<b>16,843,444.75</b>	<b>16,483,325.02</b>
	<b>CORPORATE DEBT INSTRUMENTS</b>			
	AMAIR	American Airlines 2017-1 Class B Pass Through Trust 4.95% 15 Feb 2025 97,005	153,127.54	96,897.73
	AMAIR	American Airlines 2019-1 Class A Pass Through Trust 3.5% 15 Feb 2032 0.03	0.05	0.03
	AMERICAN TOWER CORP	American Tower Corp 2.1% 15 Jun 2030 275,000	246,957.00	235,637.01
	AMERICREDIT AUTO REC TR	AmeriCredit Automobile Receivables Trust 2021-1 AMCAR 2021-1 C 0.89% 19 Oct 2026 162,358	162,355.90	160,949.49
	AMGEN INC	Amgen Inc 5.25% 02 Mar 2033 220,000	219,307.00	218,376.40
	AT&T INC	AT&T Inc 2.25% 01 Feb 2032 210,000	187,451.95	173,683.78
	AT&T INC	AT&T Inc 2.55% 01 Dec 2033 110,000	87,766.80	88,608.30
	BANCO SANTANDER	Banco Santander 5.294% 18 Aug 2027 200,000	200,147.93	201,339.28
	BANK	BANK 2020-BNK30 BANK 2020-BN30 A4 1.925% 15 Dec 2053 185,000	177,513.28	152,497.02
	BANK	BANK 2021-BNK37 BANK 2021-BN37 A2 2.513% 15 Nov 2064 190,000	192,113.20	181,708.46
	BANK	BANK5 2023-5YR2 BANK5 2023-5YR2 A3 Var 15 Jul 2056 135,000	136,877.73	141,448.15
	BANK OF AMERICA	Bank of America Corp Variable 1.922% 24 Oct 2031 415,000	383,051.37	346,703.45
	BMO	BMO 2024-5C4 Mortgage Trust BMO 2024-5C4 A3 Var 15 May 2057 280.000	287,444.36	294,319.93
	BMO	BMO 2024-5C5 Mortgage Trust BMO 2024-5C5 A3 5.8574% 15 Feb 2057 140.000	143,942.30	143,383.60
	BMO	BMO 2024-5C6 Mortgage Trust BMO 2024-5C6 A3 5.3161% 15 Sep 2057 90.000	92,598.22	90,267.81

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	BMARK	Benchmark 2019-B15 Mortgage Trust BMARK 2019-B15 A5 2.928% 15 Dec 2072 320,000	328,296.32	284,902.27
	BMARK	Benchmark 2022-B35 Mortgage Trust BMARK 2022-B35 A5 Var 15 May 2055 255,000	235,882.23	237,612.32
	BMARK	Benchmark 2024-V9 Mortgage Trust BMARK 2024-V9 A3 5.6019% 15 Aug 2057 155,000	159,403.68	157,559.73
	BERKSHIRE HATHAWAY ENERGY CO	Berkshire Hathaway Energy Co 5.95% 15 May 2037 250,000	312,266.58	258,595.88
	BLACKROCK	BlackRock Inc 1.9% 28 Jan 2031 350,000	348,754.00	294,980.15
	BP CAP MKTS AMER INC	BP Capital Markets America Inc 4.893% 11 Sep 2033 50,000	49,999.00	48,379.12
	BP CAP MKTS AMER INC	BP Cap Markets America 4.812% 13 Feb 2033 185,000	184,727.70	178,527.99
	CAPONE	Capital One Multi-Asset Execution Trust COMET 2019-A3 A3 2.06% 15 Aug 2028 350,000	349,906.94	336,738.05
	CAPONE	Capital One Multi-Asset Execution Trust COMET 2024-A1 A 3.92% 15 Sep 2029 325,000	324,936.56	319,431.39
	CITIGROUP	Citigroup Commercial Mortgage Trust 2019-GC43 CGCMT 2019-GC43 A4 3.038% 10 300,000	317,098.97	267,557.88
	CITIGROUP INC	Citigroup Inc Variable 2.52% 03 Nov 2032 380,000	300,258.00	316,859.20
	CNH	CNH Equipment Trust 2021-A CNH 2021-A B 0.97% 15 Jun 2028 185,000	184,993.12	183,957.40
	CONSUMERS	Consumers 2023 Securitization Funding LLC 5.55% 01 Mar 2028 192,404	192,384.79	193,737.27
	CVS	CVS Pass-Through Trust 6.943% 10 Jan 2030 102,012	0.01	0.01
	DIAGEO CAP PLC	Diageo Capital PLC 2% 29 Apr 2030 400,000	398,092.00	345,269.08
	DUKE ENERGY	Duke Energy Florida Project Finance LLC 2.538% 01/09/2029 141,213	130,788.30	133,707.17
	ENERGY TRANSFER L P	Energy Transfer LP 5.5% 01 Jun 2027 180,000	184,892.81	182,295.20
	ENERGY TEXAS INC	Entergy Texas Inc 4% 30 Mar 2029 255,000	254,525.70	246,742.07

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	ESSEX PORTFOLIO LP	Essex Portfolio LP 3.375% 15 Apr 2026 300,000	307,785.47	294,543.28
	FNMNT	First National Master Note Trust FNMNT 2024-1 A 5.34% 15 May 2030 240,000	239,958.05	242,224.06
	FORD	Ford Credit Auto Lease Trust 2023-B FORDL 2023-B B 6.2% 15 Feb 2027 240,000	239,977.90	243,639.67
	FORD	Ford Credit Auto Lease Trust 2024-B FORDL 2024-B A3 4.99% 15 Dec 2027 250,000	249,992.05	251,650.80
	FORD	Ford Credit Auto Owner Trust 2023-B FORDO 2023-B B 5.56% 15 Mar 2029 145,000	144,962.21	147,324.07
	FORD	Ford Credit Auto Owner Trust 2023-B FORDO 2023-B C 5.71% 15 Dec 2030 105,000	104,984.68	106,782.04
	FEDERAL NATL MTGE ASSOC	Freddie Mac Multifamily Structured Pass Through Certificates FHMS K-154 A2 Var 25 Jan 2033 280,000	277,571.88	269,730.69
	GM	GM Financial Automobile Leasing Trust 2024-2 GMALT 2024-2 B 5.56% 22 May 2028 245,000	244,954.26	247,694.09
	GM	GM Financial Consumer Automobile Receivables Trust 2023-2 GMCAR 2023-2 B 4.82% 105,000	104,991.78	105,285.50
	GM	GM Financial Consumer Automobile Receivables Trust 2023-2 GMCAR 2023-2 C 5.21% 65,000	64,991.15	65,531.75
	GOLDMAN SACHS GROUP INC	Goldman Sachs Group Inc/The Variable 2.64% 24 Feb 2028 75,000	65,667.31	71,532.00
	GOLDMAN SACHS GROUP INC	Goldman Sachs Group Inc/The Variable 3.814% 23 Apr 2029 240,000	265,371.89	230,829.60
	JOHN DEERE	John Deere Owner Trust 2023-B JDOT 2023-B A4 5.11% 15 May 2030 85,000	84,979.68	85,673.57
	JOHN DEERE	John Deere Owner Trust 2023-C JDOT 2023-C A4 5.39% 15 Aug 2030 145,000	144,967.48	147,250.30
	JOHN DEERE	John Deere Owner Trust 2024-C JDOT 2024-C A3 4.06% 15 Jun 2029 185,000	184,956.97	182,926.50
	JPMBB	JPMorgan Chase & Co Variable 2.545% 08 Nov 2032 170,000	129,249.30	143,398.40

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	JPMBB	JPMorgan Chase & Co Variable 5.336% 23 Jan 2035 135,000	135,000.00	134,142.75
	LOWES	Lowe's Cos Inc 5.5% 15 Oct 2035 200,000	204,897.35	201,963.54
	MITSUBISHI	Mitsubishi Ufj Fin Grp 2.341% 19 Jan 2028 340,000	323,285.60	323,482.80
	MONDELEZ INTERNATIONAL INC	Mondelez International Inc 1.5% 04 Feb 2031 35,000	26,604.53	28,534.45
	MORGAN STANLEY CAP TR	Morgan Stanley Capital I Trust 2021-L7 MSC 2021-L7 A4 2.322% 15 Oct 2054 380,000	310,887.50	320,140.54
	MORGAN STANLEY VAR	Morgan Stanley Variable 1.928% 28 Apr 2032 390,000	299,477.10	318,992.70
	NRUC	National Rural Utilities Cooperative Finance Corp 5% 15 Aug 2034 255,000	253,084.95	249,948.45
	NORTHERN STS PWR CO	Northern States Power Co/MN 7.125% 01 Jul 2025 245,000	253,557.15	247,668.05
	PACCAR FINANCIAL CORP	Paccar Financial Corp 4.6% 10 Jan 2028 230,000	229,613.60	229,565.30
	PFIZER INVESTMENT ENTERPRISES	Pfizer Investment Enterprises Pte Ltd 4.75% 19 May 2033 185,000	184,722.50	179,181.82
	PNC FIN SRV GROUP INC	PNC Financial Services Group Inc/The Variable 5.068% 24 Jan 2034 325,000	321,389.25	316,618.25
	RPM INTL INC	RPM International Inc 4.55% 01 Mar 2029 130,000	129,348.70	127,659.15
	SIMON PPTY GROUP LP	Simon Property Group LP 2.2% 01 Feb 2031 135,000	111,090.15	114,837.41
	SOUTHERN CALIF EDISON CO	Southern California Edison Co 2.85% 01 Aug 2029 150,000	157,365.97	136,905.00
	SOUTHWEST AIRLS CO	Southwest Airlines Co 3% 15 Nov 2026 80,000	74,357.60	77,293.75
	SOUTHWEST AIRLS CO	Southwest Airlines Co 5.125% 15 Jun 2027 75,000	72,633.75	75,340.85
	SPECTRA ENERGY PARTNERS LP	Spectra Energy Partners LP 3.375% 15 Oct 2026 235,000	220,592.22	229,421.76
	SYNCHRONY	Synchrony Card Issuance Trust 5.74% 15 Oct 2029 240,000	239,956.56	244,559.86
	T-MOBILE	T-Mobile USA Inc 2.875% 15 Feb 2031 240,000	207,482.40	210,916.80
	TRUIST FINANCIAL CORP	Truist Financial Corp Variable 7.161% 30 Oct 2029 295,000	295,000.00	315,443.50

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500, Schedule H, Line 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
EIN: 22-2325405  
PLAN NO: 001  
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date,	(d) Cost	(e) Current value
	UNION PACIFIC CORP	Union Pacific Corp 3.7% 01 Mar 2029 185,000	184,983.89	177,535.49
	US BANCORP	US Bancorp Variable 2.491% 03 Nov 2036 60,000	54,151.20	48,597.00
	US BANCORP	US Bancorp Variable 4.839% 01 Feb 2034 50,000	47,344.50	47,861.50
	VENTAS	Ventas Realty LP 2.5% 01 Sep 2031 175,000	173,038.25	147,882.72
	VZ	Verizon Communications Inc 2.55% 21 Mar 2031 295,000	252,304.65	254,209.98
	VZ	Verizon Master Trust VZMT 2023-2 C 5.38% 13 Apr 2028 145,000	144,999.30	145,159.09
	VZ	Verizon Master Trust VZMT 2024-8 B 4.82% 20 Nov 2030 125,000	124,985.41	125,054.01
	VZ	Verizon Master Trust VZMT 2024-8 C 4.99% 20 Nov 2030 50,000	49,998.94	50,012.73
	VEPCO	Virginia Electric and Power Co 5.05% 15 Aug 2034 270,000	269,389.80	263,271.60
	VOLKSWAGEN	Volkswagen Auto Lease Trust 2024-A VWALT 2024-A A4 5.2% 20 Dec 2028 290,000	289,948.87	292,757.41
	WELLS FARGO CO.	Wells Fargo & Co Variable 5.389% 24 Apr 2034 235,000	233,349.40	232,384.45
	WELLTOWER INC	Welltower OP LLC 4.25% 01 Apr 2026 110,000	111,420.02	109,442.86
	WRKCO INC	WRKCo Inc 3.375% 15 Sep 2027 110,000	115,230.01	105,835.40
	WRKCO INC	WRKCo Inc 3.9% 01 Jun 2028 125,000	124,970.00	120,635.53
	<b>TOTAL CORPORATE DEBT INSTRUMENTS</b>		<b>16,009,684.52</b>	<b>15,551,945.44</b>
	<b>TOTAL FIXED INCOME</b>		<b>32,853,129.27</b>	<b>32,035,270.46</b>
	<b>EQUITIES</b>			
	<b>MUTUAL FUNDS</b>			
	AMERICAN BEACON	American Beacon International Equity Fund 370,142	6,353,420.98	5,529,924.68
	DIMENTIAL FUND ADVISORS	DFA Emerging Markets Core Equity Portfolio 351,241	6,873,979.39	8,176,891.46
	DIMENTIAL FUND ADVISORS	DFA International Small Cap Value Portfolio 202,555	3,888,325.62	4,442,040.62
	DIMENTIAL FUND ADVISORS	MFS Institutional Trust-MFS International Equity Fund 173,397	3,912,923.47	5,864,296.69

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500, Schedule H, Line 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
EIN: 22-2325405  
PLAN NO: 001  
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date,	(d) Cost	(e) Current value
	NERUBERGER BERMAN	Neuberger Berman International Equity Fund 325,961	3,845,163.99	4,087,554.44
	BNY MELLON	BNY Mellon Global Real Return Fund 178,571	2,735,133.04	2,733,923.13
	BROWN CAPITAL MANAGEMENT INC	Brown Capital Management Small Company Fund 48,474	3,347,416.59	2,619,559.44
	DIMENTIAL FUND ADVISORS	DFA US Large Cap Value Portfolio 70,990	2,527,256.00	3,499,113.71
	DIAMOND HILL	Diamond Hill Long-Short Fund 128,577	3,312,514.64	3,489,598.26
	GATEWAY	Gateway Fund 88,336	3,041,619.97	4,087,331.20
	HARBOR FUNDS	Harbor Small Cap Growth Fund 245,346	3,152,043.32	3,459,386.76
	EATON VANCE	Parametric Volatility Risk Premium - Defensive Fund 312,721	3,693,951.65	4,822,158.68
	PIMCO	PIMCO All Asset Fund 1,069,397	12,726,640.25	11,570,883.84
	PRIMECAP MANAGEMENT CO	PRIMECAP Odyssey Stock Fund 95,476	2,527,256.00	3,209,911.09
	VANGUARD	Vanguard Growth Index Fund 62,634	2,770,969.09	13,230,241.08
	VANGUARD	Vanguard Institutional Index Fund 46,996	9,144,434.16	22,506,820.20
	VANGUARD	Vanguard Mid-Cap Index Fund 38,189	5,189,960.66	12,482,951.85
	VANGUARD	Vanguard Small-Cap Value Index Fund 71,789	3,311,923.93	6,114,345.70
	VANGUARD	Vanguard Value Index Fund 68,013	2,061,126.98	4,490,957.75
	VANGUARD	Vanguard Commodity Strategy Fund 28,211	807,464.65	717,412.19
	WESTWOOD	Westwood Income Opportunity Fund 106,518	1,337,415.14	1,275,027.83
	<b>TOTAL MUTUAL FUNDS</b>		<b>86,560,939.52</b>	<b>128,410,330.60</b>
	<b>TOTAL EQUITIES</b>		<b>86,560,939.52</b>	<b>128,410,330.60</b>
	<b>ACCRUED INTEREST</b>			230,881.75
	<b>GRAND TOTAL</b>		<b>\$ 124,422,517.27</b>	<b>\$ 165,684,931.29</b>

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT				
OBLIGATIONS FUND 117 - PURCHASES				
(CUSIP# 608919718)				
	\$ 20,004.38	\$ 20,004.38	\$ 20,004.38	\$ -
	3,884.10	3,884.10	3,884.10	0.00
	151.96	151.96	151.96	0.00
	1,517.03	1,517.03	1,517.03	0.00
	7,776.14	7,776.14	7,776.14	0.00
	69.01	69.01	69.01	0.00
	953.91	953.91	953.91	0.00
	402.03	402.03	402.03	0.00
	7,146.40	7,146.40	7,146.40	0.00
	750,000.00	750,000.00	750,000.00	0.00
	3,727.08	3,727.08	3,727.08	0.00
	7,718.03	7,718.03	7,718.03	0.00
	5,290.00	5,290.00	5,290.00	0.00
	1,158.50	1,158.50	1,158.50	0.00
	450.93	450.93	450.93	0.00
	82,041.86	82,041.86	82,041.86	0.00
	79,021.10	79,021.10	79,021.10	0.00
	125,449.21	125,449.21	125,449.21	0.00
	4,496.43	4,496.43	4,496.43	0.00
	7,131.12	7,131.12	7,131.12	0.00
	5,950.15	5,950.15	5,950.15	0.00
	0.40	0.40	0.40	0.00
	79,717.19	79,717.19	79,717.19	0.00
	157,864.19	157,864.19	157,864.19	0.00
	3,456.38	3,456.38	3,456.38	0.00
	3,545.87	3,545.87	3,545.87	0.00
	41,975.15	41,975.15	41,975.15	0.00
	8,236.89	8,236.89	8,236.89	0.00
	11,079.50	11,079.50	11,079.50	0.00
	3,638.74	3,638.74	3,638.74	0.00
	13,871.88	13,871.88	13,871.88	0.00
	4,177.50	4,177.50	4,177.50	0.00
	365,060.47	365,060.47	365,060.47	0.00
	7,132.58	7,132.58	7,132.58	0.00
	395.54	395.54	395.54	0.00
	3,872.45	3,872.45	3,872.45	0.00
	66.39	66.39	66.39	0.00
	939.01	939.01	939.01	0.00
	582.73	582.73	582.73	0.00
	8,792.26	8,792.26	8,792.26	0.00
	150.01	150.01	150.01	0.00
	300.00	300.00	300.00	0.00
	2,072.02	2,072.02	2,072.02	0.00
	187,707.63	187,707.63	187,707.63	0.00
	2,766.90	2,766.90	2,766.90	0.00
	136,816.86	136,816.86	136,816.86	0.00
	18,265.52	18,265.52	18,265.52	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	8,004.40	8,004.40	8,004.40	0.00
	945.31	945.31	945.31	0.00
	31,927.07	31,927.07	31,927.07	0.00
	3.95	3.95	3.95	0.00
	252.88	252.88	252.88	0.00
	57,964.28	57,964.28	57,964.28	0.00
	3,398.32	3,398.32	3,398.32	0.00
	1,297.41	1,297.41	1,297.41	0.00
	192.19	192.19	192.19	0.00
	8,567.50	8,567.50	8,567.50	0.00
	15,890.92	15,890.92	15,890.92	0.00
	1,016.80	1,016.80	1,016.80	0.00
	876.85	876.85	876.85	0.00
	140.12	140.12	140.12	0.00
	61.84	61.84	61.84	0.00
	8,224.62	8,224.62	8,224.62	0.00
	6,670.40	6,670.40	6,670.40	0.00
	369.33	369.33	369.33	0.00
	5,775.00	5,775.00	5,775.00	0.00
	250,000.00	250,000.00	250,000.00	0.00
	400,000.00	400,000.00	400,000.00	0.00
	700,000.00	700,000.00	700,000.00	0.00
	650,000.00	650,000.00	650,000.00	0.00
	1,530,423.95	1,530,423.95	1,530,423.95	0.00
	7,688.25	7,688.25	7,688.25	0.00
	399.00	399.00	399.00	0.00
	759.50	759.50	759.50	0.00
	245.77	245.77	245.77	0.00
	6,607.21	6,607.21	6,607.21	0.00
	184,249.71	184,249.71	184,249.71	0.00
	8,930.58	8,930.58	8,930.58	0.00
	3,194.97	3,194.97	3,194.97	0.00
	23.26	23.26	23.26	0.00
	1,309.89	1,309.89	1,309.89	0.00
	1,249.01	1,249.01	1,249.01	0.00
	427.34	427.34	427.34	0.00
	80,439.87	80,439.87	80,439.87	0.00
	15,615.94	15,615.94	15,615.94	0.00
	3,761.25	3,761.25	3,761.25	0.00
	285,528.97	285,528.97	285,528.97	0.00
	4,256.00	4,256.00	4,256.00	0.00
	56,316.66	56,316.66	56,316.66	0.00
	6,404.55	6,404.55	6,404.55	0.00
	48,573.99	48,573.99	48,573.99	0.00
	3,310.88	3,310.88	3,310.88	0.00
	32,489.03	32,489.03	32,489.03	0.00
	16,420.77	16,420.77	16,420.77	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	21,412.50	21,412.50	21,412.50	0.00
	940.62	940.62	940.62	0.00
	1,361.18	1,361.18	1,361.18	0.00
	8,832.17	8,832.17	8,832.17	0.00
	66.34	66.34	66.34	0.00
	150.31	150.31	150.31	0.00
	396.19	396.19	396.19	0.00
	7,155.49	7,155.49	7,155.49	0.00
	5,261.30	5,261.30	5,261.30	0.00
	60,874.94	60,874.94	60,874.94	0.00
	4,775.58	4,775.58	4,775.58	0.00
	308.18	308.18	308.18	0.00
	759.50	759.50	759.50	0.00
	14,528.13	14,528.13	14,528.13	0.00
	12,023.69	12,023.69	12,023.69	0.00
	703.96	703.96	703.96	0.00
	137,352.14	137,352.14	137,352.14	0.00
	1,820.45	1,820.45	1,820.45	0.00
	545.05	545.05	545.05	0.00
	4,704.47	4,704.47	4,704.47	0.00
	7,158.05	7,158.05	7,158.05	0.00
	6,332.08	6,332.08	6,332.08	0.00
	3,988.15	3,988.15	3,988.15	0.00
	3,005.20	3,005.20	3,005.20	0.00
	59,167.55	59,167.55	59,167.55	0.00
	2,727.16	2,727.16	2,727.16	0.00
	2,103.75	2,103.75	2,103.75	0.00
	7,759.60	7,759.60	7,759.60	0.00
	628.38	628.38	628.38	0.00
	2,217,612.55	2,217,612.55	2,217,612.55	0.00
	32,825.00	32,825.00	32,825.00	0.00
	12,385.40	12,385.40	12,385.40	0.00
	1,639,743.00	1,639,743.00	1,639,743.00	0.00
	6,922.06	6,922.06	6,922.06	0.00
	377.70	377.70	377.70	0.00
	61.64	61.64	61.64	0.00
	896.19	896.19	896.19	0.00
	1,309.29	1,309.29	1,309.29	0.00
	8,627.17	8,627.17	8,627.17	0.00
	143.71	143.71	143.71	0.00
	4,788.00	4,788.00	4,788.00	0.00
	1,619.15	1,619.15	1,619.15	0.00
	1,100,000.00	1,100,000.00	1,100,000.00	0.00
	4,636,786.25	4,636,786.25	4,636,786.25	0.00
	500,000.00	500,000.00	500,000.00	0.00
	2,000,000.00	2,000,000.00	2,000,000.00	0.00
	1,000,000.00	1,000,000.00	1,000,000.00	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	29,275.02	29,275.02	29,275.02	0.00
	344,482.94	344,482.94	344,482.94	0.00
	2,163.25	2,163.25	2,163.25	0.00
	62,424.28	62,424.28	62,424.28	0.00
	265,724.40	265,724.40	265,724.40	0.00
	165,164.68	165,164.68	165,164.68	0.00
	1,193,415.19	1,193,415.19	1,193,415.19	0.00
	1,158.50	1,158.50	1,158.50	0.00
	39,299.80	39,299.80	39,299.80	0.00
	308.18	308.18	308.18	0.00
	703.96	703.96	703.96	0.00
	780.80	780.80	780.80	0.00
	2,486.56	2,486.56	2,486.56	0.00
	2,401.64	2,401.64	2,401.64	0.00
	4,393.75	4,393.75	4,393.75	0.00
	5,540.99	5,540.99	5,540.99	0.00
	308.18	308.18	308.18	0.00
	120,709.82	120,709.82	120,709.82	0.00
	112,235.48	112,235.48	112,235.48	0.00
	48,242.52	48,242.52	48,242.52	0.00
	200,000.00	200,000.00	200,000.00	0.00
	600,000.00	600,000.00	600,000.00	0.00
	700,000.00	700,000.00	700,000.00	0.00
	39,265.63	39,265.63	39,265.63	0.00
	18,582.97	18,582.97	18,582.97	0.00
	1,464,595.20	1,464,595.20	1,464,595.20	0.00
	13,552.50	13,552.50	13,552.50	0.00
	8,967.31	8,967.31	8,967.31	0.00
	149.13	149.13	149.13	0.00
	1,604.09	1,604.09	1,604.09	0.00
	929.67	929.67	929.67	0.00
	63.76	63.76	63.76	0.00
	7,192.93	7,192.93	7,192.93	0.00
	391.83	391.83	391.83	0.00
	1,554.06	1,554.06	1,554.06	0.00
	245.77	245.77	245.77	0.00
	759.50	759.50	759.50	0.00
	42,024.47	42,024.47	42,024.47	0.00
	5,590.18	5,590.18	5,590.18	0.00
	24,310.81	24,310.81	24,310.81	0.00
	2,265.57	2,265.57	2,265.57	0.00
	545.05	545.05	545.05	0.00
	6,688.99	6,688.99	6,688.99	0.00
	24,501.22	24,501.22	24,501.22	0.00
	1,785.00	1,785.00	1,785.00	0.00
	7,774.48	7,774.48	7,774.48	0.00
	3,211.84	3,211.84	3,211.84	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	58,549.08	58,549.08	58,549.08	0.00
	4,392.73	4,392.73	4,392.73	0.00
	206.50	206.50	206.50	0.00
	17,056.85	17,056.85	17,056.85	0.00
	30,948.13	30,948.13	30,948.13	0.00
	3,515.24	3,515.24	3,515.24	0.00
	903.28	903.28	903.28	0.00
	61.95	61.95	61.95	0.00
	6,988.79	6,988.79	6,988.79	0.00
	380.71	380.71	380.71	0.00
	144.90	144.90	144.90	0.00
	8,720.22	8,720.22	8,720.22	0.00
	5,290.00	5,290.00	5,290.00	0.00
	245.77	245.77	245.77	0.00
	759.50	759.50	759.50	0.00
	2,599.82	2,599.82	2,599.82	0.00
	4,915.99	4,915.99	4,915.99	0.00
	703.96	703.96	703.96	0.00
	7,224.54	7,224.54	7,224.54	0.00
	3,331.25	3,331.25	3,331.25	0.00
	292.88	292.88	292.88	0.00
	13,105.07	13,105.07	13,105.07	0.00
	183,124.14	183,124.14	183,124.14	0.00
	3,691.82	3,691.82	3,691.82	0.00
	3,041.92	3,041.92	3,041.92	0.00
	7,401.49	7,401.49	7,401.49	0.00
	322.28	322.28	322.28	0.00
	300.00	300.00	300.00	0.00
	3,601.80	3,601.80	3,601.80	0.00
	3,523.31	3,523.31	3,523.31	0.00
	62,237.75	62,237.75	62,237.75	0.00
	817.19	817.19	817.19	0.00
	11,079.50	11,079.50	11,079.50	0.00
	1,187.50	1,187.50	1,187.50	0.00
	12,684.38	12,684.38	12,684.38	0.00
	4,177.50	4,177.50	4,177.50	0.00
	2,137.50	2,137.50	2,137.50	0.00
	388.52	388.52	388.52	0.00
	7,234.88	7,234.88	7,234.88	0.00
	922.29	922.29	922.29	0.00
	61.95	61.95	61.95	0.00
	9,118.59	9,118.59	9,118.59	0.00
	148.40	148.40	148.40	0.00
	1,728.11	1,728.11	1,728.11	0.00
	2,618.79	2,618.79	2,618.79	0.00
	300.00	300.00	300.00	0.00
	1,379,559.69	1,379,559.69	1,379,559.69	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	259,182.79	259,182.79	259,182.79	0.00
	283,912.72	283,912.72	283,912.72	0.00
	245.77	245.77	245.77	0.00
	4,451.10	4,451.10	4,451.10	0.00
	163,833.95	163,833.95	163,833.95	0.00
	17,650.86	17,650.86	17,650.86	0.00
	1,228.85	1,228.85	1,228.85	0.00
	7,959.96	7,959.96	7,959.96	0.00
	30,657.43	30,657.43	30,657.43	0.00
	6,216.84	6,216.84	6,216.84	0.00
	159.61	159.61	159.61	0.00
	827,638.00	827,638.00	827,638.00	0.00
	10,702.20	10,702.20	10,702.20	0.00
	5,305.85	5,305.85	5,305.85	0.00
	64,640.36	64,640.36	64,640.36	0.00
	512.46	512.46	512.46	0.00
	24,042.50	24,042.50	24,042.50	0.00
	14,388.48	14,388.48	14,388.48	0.00
	7,242.28	7,242.28	7,242.28	0.00
	388.09	388.09	388.09	0.00
	6,098.41	6,098.41	6,098.41	0.00
	1,473.21	1,473.21	1,473.21	0.00
	148.32	148.32	148.32	0.00
	1,996.53	1,996.53	1,996.53	0.00
	61.69	61.69	61.69	0.00
	921.34	921.34	921.34	0.00
	9,982.29	9,982.29	9,982.29	0.00
	1,000.00	1,000.00	1,000.00	0.00
	79.78	79.78	79.78	0.00
	57,596.09	57,596.09	57,596.09	0.00
	79.78	79.78	79.78	0.00
	79.78	79.78	79.78	0.00
	3,368.25	3,368.25	3,368.25	0.00
	175,516.41	175,516.41	175,516.41	0.00
	759.50	759.50	759.50	0.00
	827,638.00	827,638.00	827,638.00	0.00
	315,405.52	315,405.52	315,405.52	0.00
	4,471.95	4,471.95	4,471.95	0.00
	1,039.58	1,039.58	1,039.58	0.00
	4,217.11	4,217.11	4,217.11	0.00
	3,665.02	3,665.02	3,665.02	0.00
	34,877.87	34,877.87	34,877.87	0.00
	166,568.92	166,568.92	166,568.92	0.00
	4,008.69	4,008.69	4,008.69	0.00
	6,633.12	6,633.12	6,633.12	0.00
	11,690.30	11,690.30	11,690.30	0.00
	3,761.25	3,761.25	3,761.25	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	1,729.78	1,729.78	1,729.78	0.00
	4,219.60	4,219.60	4,219.60	0.00
	55,785.71	55,785.71	55,785.71	0.00
	4,020.67	4,020.67	4,020.67	0.00
	18,578.13	18,578.13	18,578.13	0.00
	5,100.00	5,100.00	5,100.00	0.00
	17,284.02	17,284.02	17,284.02	0.00
	2,337.50	2,337.50	2,337.50	0.00
	139.76	139.76	139.76	0.00
	1,409.59	1,409.59	1,409.59	0.00
	273.45	273.45	273.45	0.00
	6,824.42	6,824.42	6,824.42	0.00
	365.69	365.69	365.69	0.00
	8,123.42	8,123.42	8,123.42	0.00
	58.13	58.13	58.13	0.00
	868.18	868.18	868.18	0.00
	595.19	595.19	595.19	0.00
	4,791.71	4,791.71	4,791.71	0.00
	1,537.21	1,537.21	1,537.21	0.00
	759.50	759.50	759.50	0.00
	158,109.82	158,109.82	158,109.82	0.00
	46,730.03	46,730.03	46,730.03	0.00
	6,383.56	6,383.56	6,383.56	0.00
	165,780.80	165,780.80	165,780.80	0.00
	38,154.72	38,154.72	38,154.72	0.00
	5,732.87	5,732.87	5,732.87	0.00
	398.71	398.71	398.71	0.00
	3,129.71	3,129.71	3,129.71	0.00
	423.80	423.80	423.80	0.00
	908.15	908.15	908.15	0.00
	564.32	564.32	564.32	0.00
	4,576.80	4,576.80	4,576.80	0.00
	6,332.08	6,332.08	6,332.08	0.00
	3,988.15	3,988.15	3,988.15	0.00
	4,910.01	4,910.01	4,910.01	0.00
	58,384.92	58,384.92	58,384.92	0.00
	3,759.60	3,759.60	3,759.60	0.00
	257,103.75	257,103.75	257,103.75	0.00
	4,000.00	4,000.00	4,000.00	0.00
	10,562.48	10,562.48	10,562.48	0.00
	5,137.50	5,137.50	5,137.50	0.00
	5,513.92	5,513.92	5,513.92	0.00
	6,692.72	6,692.72	6,692.72	0.00
	353.03	353.03	353.03	0.00
	333.28	333.28	333.28	0.00
	838.73	838.73	838.73	0.00
	135.41	135.41	135.41	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	54.99	54.99	54.99	0.00
	6,549.55	6,549.55	6,549.55	0.00
	4,788.00	4,788.00	4,788.00	0.00
	8,103.56	8,103.56	8,103.56	0.00
	29,462.06	29,462.06	29,462.06	0.00
	32,115.21	32,115.21	32,115.21	0.00
	2,163.25	2,163.25	2,163.25	0.00
	302,761.06	302,761.06	302,761.06	0.00
	1,956.94	1,956.94	1,956.94	0.00
	759.50	759.50	759.50	0.00
	11,454.33	11,454.33	11,454.33	0.00
	7,522.88	7,522.88	7,522.88	0.00
	46,496.88	46,496.88	46,496.88	0.00
	333,661.73	333,661.73	333,661.73	0.00
	39,723.52	39,723.52	39,723.52	0.00
	2,793.10	2,793.10	2,793.10	0.00
	4,393.75	4,393.75	4,393.75	0.00
	120,463.04	120,463.04	120,463.04	0.00
	5,683.08	5,683.08	5,683.08	0.00
	375.70	375.70	375.70	0.00
	3,235.49	3,235.49	3,235.49	0.00
	4,557.37	4,557.37	4,557.37	0.00
	52,964.82	52,964.82	52,964.82	0.00
	4,203.20	4,203.20	4,203.20	0.00
	6,655.73	6,655.73	6,655.73	0.00
	310.68	310.68	310.68	0.00
	126.19	126.19	126.19	0.00
	6,245.38	6,245.38	6,245.38	0.00
	328.87	328.87	328.87	0.00
	3,393.92	3,393.92	3,393.92	0.00
	51.11	51.11	51.11	0.00
	781.38	781.38	781.38	0.00
	400.12	400.12	400.12	0.00
	462.98	462.98	462.98	0.00
	50,065.87	50,065.87	50,065.87	0.00
	113,624.17	113,624.17	113,624.17	0.00
	7,146.22	7,146.22	7,146.22	0.00
	759.50	759.50	759.50	0.00
	23,338.52	23,338.52	23,338.52	0.00
	8,687.88	8,687.88	8,687.88	0.00
	18,356.71	18,356.71	18,356.71	0.00
	780.80	780.80	780.80	0.00
	10,026.20	10,026.20	10,026.20	0.00
	14,696.42	14,696.42	14,696.42	0.00
	1,080.20	1,080.20	1,080.20	0.00
	31,396.70	31,396.70	31,396.70	0.00
	582,050.83	582,050.83	582,050.83	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT				
OBLIGATIONS FUND 117				
(CUSIP# 608919718)				
	5,767.34	5,767.34	5,767.34	0.00
	14,722.89	14,722.89	14,722.89	0.00
	62,517.80	62,517.80	62,517.80	0.00
	4,476.97	4,476.97	4,476.97	0.00
	200,000.00	200,000.00	200,000.00	0.00
	200,000.00	200,000.00	200,000.00	0.00
	1,200,000.00	1,200,000.00	1,200,000.00	0.00
	400,000.00	400,000.00	400,000.00	0.00
	2,000,000.00	2,000,000.00	2,000,000.00	0.00
	32,963.75	32,963.75	32,963.75	0.00
<b>TOTAL PURCHASES</b>	<b>\$ 37,952,184.03</b>	<b>\$ 37,952,184.03</b>	<b>\$ 37,952,184.03</b>	<b>\$ -</b>
FEDERATED GOVERNMENT				
OBLIGATIONS FUND 117 - SALES				
(CUSIP# 608919718)				
	\$ 671,963.86	\$ 671,963.86	\$ 671,963.86	\$ -
	1,730.39	1,730.39	1,730.39	0.00
	5,548.84	5,548.84	5,548.84	0.00
	2,042.80	2,042.80	2,042.80	0.00
	3,983.82	3,983.82	3,983.82	0.00
	669.51	669.51	669.51	0.00
	6,034.58	6,034.58	6,034.58	0.00
	1,341.42	1,341.42	1,341.42	0.00
	529.14	529.14	529.14	0.00
	5,738.25	5,738.25	5,738.25	0.00
	19,024.06	19,024.06	19,024.06	0.00
	121,456.40	121,456.40	121,456.40	0.00
	76,774.10	76,774.10	76,774.10	0.00
	164,834.69	164,834.69	164,834.69	0.00
	135,000.00	135,000.00	135,000.00	0.00
	586.61	586.61	586.61	0.00
	1,439.72	1,439.72	1,439.72	0.00
	676,091.84	676,091.84	676,091.84	0.00
	1,398.41	1,398.41	1,398.41	0.00
	538,030.66	538,030.66	538,030.66	0.00
	3,339.10	3,339.10	3,339.10	0.00
	44,855.35	44,855.35	44,855.35	0.00
	3,139.87	3,139.87	3,139.87	0.00
	960.10	960.10	960.10	0.00
	21,900.40	21,900.40	21,900.40	0.00
	103.30	103.30	103.30	0.00
	984.60	984.60	984.60	0.00
	189,701.70	189,701.70	189,701.70	0.00
	885.12	885.12	885.12	0.00
	3.95	3.95	3.95	0.00
	885.12	885.12	885.12	0.00
	216,100.50	216,100.50	216,100.50	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	211,559.95	211,559.95	211,559.95	0.00
	700,000.00	700,000.00	700,000.00	0.00
	400,000.00	400,000.00	400,000.00	0.00
	250,000.00	250,000.00	250,000.00	0.00
	650,000.00	650,000.00	650,000.00	0.00
	289,958.98	289,958.98	289,958.98	0.00
	467,788.08	467,788.08	467,788.08	0.00
	682,446.80	682,446.80	682,446.80	0.00
	1,774.76	1,774.76	1,774.76	0.00
	1,762.47	1,762.47	1,762.47	0.00
	2,142.07	2,142.07	2,142.07	0.00
	5,743.76	5,743.76	5,743.76	0.00
	1,427.53	1,427.53	1,427.53	0.00
	562.12	562.12	562.12	0.00
	4,317.93	4,317.93	4,317.93	0.00
	709.60	709.60	709.60	0.00
	4,012.40	4,012.40	4,012.40	0.00
	1,790.40	1,790.40	1,790.40	0.00
	19,135.68	19,135.68	19,135.68	0.00
	5,935.86	5,935.86	5,935.86	0.00
	507.75	507.75	507.75	0.00
	832.76	832.76	832.76	0.00
	832.76	832.76	832.76	0.00
	832.76	832.76	832.76	0.00
	2,481,305.06	2,481,305.06	2,481,305.06	0.00
	2,182,886.33	2,182,886.33	2,182,886.33	0.00
	26,881.17	26,881.17	26,881.17	0.00
	1,000,000.00	1,000,000.00	1,000,000.00	0.00
	1,100,000.00	1,100,000.00	1,100,000.00	0.00
	4,566,379.88	4,566,379.88	4,566,379.88	0.00
	500,000.00	500,000.00	500,000.00	0.00
	2,000,000.00	2,000,000.00	2,000,000.00	0.00
	114,826.13	114,826.13	114,826.13	0.00
	279,516.46	279,516.46	279,516.46	0.00
	369,627.54	369,627.54	369,627.54	0.00
	31,469.71	31,469.71	31,469.71	0.00
	279,872.19	279,872.19	279,872.19	0.00
	1,193,415.19	1,193,415.19	1,193,415.19	0.00
	244,954.26	244,954.26	244,954.26	0.00
	308.18	308.18	308.18	0.00
	308.18	308.18	308.18	0.00
	239,958.05	239,958.05	239,958.05	0.00
	200,000.00	200,000.00	200,000.00	0.00
	600,000.00	600,000.00	600,000.00	0.00
	700,000.00	700,000.00	700,000.00	0.00
	691,379.72	691,379.72	691,379.72	0.00
	2,121.13	2,121.13	2,121.13	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	2,121.13	2,121.13	2,121.13	0.00
	2,121.13	2,121.13	2,121.13	0.00
	8,378.41	8,378.41	8,378.41	0.00
	33,646.06	33,646.06	33,646.06	0.00
	24,501.22	24,501.22	24,501.22	0.00
	7,774.48	7,774.48	7,774.48	0.00
	696,488.91	696,488.91	696,488.91	0.00
	309,224.91	309,224.91	309,224.91	0.00
	1,436.80	1,436.80	1,436.80	0.00
	5,706.14	5,706.14	5,706.14	0.00
	616.63	616.63	616.63	0.00
	4,058.78	4,058.78	4,058.78	0.00
	532.97	532.97	532.97	0.00
	1,763.47	1,763.47	1,763.47	0.00
	5,783.81	5,783.81	5,783.81	0.00
	2,749.87	2,749.87	2,749.87	0.00
	873.84	873.84	873.84	0.00
	5,677.34	5,677.34	5,677.34	0.00
	19,528.82	19,528.82	19,528.82	0.00
	249,992.05	249,992.05	249,992.05	0.00
	555.49	555.49	555.49	0.00
	1,271.33	1,271.33	1,271.33	0.00
	65,973.92	65,973.92	65,973.92	0.00
	2,000,000.00	2,000,000.00	2,000,000.00	0.00
	1,425.31	1,425.31	1,425.31	0.00
	268,630.30	268,630.30	268,630.30	0.00
	118,333.84	118,333.84	118,333.84	0.00
	247,790.95	247,790.95	247,790.95	0.00
	160,325.31	160,325.31	160,325.31	0.00
	5,813.06	5,813.06	5,813.06	0.00
	171,421.21	171,421.21	171,421.21	0.00
	694,285.33	694,285.33	694,285.33	0.00
	596.24	596.24	596.24	0.00
	79.78	79.78	79.78	0.00
	5,217.53	5,217.53	5,217.53	0.00
	79.78	79.78	79.78	0.00
	79.78	79.78	79.78	0.00
	958.78	958.78	958.78	0.00
	184,176.17	184,176.17	184,176.17	0.00
	596.69	596.69	596.69	0.00
	596.69	596.69	596.69	0.00
	3,156.33	3,156.33	3,156.33	0.00
	2,790.87	2,790.87	2,790.87	0.00
	324,936.56	324,936.56	324,936.56	0.00
	2,790.87	2,790.87	2,790.87	0.00
	1,738.98	1,738.98	1,738.98	0.00
	93,031.97	93,031.97	93,031.97	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	2,689.59	2,689.59	2,689.59	0.00
	707,111.38	707,111.38	707,111.38	0.00
	305,580.32	305,580.32	305,580.32	0.00
	1,390.18	1,390.18	1,390.18	0.00
	3.74	3.74	3.74	0.00
	2,310.17	2,310.17	2,310.17	0.00
	603.77	603.77	603.77	0.00
	579.15	579.15	579.15	0.00
	6,046.71	6,046.71	6,046.71	0.00
	1,185.58	1,185.58	1,185.58	0.00
	4,250.60	4,250.60	4,250.60	0.00
	1,860.57	1,860.57	1,860.57	0.00
	6,223.50	6,223.50	6,223.50	0.00
	129.00	129.00	129.00	0.00
	5,814.13	5,814.13	5,814.13	0.00
	129.00	129.00	129.00	0.00
	2,887.06	2,887.06	2,887.06	0.00
	2,887.06	2,887.06	2,887.06	0.00
	18,176.54	18,176.54	18,176.54	0.00
	1,879.65	1,879.65	1,879.65	0.00
	865.76	865.76	865.76	0.00
	711,972.92	711,972.92	711,972.92	0.00
	807,122.50	807,122.50	807,122.50	0.00
	31,262.82	31,262.82	31,262.82	0.00
	1,800.24	1,800.24	1,800.24	0.00
	32,115.21	32,115.21	32,115.21	0.00
	326,147.54	326,147.54	326,147.54	0.00
	326.76	326.76	326.76	0.00
	1,585.74	1,585.74	1,585.74	0.00
	727.15	727.15	727.15	0.00
	1,541.62	1,541.62	1,541.62	0.00
	174,984.35	174,984.35	174,984.35	0.00
	451,798.95	451,798.95	451,798.95	0.00
	29,092.22	29,092.22	29,092.22	0.00
	6,655.73	6,655.73	6,655.73	0.00
	718,728.65	718,728.65	718,728.65	0.00
	7,767.23	7,767.23	7,767.23	0.00
	93.01	93.01	93.01	0.00
	93.01	93.01	93.01	0.00
	93.01	93.01	93.01	0.00
	93.01	93.01	93.01	0.00
	93.01	93.01	93.01	0.00
	1,923.31	1,923.31	1,923.31	0.00
	1,560.71	1,560.71	1,560.71	0.00
	93.01	93.01	93.01	0.00
	200,000.00	200,000.00	200,000.00	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
 Form 5500 Schedule H, Line 4j  
 SCHEDULE OF REPORTABLE TRANSACTIONS  
 EIN: 22-2325405  
 PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)	200,000.00	200,000.00	200,000.00	0.00
	1,200,000.00	1,200,000.00	1,200,000.00	0.00
	400,000.00	400,000.00	400,000.00	0.00
	476.36	476.36	476.36	0.00
	135,324.91	135,324.91	135,324.91	0.00
	222,600.59	222,600.59	222,600.59	0.00
<b>TOTAL SALES</b>	<b>\$ 37,904,668.68</b>	<b>\$ 37,904,668.68</b>	<b>\$ 37,904,668.68</b>	<b>\$ -</b>

The Retirement Plan of Cayuga Medical Center at Ithaca  
Schedule SB, Line 26 - Schedule of Active Participant Data  
EIN/PN: 222325405/001

Attained Age	Years of Credited Service										Summary
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
<b>Under 25</b>	0	47	4	0	0	0	0	0	0	0	51
Avg Comp		40,283									40,670
<b>25 to 29</b>	0	93	38	0	0	0	0	0	0	0	131
Avg Comp		49,661	72,115								56,174
<b>30 to 34</b>	0	82	62	19	0	0	0	0	0	0	163
Avg Comp		46,538	79,819								62,123
<b>35 to 39</b>	0	67	52	31	6	0	0	0	0	0	156
Avg Comp		58,004	83,729	85,464							72,200
<b>40 to 44</b>	0	56	46	21	16	8	1	0	0	0	148
Avg Comp		66,309	81,466	85,463							74,145
<b>45 to 49</b>	0	46	40	20	19	14	2	0	0	0	141
Avg Comp		81,165	96,691	86,245							88,254
<b>50 to 54</b>	0	34	41	16	20	17	4	8	4	0	144
Avg Comp		73,087	85,994		85,825						87,397
<b>55 to 59</b>	0	23	20	16	15	16	6	8	7	0	111
Avg Comp		62,719	96,479								89,240
<b>60 to 64</b>	0	23	17	18	14	18	8	6	2	7	113
Avg Comp		48,362									66,888
<b>65 to 69</b>	0	11	8	5	3	3	0	1	3	4	38
Avg Comp											59,167
<b>70 &amp; up</b>	0	3	2	1	3	0	0	0	0	0	9
Avg Comp											
<b>Total</b>	0	485	330	147	96	76	21	23	16	11	1,205
Avg Comp		56,374	83,008	81,384	77,912	96,437	79,206	89,451			73,953

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 Cayuga Medical Center at Ithaca. Although we did not audit the data, we did review the data for reasonableness.

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

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

**Anticipated Rate of Return on Plan Assets:** 7.10%, based on the Center's expectation and a review of the Plan's asset allocation and expert opinions regarding the expected future returns of asset classes. BilkeyKatz Investment Consultants, Inc. provided us with supporting documentation detailing its determination of expected return based on its firm's forward looking capital market assumptions. Based on the information provided, we feel that the selected Expected Long-Term Rate of Return does not significantly conflict with what we believe is reasonable and appropriate for the measurement.

**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.

**SECTION V****ACTUARIAL ASSUMPTIONS AND METHODS**

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

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

Effective Interest Rate
5.22%

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

**Interest Rates used to determine Maximum Recommended Contribution:** Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement (“LDRM”) of the accrued benefits as of the Valuation Date.

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

Effective Interest Rate
4.46%

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:** Salaries are assumed to increase at 3.25% per year, based the Plan Sponsor’s review of historical experience as well as future expectations.

**Mortality:** The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees and healthy annuitants with mortality improvements projected using IRS 2024 Adjusted Scale MP-2021 on a generational basis.

**Retirement Incidence:** Rates of retirement determined based on the September 2016 experience study using valuation data from January 1, 2012 to January 1, 2016. The rates used in this valuation are illustrated below:

Age	Percentage
55	5.00%
56	5.00%
57	1.00%
58	1.00%
59	1.00%
60	5.00%
61	5.00%
62	25.00%
63	25.00%
64	25.00%
65	100.00%

Current and future vested terminated participants are assumed to retire at age 65.

**Turnover:** Rates of turnover are based on 120% of the published rate from the SOA 2003 Pension Plan Turnover Study Basic Age Table. Illustrative rates are shown below:

Age	Percentage
25	22.21%
30	14.63%
35	10.54%
40	8.40%
45	7.45%
50	6.76%
55	0.00%

Rates of turnover were determined based on the September 2016 experience study using valuation data from January 1, 2012 through January 1, 2016. Future experience is not expected to deviate significantly from these results.

**Disability:** Rates of disability were not assumed, based on the Center's expectations.

**Administrative Expenses:** \$103,000 for 2023, approximately the average of the prior two years of administrative expenses paid from the trust rounded to the nearest thousand.

**Spouse Assumptions:** 80% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant. This assumption was based on national averages.

**Form of Benefit:** The assumed form of benefit was based on the Plan provisions and the Center's expectations.

Death: Beneficiaries are assumed to elect a life annuity commencing on the earliest possible retirement date under the plan.

Termination: Participants are assumed to elect a life annuity deferred until their normal retirement age.

Retirement: Participants are assumed to elect an immediate life annuity.

## Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

**Interest Rate:** 7.10%, based on the Center's expectation and a review of the Plan's asset allocation and expert opinions regarding the expected future returns of asset classes. BilkeyKatz Investment Consultants, Inc. provided us with supporting documentation detailing its determination of expected return based on its firm's forward looking capital market assumptions. Based on the information provided, we feel that the selected Expected Long-Term Rate of Return does not significantly conflict with what we believe is reasonable and appropriate for the measurement.

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

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 OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<b>FEDERATED GOVERNMENT</b>				
<b>OBLIGATIONS FUND 117 - PURCHASES</b>				
<b>(CUSIP# 608919718)</b>				
	\$ 20,004.38	\$ 20,004.38	\$ 20,004.38	\$ -
	3,884.10	3,884.10	3,884.10	0.00
	151.96	151.96	151.96	0.00
	1,517.03	1,517.03	1,517.03	0.00
	7,776.14	7,776.14	7,776.14	0.00
	69.01	69.01	69.01	0.00
	953.91	953.91	953.91	0.00
	402.03	402.03	402.03	0.00
	7,146.40	7,146.40	7,146.40	0.00
	750,000.00	750,000.00	750,000.00	0.00
	3,727.08	3,727.08	3,727.08	0.00
	7,718.03	7,718.03	7,718.03	0.00
	5,290.00	5,290.00	5,290.00	0.00
	1,158.50	1,158.50	1,158.50	0.00
	450.93	450.93	450.93	0.00
	82,041.86	82,041.86	82,041.86	0.00
	79,021.10	79,021.10	79,021.10	0.00
	125,449.21	125,449.21	125,449.21	0.00
	4,496.43	4,496.43	4,496.43	0.00
	7,131.12	7,131.12	7,131.12	0.00
	5,950.15	5,950.15	5,950.15	0.00
	0.40	0.40	0.40	0.00
	79,717.19	79,717.19	79,717.19	0.00
	157,864.19	157,864.19	157,864.19	0.00
	3,456.38	3,456.38	3,456.38	0.00
	3,545.87	3,545.87	3,545.87	0.00
	41,975.15	41,975.15	41,975.15	0.00
	8,236.89	8,236.89	8,236.89	0.00
	11,079.50	11,079.50	11,079.50	0.00
	3,638.74	3,638.74	3,638.74	0.00
	13,871.88	13,871.88	13,871.88	0.00
	4,177.50	4,177.50	4,177.50	0.00
	365,060.47	365,060.47	365,060.47	0.00
	7,132.58	7,132.58	7,132.58	0.00
	395.54	395.54	395.54	0.00
	3,872.45	3,872.45	3,872.45	0.00
	66.39	66.39	66.39	0.00
	939.01	939.01	939.01	0.00
	582.73	582.73	582.73	0.00
	8,792.26	8,792.26	8,792.26	0.00
	150.01	150.01	150.01	0.00
	300.00	300.00	300.00	0.00
	2,072.02	2,072.02	2,072.02	0.00
	187,707.63	187,707.63	187,707.63	0.00
	2,766.90	2,766.90	2,766.90	0.00
	136,816.86	136,816.86	136,816.86	0.00
	18,265.52	18,265.52	18,265.52	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	8,004.40	8,004.40	8,004.40	0.00
	945.31	945.31	945.31	0.00
	31,927.07	31,927.07	31,927.07	0.00
	3.95	3.95	3.95	0.00
	252.88	252.88	252.88	0.00
	57,964.28	57,964.28	57,964.28	0.00
	3,398.32	3,398.32	3,398.32	0.00
	1,297.41	1,297.41	1,297.41	0.00
	192.19	192.19	192.19	0.00
	8,567.50	8,567.50	8,567.50	0.00
	15,890.92	15,890.92	15,890.92	0.00
	1,016.80	1,016.80	1,016.80	0.00
	876.85	876.85	876.85	0.00
	140.12	140.12	140.12	0.00
	61.84	61.84	61.84	0.00
	8,224.62	8,224.62	8,224.62	0.00
	6,670.40	6,670.40	6,670.40	0.00
	369.33	369.33	369.33	0.00
	5,775.00	5,775.00	5,775.00	0.00
	250,000.00	250,000.00	250,000.00	0.00
	400,000.00	400,000.00	400,000.00	0.00
	700,000.00	700,000.00	700,000.00	0.00
	650,000.00	650,000.00	650,000.00	0.00
	1,530,423.95	1,530,423.95	1,530,423.95	0.00
	7,688.25	7,688.25	7,688.25	0.00
	399.00	399.00	399.00	0.00
	759.50	759.50	759.50	0.00
	245.77	245.77	245.77	0.00
	6,607.21	6,607.21	6,607.21	0.00
	184,249.71	184,249.71	184,249.71	0.00
	8,930.58	8,930.58	8,930.58	0.00
	3,194.97	3,194.97	3,194.97	0.00
	23.26	23.26	23.26	0.00
	1,309.89	1,309.89	1,309.89	0.00
	1,249.01	1,249.01	1,249.01	0.00
	427.34	427.34	427.34	0.00
	80,439.87	80,439.87	80,439.87	0.00
	15,615.94	15,615.94	15,615.94	0.00
	3,761.25	3,761.25	3,761.25	0.00
	285,528.97	285,528.97	285,528.97	0.00
	4,256.00	4,256.00	4,256.00	0.00
	56,316.66	56,316.66	56,316.66	0.00
	6,404.55	6,404.55	6,404.55	0.00
	48,573.99	48,573.99	48,573.99	0.00
	3,310.88	3,310.88	3,310.88	0.00
	32,489.03	32,489.03	32,489.03	0.00
	16,420.77	16,420.77	16,420.77	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
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PN: 001

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Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	21,412.50	21,412.50	21,412.50	0.00
	940.62	940.62	940.62	0.00
	1,361.18	1,361.18	1,361.18	0.00
	8,832.17	8,832.17	8,832.17	0.00
	66.34	66.34	66.34	0.00
	150.31	150.31	150.31	0.00
	396.19	396.19	396.19	0.00
	7,155.49	7,155.49	7,155.49	0.00
	5,261.30	5,261.30	5,261.30	0.00
	60,874.94	60,874.94	60,874.94	0.00
	4,775.58	4,775.58	4,775.58	0.00
	308.18	308.18	308.18	0.00
	759.50	759.50	759.50	0.00
	14,528.13	14,528.13	14,528.13	0.00
	12,023.69	12,023.69	12,023.69	0.00
	703.96	703.96	703.96	0.00
	137,352.14	137,352.14	137,352.14	0.00
	1,820.45	1,820.45	1,820.45	0.00
	545.05	545.05	545.05	0.00
	4,704.47	4,704.47	4,704.47	0.00
	7,158.05	7,158.05	7,158.05	0.00
	6,332.08	6,332.08	6,332.08	0.00
	3,988.15	3,988.15	3,988.15	0.00
	3,005.20	3,005.20	3,005.20	0.00
	59,167.55	59,167.55	59,167.55	0.00
	2,727.16	2,727.16	2,727.16	0.00
	2,103.75	2,103.75	2,103.75	0.00
	7,759.60	7,759.60	7,759.60	0.00
	628.38	628.38	628.38	0.00
	2,217,612.55	2,217,612.55	2,217,612.55	0.00
	32,825.00	32,825.00	32,825.00	0.00
	12,385.40	12,385.40	12,385.40	0.00
	1,639,743.00	1,639,743.00	1,639,743.00	0.00
	6,922.06	6,922.06	6,922.06	0.00
	377.70	377.70	377.70	0.00
	61.64	61.64	61.64	0.00
	896.19	896.19	896.19	0.00
	1,309.29	1,309.29	1,309.29	0.00
	8,627.17	8,627.17	8,627.17	0.00
	143.71	143.71	143.71	0.00
	4,788.00	4,788.00	4,788.00	0.00
	1,619.15	1,619.15	1,619.15	0.00
	1,100,000.00	1,100,000.00	1,100,000.00	0.00
	4,636,786.25	4,636,786.25	4,636,786.25	0.00
	500,000.00	500,000.00	500,000.00	0.00
	2,000,000.00	2,000,000.00	2,000,000.00	0.00
	1,000,000.00	1,000,000.00	1,000,000.00	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
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Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	29,275.02	29,275.02	29,275.02	0.00
	344,482.94	344,482.94	344,482.94	0.00
	2,163.25	2,163.25	2,163.25	0.00
	62,424.28	62,424.28	62,424.28	0.00
	265,724.40	265,724.40	265,724.40	0.00
	165,164.68	165,164.68	165,164.68	0.00
	1,193,415.19	1,193,415.19	1,193,415.19	0.00
	1,158.50	1,158.50	1,158.50	0.00
	39,299.80	39,299.80	39,299.80	0.00
	308.18	308.18	308.18	0.00
	703.96	703.96	703.96	0.00
	780.80	780.80	780.80	0.00
	2,486.56	2,486.56	2,486.56	0.00
	2,401.64	2,401.64	2,401.64	0.00
	4,393.75	4,393.75	4,393.75	0.00
	5,540.99	5,540.99	5,540.99	0.00
	308.18	308.18	308.18	0.00
	120,709.82	120,709.82	120,709.82	0.00
	112,235.48	112,235.48	112,235.48	0.00
	48,242.52	48,242.52	48,242.52	0.00
	200,000.00	200,000.00	200,000.00	0.00
	600,000.00	600,000.00	600,000.00	0.00
	700,000.00	700,000.00	700,000.00	0.00
	39,265.63	39,265.63	39,265.63	0.00
	18,582.97	18,582.97	18,582.97	0.00
	1,464,595.20	1,464,595.20	1,464,595.20	0.00
	13,552.50	13,552.50	13,552.50	0.00
	8,967.31	8,967.31	8,967.31	0.00
	149.13	149.13	149.13	0.00
	1,604.09	1,604.09	1,604.09	0.00
	929.67	929.67	929.67	0.00
	63.76	63.76	63.76	0.00
	7,192.93	7,192.93	7,192.93	0.00
	391.83	391.83	391.83	0.00
	1,554.06	1,554.06	1,554.06	0.00
	245.77	245.77	245.77	0.00
	759.50	759.50	759.50	0.00
	42,024.47	42,024.47	42,024.47	0.00
	5,590.18	5,590.18	5,590.18	0.00
	24,310.81	24,310.81	24,310.81	0.00
	2,265.57	2,265.57	2,265.57	0.00
	545.05	545.05	545.05	0.00
	6,688.99	6,688.99	6,688.99	0.00
	24,501.22	24,501.22	24,501.22	0.00
	1,785.00	1,785.00	1,785.00	0.00
	7,774.48	7,774.48	7,774.48	0.00
	3,211.84	3,211.84	3,211.84	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT				
OBLIGATIONS FUND 117				
(CUSIP# 608919718)				
	58,549.08	58,549.08	58,549.08	0.00
	4,392.73	4,392.73	4,392.73	0.00
	206.50	206.50	206.50	0.00
	17,056.85	17,056.85	17,056.85	0.00
	30,948.13	30,948.13	30,948.13	0.00
	3,515.24	3,515.24	3,515.24	0.00
	903.28	903.28	903.28	0.00
	61.95	61.95	61.95	0.00
	6,988.79	6,988.79	6,988.79	0.00
	380.71	380.71	380.71	0.00
	144.90	144.90	144.90	0.00
	8,720.22	8,720.22	8,720.22	0.00
	5,290.00	5,290.00	5,290.00	0.00
	245.77	245.77	245.77	0.00
	759.50	759.50	759.50	0.00
	2,599.82	2,599.82	2,599.82	0.00
	4,915.99	4,915.99	4,915.99	0.00
	703.96	703.96	703.96	0.00
	7,224.54	7,224.54	7,224.54	0.00
	3,331.25	3,331.25	3,331.25	0.00
	292.88	292.88	292.88	0.00
	13,105.07	13,105.07	13,105.07	0.00
	183,124.14	183,124.14	183,124.14	0.00
	3,691.82	3,691.82	3,691.82	0.00
	3,041.92	3,041.92	3,041.92	0.00
	7,401.49	7,401.49	7,401.49	0.00
	322.28	322.28	322.28	0.00
	300.00	300.00	300.00	0.00
	3,601.80	3,601.80	3,601.80	0.00
	3,523.31	3,523.31	3,523.31	0.00
	62,237.75	62,237.75	62,237.75	0.00
	817.19	817.19	817.19	0.00
	11,079.50	11,079.50	11,079.50	0.00
	1,187.50	1,187.50	1,187.50	0.00
	12,684.38	12,684.38	12,684.38	0.00
	4,177.50	4,177.50	4,177.50	0.00
	2,137.50	2,137.50	2,137.50	0.00
	388.52	388.52	388.52	0.00
	7,234.88	7,234.88	7,234.88	0.00
	922.29	922.29	922.29	0.00
	61.95	61.95	61.95	0.00
	9,118.59	9,118.59	9,118.59	0.00
	148.40	148.40	148.40	0.00
	1,728.11	1,728.11	1,728.11	0.00
	2,618.79	2,618.79	2,618.79	0.00
	300.00	300.00	300.00	0.00
	1,379,559.69	1,379,559.69	1,379,559.69	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	259,182.79	259,182.79	259,182.79	0.00
	283,912.72	283,912.72	283,912.72	0.00
	245.77	245.77	245.77	0.00
	4,451.10	4,451.10	4,451.10	0.00
	163,833.95	163,833.95	163,833.95	0.00
	17,650.86	17,650.86	17,650.86	0.00
	1,228.85	1,228.85	1,228.85	0.00
	7,959.96	7,959.96	7,959.96	0.00
	30,657.43	30,657.43	30,657.43	0.00
	6,216.84	6,216.84	6,216.84	0.00
	159.61	159.61	159.61	0.00
	827,638.00	827,638.00	827,638.00	0.00
	10,702.20	10,702.20	10,702.20	0.00
	5,305.85	5,305.85	5,305.85	0.00
	64,640.36	64,640.36	64,640.36	0.00
	512.46	512.46	512.46	0.00
	24,042.50	24,042.50	24,042.50	0.00
	14,388.48	14,388.48	14,388.48	0.00
	7,242.28	7,242.28	7,242.28	0.00
	388.09	388.09	388.09	0.00
	6,098.41	6,098.41	6,098.41	0.00
	1,473.21	1,473.21	1,473.21	0.00
	148.32	148.32	148.32	0.00
	1,996.53	1,996.53	1,996.53	0.00
	61.69	61.69	61.69	0.00
	921.34	921.34	921.34	0.00
	9,982.29	9,982.29	9,982.29	0.00
	1,000.00	1,000.00	1,000.00	0.00
	79.78	79.78	79.78	0.00
	57,596.09	57,596.09	57,596.09	0.00
	79.78	79.78	79.78	0.00
	79.78	79.78	79.78	0.00
	3,368.25	3,368.25	3,368.25	0.00
	175,516.41	175,516.41	175,516.41	0.00
	759.50	759.50	759.50	0.00
	827,638.00	827,638.00	827,638.00	0.00
	315,405.52	315,405.52	315,405.52	0.00
	4,471.95	4,471.95	4,471.95	0.00
	1,039.58	1,039.58	1,039.58	0.00
	4,217.11	4,217.11	4,217.11	0.00
	3,665.02	3,665.02	3,665.02	0.00
	34,877.87	34,877.87	34,877.87	0.00
	166,568.92	166,568.92	166,568.92	0.00
	4,008.69	4,008.69	4,008.69	0.00
	6,633.12	6,633.12	6,633.12	0.00
	11,690.30	11,690.30	11,690.30	0.00
	3,761.25	3,761.25	3,761.25	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	1,729.78	1,729.78	1,729.78	0.00
	4,219.60	4,219.60	4,219.60	0.00
	55,785.71	55,785.71	55,785.71	0.00
	4,020.67	4,020.67	4,020.67	0.00
	18,578.13	18,578.13	18,578.13	0.00
	5,100.00	5,100.00	5,100.00	0.00
	17,284.02	17,284.02	17,284.02	0.00
	2,337.50	2,337.50	2,337.50	0.00
	139.76	139.76	139.76	0.00
	1,409.59	1,409.59	1,409.59	0.00
	273.45	273.45	273.45	0.00
	6,824.42	6,824.42	6,824.42	0.00
	365.69	365.69	365.69	0.00
	8,123.42	8,123.42	8,123.42	0.00
	58.13	58.13	58.13	0.00
	868.18	868.18	868.18	0.00
	595.19	595.19	595.19	0.00
	4,791.71	4,791.71	4,791.71	0.00
	1,537.21	1,537.21	1,537.21	0.00
	759.50	759.50	759.50	0.00
	158,109.82	158,109.82	158,109.82	0.00
	46,730.03	46,730.03	46,730.03	0.00
	6,383.56	6,383.56	6,383.56	0.00
	165,780.80	165,780.80	165,780.80	0.00
	38,154.72	38,154.72	38,154.72	0.00
	5,732.87	5,732.87	5,732.87	0.00
	398.71	398.71	398.71	0.00
	3,129.71	3,129.71	3,129.71	0.00
	423.80	423.80	423.80	0.00
	908.15	908.15	908.15	0.00
	564.32	564.32	564.32	0.00
	4,576.80	4,576.80	4,576.80	0.00
	6,332.08	6,332.08	6,332.08	0.00
	3,988.15	3,988.15	3,988.15	0.00
	4,910.01	4,910.01	4,910.01	0.00
	58,384.92	58,384.92	58,384.92	0.00
	3,759.60	3,759.60	3,759.60	0.00
	257,103.75	257,103.75	257,103.75	0.00
	4,000.00	4,000.00	4,000.00	0.00
	10,562.48	10,562.48	10,562.48	0.00
	5,137.50	5,137.50	5,137.50	0.00
	5,513.92	5,513.92	5,513.92	0.00
	6,692.72	6,692.72	6,692.72	0.00
	353.03	353.03	353.03	0.00
	333.28	333.28	333.28	0.00
	838.73	838.73	838.73	0.00
	135.41	135.41	135.41	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
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Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	54.99	54.99	54.99	0.00
	6,549.55	6,549.55	6,549.55	0.00
	4,788.00	4,788.00	4,788.00	0.00
	8,103.56	8,103.56	8,103.56	0.00
	29,462.06	29,462.06	29,462.06	0.00
	32,115.21	32,115.21	32,115.21	0.00
	2,163.25	2,163.25	2,163.25	0.00
	302,761.06	302,761.06	302,761.06	0.00
	1,956.94	1,956.94	1,956.94	0.00
	759.50	759.50	759.50	0.00
	11,454.33	11,454.33	11,454.33	0.00
	7,522.88	7,522.88	7,522.88	0.00
	46,496.88	46,496.88	46,496.88	0.00
	333,661.73	333,661.73	333,661.73	0.00
	39,723.52	39,723.52	39,723.52	0.00
	2,793.10	2,793.10	2,793.10	0.00
	4,393.75	4,393.75	4,393.75	0.00
	120,463.04	120,463.04	120,463.04	0.00
	5,683.08	5,683.08	5,683.08	0.00
	375.70	375.70	375.70	0.00
	3,235.49	3,235.49	3,235.49	0.00
	4,557.37	4,557.37	4,557.37	0.00
	52,964.82	52,964.82	52,964.82	0.00
	4,203.20	4,203.20	4,203.20	0.00
	6,655.73	6,655.73	6,655.73	0.00
	310.68	310.68	310.68	0.00
	126.19	126.19	126.19	0.00
	6,245.38	6,245.38	6,245.38	0.00
	328.87	328.87	328.87	0.00
	3,393.92	3,393.92	3,393.92	0.00
	51.11	51.11	51.11	0.00
	781.38	781.38	781.38	0.00
	400.12	400.12	400.12	0.00
	462.98	462.98	462.98	0.00
	50,065.87	50,065.87	50,065.87	0.00
	113,624.17	113,624.17	113,624.17	0.00
	7,146.22	7,146.22	7,146.22	0.00
	759.50	759.50	759.50	0.00
	23,338.52	23,338.52	23,338.52	0.00
	8,687.88	8,687.88	8,687.88	0.00
	18,356.71	18,356.71	18,356.71	0.00
	780.80	780.80	780.80	0.00
	10,026.20	10,026.20	10,026.20	0.00
	14,696.42	14,696.42	14,696.42	0.00
	1,080.20	1,080.20	1,080.20	0.00
	31,396.70	31,396.70	31,396.70	0.00
	582,050.83	582,050.83	582,050.83	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
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SCHEDULE OF REPORTABLE TRANSACTIONS  
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Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	5,767.34	5,767.34	5,767.34	0.00
	14,722.89	14,722.89	14,722.89	0.00
	62,517.80	62,517.80	62,517.80	0.00
	4,476.97	4,476.97	4,476.97	0.00
	200,000.00	200,000.00	200,000.00	0.00
	200,000.00	200,000.00	200,000.00	0.00
	1,200,000.00	1,200,000.00	1,200,000.00	0.00
	400,000.00	400,000.00	400,000.00	0.00
	2,000,000.00	2,000,000.00	2,000,000.00	0.00
	32,963.75	32,963.75	32,963.75	0.00
<b>TOTAL PURCHASES</b>	<b>\$ 37,952,184.03</b>	<b>\$ 37,952,184.03</b>	<b>\$ 37,952,184.03</b>	<b>\$ -</b>

FEDERATED GOVERNMENT  
OBLIGATIONS FUND 117 - SALES  
(CUSIP# 608919718)

\$ 671,963.86	\$ 671,963.86	\$ 671,963.86	\$ -	0.00
1,730.39	1,730.39	1,730.39	1,730.39	0.00
5,548.84	5,548.84	5,548.84	5,548.84	0.00
2,042.80	2,042.80	2,042.80	2,042.80	0.00
3,983.82	3,983.82	3,983.82	3,983.82	0.00
669.51	669.51	669.51	669.51	0.00
6,034.58	6,034.58	6,034.58	6,034.58	0.00
1,341.42	1,341.42	1,341.42	1,341.42	0.00
529.14	529.14	529.14	529.14	0.00
5,738.25	5,738.25	5,738.25	5,738.25	0.00
19,024.06	19,024.06	19,024.06	19,024.06	0.00
121,456.40	121,456.40	121,456.40	121,456.40	0.00
76,774.10	76,774.10	76,774.10	76,774.10	0.00
164,834.69	164,834.69	164,834.69	164,834.69	0.00
135,000.00	135,000.00	135,000.00	135,000.00	0.00
586.61	586.61	586.61	586.61	0.00
1,439.72	1,439.72	1,439.72	1,439.72	0.00
676,091.84	676,091.84	676,091.84	676,091.84	0.00
1,398.41	1,398.41	1,398.41	1,398.41	0.00
538,030.66	538,030.66	538,030.66	538,030.66	0.00
3,339.10	3,339.10	3,339.10	3,339.10	0.00
44,855.35	44,855.35	44,855.35	44,855.35	0.00
3,139.87	3,139.87	3,139.87	3,139.87	0.00
960.10	960.10	960.10	960.10	0.00
21,900.40	21,900.40	21,900.40	21,900.40	0.00
103.30	103.30	103.30	103.30	0.00
984.60	984.60	984.60	984.60	0.00
189,701.70	189,701.70	189,701.70	189,701.70	0.00
885.12	885.12	885.12	885.12	0.00
3.95	3.95	3.95	3.95	0.00
885.12	885.12	885.12	885.12	0.00
216,100.50	216,100.50	216,100.50	216,100.50	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
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PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	211,559.95	211,559.95	211,559.95	0.00
	700,000.00	700,000.00	700,000.00	0.00
	400,000.00	400,000.00	400,000.00	0.00
	250,000.00	250,000.00	250,000.00	0.00
	650,000.00	650,000.00	650,000.00	0.00
	289,958.98	289,958.98	289,958.98	0.00
	467,788.08	467,788.08	467,788.08	0.00
	682,446.80	682,446.80	682,446.80	0.00
	1,774.76	1,774.76	1,774.76	0.00
	1,762.47	1,762.47	1,762.47	0.00
	2,142.07	2,142.07	2,142.07	0.00
	5,743.76	5,743.76	5,743.76	0.00
	1,427.53	1,427.53	1,427.53	0.00
	562.12	562.12	562.12	0.00
	4,317.93	4,317.93	4,317.93	0.00
	709.60	709.60	709.60	0.00
	4,012.40	4,012.40	4,012.40	0.00
	1,790.40	1,790.40	1,790.40	0.00
	19,135.68	19,135.68	19,135.68	0.00
	5,935.86	5,935.86	5,935.86	0.00
	507.75	507.75	507.75	0.00
	832.76	832.76	832.76	0.00
	832.76	832.76	832.76	0.00
	832.76	832.76	832.76	0.00
	2,481,305.06	2,481,305.06	2,481,305.06	0.00
	2,182,886.33	2,182,886.33	2,182,886.33	0.00
	26,881.17	26,881.17	26,881.17	0.00
	1,000,000.00	1,000,000.00	1,000,000.00	0.00
	1,100,000.00	1,100,000.00	1,100,000.00	0.00
	4,566,379.88	4,566,379.88	4,566,379.88	0.00
	500,000.00	500,000.00	500,000.00	0.00
	2,000,000.00	2,000,000.00	2,000,000.00	0.00
	114,826.13	114,826.13	114,826.13	0.00
	279,516.46	279,516.46	279,516.46	0.00
	369,627.54	369,627.54	369,627.54	0.00
	31,469.71	31,469.71	31,469.71	0.00
	279,872.19	279,872.19	279,872.19	0.00
	1,193,415.19	1,193,415.19	1,193,415.19	0.00
	244,954.26	244,954.26	244,954.26	0.00
	308.18	308.18	308.18	0.00
	308.18	308.18	308.18	0.00
	239,958.05	239,958.05	239,958.05	0.00
	200,000.00	200,000.00	200,000.00	0.00
	600,000.00	600,000.00	600,000.00	0.00
	700,000.00	700,000.00	700,000.00	0.00
	691,379.72	691,379.72	691,379.72	0.00
	2,121.13	2,121.13	2,121.13	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	2,121.13	2,121.13	2,121.13	0.00
	2,121.13	2,121.13	2,121.13	0.00
	8,378.41	8,378.41	8,378.41	0.00
	33,646.06	33,646.06	33,646.06	0.00
	24,501.22	24,501.22	24,501.22	0.00
	7,774.48	7,774.48	7,774.48	0.00
	696,488.91	696,488.91	696,488.91	0.00
	309,224.91	309,224.91	309,224.91	0.00
	1,436.80	1,436.80	1,436.80	0.00
	5,706.14	5,706.14	5,706.14	0.00
	616.63	616.63	616.63	0.00
	4,058.78	4,058.78	4,058.78	0.00
	532.97	532.97	532.97	0.00
	1,763.47	1,763.47	1,763.47	0.00
	5,783.81	5,783.81	5,783.81	0.00
	2,749.87	2,749.87	2,749.87	0.00
	873.84	873.84	873.84	0.00
	5,677.34	5,677.34	5,677.34	0.00
	19,528.82	19,528.82	19,528.82	0.00
	249,992.05	249,992.05	249,992.05	0.00
	555.49	555.49	555.49	0.00
	1,271.33	1,271.33	1,271.33	0.00
	65,973.92	65,973.92	65,973.92	0.00
	2,000,000.00	2,000,000.00	2,000,000.00	0.00
	1,425.31	1,425.31	1,425.31	0.00
	268,630.30	268,630.30	268,630.30	0.00
	118,333.84	118,333.84	118,333.84	0.00
	247,790.95	247,790.95	247,790.95	0.00
	160,325.31	160,325.31	160,325.31	0.00
	5,813.06	5,813.06	5,813.06	0.00
	171,421.21	171,421.21	171,421.21	0.00
	694,285.33	694,285.33	694,285.33	0.00
	596.24	596.24	596.24	0.00
	79.78	79.78	79.78	0.00
	5,217.53	5,217.53	5,217.53	0.00
	79.78	79.78	79.78	0.00
	79.78	79.78	79.78	0.00
	958.78	958.78	958.78	0.00
	184,176.17	184,176.17	184,176.17	0.00
	596.69	596.69	596.69	0.00
	596.69	596.69	596.69	0.00
	3,156.33	3,156.33	3,156.33	0.00
	2,790.87	2,790.87	2,790.87	0.00
	324,936.56	324,936.56	324,936.56	0.00
	2,790.87	2,790.87	2,790.87	0.00
	1,738.98	1,738.98	1,738.98	0.00
	93,031.97	93,031.97	93,031.97	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	2,689.59	2,689.59	2,689.59	0.00
	707,111.38	707,111.38	707,111.38	0.00
	305,580.32	305,580.32	305,580.32	0.00
	1,390.18	1,390.18	1,390.18	0.00
	3.74	3.74	3.74	0.00
	2,310.17	2,310.17	2,310.17	0.00
	603.77	603.77	603.77	0.00
	579.15	579.15	579.15	0.00
	6,046.71	6,046.71	6,046.71	0.00
	1,185.58	1,185.58	1,185.58	0.00
	4,250.60	4,250.60	4,250.60	0.00
	1,860.57	1,860.57	1,860.57	0.00
	6,223.50	6,223.50	6,223.50	0.00
	129.00	129.00	129.00	0.00
	5,814.13	5,814.13	5,814.13	0.00
	129.00	129.00	129.00	0.00
	2,887.06	2,887.06	2,887.06	0.00
	2,887.06	2,887.06	2,887.06	0.00
	18,176.54	18,176.54	18,176.54	0.00
	1,879.65	1,879.65	1,879.65	0.00
	865.76	865.76	865.76	0.00
	711,972.92	711,972.92	711,972.92	0.00
	807,122.50	807,122.50	807,122.50	0.00
	31,262.82	31,262.82	31,262.82	0.00
	1,800.24	1,800.24	1,800.24	0.00
	32,115.21	32,115.21	32,115.21	0.00
	326,147.54	326,147.54	326,147.54	0.00
	326.76	326.76	326.76	0.00
	1,585.74	1,585.74	1,585.74	0.00
	727.15	727.15	727.15	0.00
	1,541.62	1,541.62	1,541.62	0.00
	174,984.35	174,984.35	174,984.35	0.00
	451,798.95	451,798.95	451,798.95	0.00
	29,092.22	29,092.22	29,092.22	0.00
	6,655.73	6,655.73	6,655.73	0.00
	718,728.65	718,728.65	718,728.65	0.00
	7,767.23	7,767.23	7,767.23	0.00
	93.01	93.01	93.01	0.00
	93.01	93.01	93.01	0.00
	93.01	93.01	93.01	0.00
	93.01	93.01	93.01	0.00
	93.01	93.01	93.01	0.00
	1,923.31	1,923.31	1,923.31	0.00
	1,560.71	1,560.71	1,560.71	0.00
	93.01	93.01	93.01	0.00
	200,000.00	200,000.00	200,000.00	0.00

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500 Schedule H, Line 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 22-2325405  
PN: 001

Year Ended December 31, 2024

Part I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

(a) Identity of Party Involved	(b) Description of Asset (Shares or Par Value)	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
FEDERATED GOVERNMENT OBLIGATIONS FUND 117 (CUSIP# 608919718)				
	200,000.00	200,000.00	200,000.00	0.00
	1,200,000.00	1,200,000.00	1,200,000.00	0.00
	400,000.00	400,000.00	400,000.00	0.00
	476.36	476.36	476.36	0.00
	135,324.91	135,324.91	135,324.91	0.00
	222,600.59	222,600.59	222,600.59	0.00
<b>TOTAL SALES</b>	<b>\$ 37,904,668.68</b>	<b>\$ 37,904,668.68</b>	<b>\$ 37,904,668.68</b>	<b>\$ -</b>

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Cayuga Medical Center At Ithaca	<b>D</b> Employer Identification Number (EIN) 22-2325405	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		162,280,525
<b>b</b> Actuarial value .....	<b>2b</b>		164,771,233
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	600	89,198,741	89,198,741
<b>b</b> For terminated vested participants .....	623	25,250,608	25,250,608
<b>c</b> For active participants .....	1,205	49,553,776	52,495,630
<b>d</b> Total .....	2,428	164,003,125	166,944,979
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		5.22%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		5,707,689
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		103,000
<b>c</b> Target normal cost .....	<b>6c</b>		5,810,689

**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.

<b>SIGN HERE</b>	AMY E. KEMP, A.S.A., E.A., M.A.A.A. <span style="color: blue; font-size: 1.2em;">AK</span>	<span style="font-size: 1.5em; color: blue;">09/23/2025</span> Date
	Signature of actuary	2306806
	AMY E. KEMP, A.S.A., E.A., M.A.A.A.	Most recent enrollment number
	Type or print name of actuary	315-703-8942
	BPAS ACTUARIAL AND PENSION SERVICES	Telephone number (including area code)
	Firm name	
	706 N. Clinton St Suite 200 Syracuse NY 13204	
	Address of the firm	



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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 63

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 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** 5,810,689

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	8,149,227	773,691
<b>b</b> Waiver amortization installment .....		

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 6,584,380

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	5,775,282	5,775,282
<b>36</b> Additional cash requirement (line 34 minus line 35).....			809,098
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			809,098

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b**

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

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

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

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

The Retirement Plan of Cayuga Medical Center at Ithaca  
Schedule SB, Line 22 - Description of Weighted Average Retirement Age  
EIN/PN: 22-2325405/001

Retirement Rates - Employees were assumed to retire in accordance with the rates shown below:

Age	Retirements per 1000 employees	Accumulated years
55	50	2.75
56	50	2.66
57	10	0.51
58	10	0.52
59	10	0.52
60	50	2.63
61	50	2.54
62	250	12.25
63	250	9.34
64	250	7.11
65	1000	21.67

Weighted Average Retirement Age:

62.5

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:** Cayuga Medical Center at Ithaca  
**EIN/PN:** 22-2325405/001

**1. General Information**

- a. Original Effective Date: January 1, 1981
- b. Effective Date of Last Amendment: January 1, 2022
- c. Plan Year: January 1 to December 31
- d. Employer Fiscal Year: January 1 to December 31
- e. Employer ID Number: 22-2325405
- f. Plan Administrator's ID Number: 22-2325405
- g. Plan Number: 001
- h. Plan Administrator: Cayuga Medical Center at Ithaca

**2. Eligibility**

All employees of the Employer are eligible to participate in the Plan on the first day of the Plan Year nearest the attainment of age 21 and the completion of one year of service. The Plan is frozen to employees hired after December 31, 2021.

**3. Classification of Employees**

- |          |   |
|----------|---|
| Tier I   | Employees of Cayuga Medical Center at Ithaca on January 1, 1981 who were employees of the Hospital on December 31, 1980 and became members of the New York State Retirement System prior to July 1, 1973. |
| Tier II  | Same as Tier I, except that New York State Retirement System membership commenced between July 1, 1973 and June 30, 1976.   |
| Tier III | Same as Tier I, except that New York State Retirement System membership commenced between July 1, 1976 and December 31, 1980.   |
| Tier IV  | Employees hired on or after January 1, 1981 and any employees eligible to participate in Tier III who elect Tier IV coverage.   |
| Tier V   | Employees in the capacity of President or Vice President on or after January 1, 2005, and who otherwise would be considered as of their employment date a Tier IV employee.                               |

**4. Year of Service**

Service as of December 31, 1980 with the New York State Retirement System shall be recognized for Tiers I and II. For Tier III, prior to January 1, 1981 a Year of Service will be granted for each Plan Year during which an employee works at least 500 hours. After December 31, 1980, a Year of Service will be granted for each Plan Year during which an employee has at least 1,000 hours.

**5. Normal Retirement Date**

Tier I The first day of the month coincident with or next following age 55

Tier II The first day of the month coincident with or next following age 62

Tier III The first day of the month coincident with or next following age 62

Tier IV The first day of the month coincident with or next following age 65

Tier V The first day of the month coincident with or next following age 65

**6. Normal Retirement Benefit**

The amount of the annual benefit to be paid for life is:

Tier I  $1/120$  times Years of Service before 04/01/1960 times Average Compensation, plus  $1/60$  times Years of Service after 04/01/1960 times Average Compensation, less New York State Retirement System benefit as of 12/31/1980.

Tier II The lesser of  $1/60$  times Years of Service times Average Compensation and 60% of Average Compensation up to \$15,300 + 50% of Average Compensation between \$15,300 and \$27,300 + 40% of Average Compensation in excess of \$27,300. less the New York State Retirement System benefit as of 12/31/1980.

Tier III 40% of Average Compensation.

Tier IV 1% of Average Compensation times Years of Service.

Tier V 55% of Average Compensation multiplied by a fraction, not greater than one, the numerator of which is Years of Service as of Normal Retirement Date and the denominator of which is 15.

**7. Delayed Retirement**

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement or death the greater of the actuarial equivalent of his Normal Retirement Benefit or his benefit determined as of his actual retirement date.

**8. Annual Compensation**

The Participant's total wages as reported on Form W-2 paid from the Employer, and including any deferrals compensation.

### 9. Average Compensation

For Tiers I, II, and III the compensation averaged over the 3 consecutive years which produce the highest average within the last 10 years of employment. For Tiers IV and V the compensation averaged over the 5 consecutive years which produce the highest average within the last 10 years of employment.

### 10. Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be determined using his Average Compensation and Years of Service at the effective date of calculation.

Effective December 31, 2021, the Accrued Benefit for any Participant who makes the one time irrevocable Special Plan Election to opt out of the Plan effective January 1, 2022 and instead be covered under the Cayuga Medical Center at Ithaca 403(b) Plan will be frozen. Furthermore, the Accrued Benefit of any Participant who is not actively employed on December 31, 2021 will be frozen.

### 11. Early Retirement Benefits

- Tier I Early retirement is not applicable.
- Tier II A participant is eligible to retire on the first day of the month coincident with or next following age 55 and the completion of 5 years of service. The accrued benefit is reduced .5% for the first 24 months and .25% for the next 60 months the early retirement date precedes the Normal Retirement Date.
- Tier III A participant is eligible to retire on the first day of the month coincident with or next following age 55 and the completion of 10 years of service. The accrued benefit is reduced .556% for the first 24 months and .278% for the next 60 months the early retirement date precedes the Normal Retirement Date.
- Tier IV A participant is eligible to retire on the first day of the month coincident with or next following age 55 and the completion of 10 years of service. The accrued benefit is reduced .556% for the first 60 months and .278% for the next 60 months the early retirement date precedes the Normal Retirement Date.
- Tier V A participant is eligible to retire on the first day of the month coincident with or next following age 55 and the completion of 10 years of service. The accrued benefit is reduced .556% for the first 60 months and .278% for the next 60 months the early retirement date precedes the Normal Retirement Date.

### 12. Disability Benefit

In the event a participant becomes totally and permanently disabled, the participant will be credited with Years of Service during disability until Normal Retirement Date. The ultimate benefit will be based upon such service and Average Compensation at the date on which he or she became disabled.

**13. Death Benefit**

In the event of an active vested participant's death, it will be assumed the participant had terminated on the day prior to death and elected a joint and one-half survivor benefit, commencing at the earliest possible retirement date. Payments will continue thereafter for the life of the surviving spouse.

**14. Severance Benefits**

Upon the termination of employment after 5 or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at his Normal Retirement Date. The percentage vested shall be:

<b>Years of Service</b>	<b>Vested Percentage</b>
Less than 5	0%
5 or more	100%

In the event that the participant had met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest as of his early retirement date. Such benefit will be reduced as described under Early Retirement Benefits.

**15. Optional Methods of Settlement**

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity, a life annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [a] below with the spouse as the beneficiary. The options are:

- a. A reduced benefit to be paid during the participant's lifetime with 50%, 75%, or 100% of the reduced benefit to be continued to a beneficiary for their lifetime.
- b. A reduced benefit to be paid while the participant and beneficiary are both alive. If the beneficiary predeceases the participant, the benefit will increase to the life annuity amount for the remainder of the participant's lifetime. If the participant dies first, the beneficiary will receive 50% or 100% of the reduced benefit for their lifetime.
- c. A reduced benefit to be paid for 60, 120 or 240 months certain and thereafter for life.

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity.

If the amount of the lump sum settlement is less than \$5,000, the benefit will automatically be paid in the form of a lump sum.

**16. Amendment or Termination of Plan**

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
Form 5500, Schedule H, Line 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
EIN: 22-2325405  
PLAN NO: 001  
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date,	(d) Cost	(e) Current value
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<b>CASH &amp; CASH EQUIVALENTS</b>				
<b>NON-INTEREST-BEARING CASH</b>				
	FEDERAL GOVERNMENT	US DOLLAR 134,849	\$ 134,848.54	\$ 134,848.54
	<b>NON-INTEREST-BEARING CASH</b>		134,848.54	134,848.54
	<b>TOTAL INTEREST-BEARING CASH</b>			
	FEDERAL GOVERNMENT	FEDERATED GOVERNMENT OBLIGATIONS FUND 4,873,600	4,873,599.94	4,873,599.94
	<b>TOTAL INTEREST-BEARING CASH</b>		4,873,599.94	4,873,599.94
	<b>TOTAL CASH &amp; CASH EQUIVALENTS</b>		<b>5,008,448.48</b>	<b>5,008,448.48</b>
<b>FIXED INCOME</b>				
<b>U.S. GOVERNMENT SECURITIES</b>				
<b>U.S. TREASURY BONDS</b>				
	UNITED STATES TREASURY	United States Treasury Note/Bond 2.75% 15 May 2025 2,260,000	2,203,582.43	2,247,570.00
	UNITED STATES TREASURY	United States Treasury Note/Bond 2.75% 30 Apr 2027 30,000	29,777.34	29,003.10
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.5% 15 Feb 2033 315,000	302,392.97	293,041.35
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.5% 30 Apr 2028 270,000	262,385.16	263,190.60
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.625% 31 Mar 2030 1,025,000	1,000,099.42	987,843.75
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.75% 15 Aug 2027 1,450,000	1,434,509.18	1,431,585.00
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.875% 15 Aug 2033 45,000	43,500.59	42,827.40
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.875% 15 Aug 2034 210,000	204,719.73	198,563.40
	UNITED STATES TREASURY	United States Treasury Note/Bond 3.875% 31 Dec 2027 462,000	454,817.34	456,696.24
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.125% 31 Jul 2028 615,000	613,390.43	610,756.50
	UNITED STATES TREASURY	United States Treasury Note/Bond 4% 15 Dec 2025 660,000	655,810.54	658,884.60
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.25% 30 Jun 2029 410,000	420,158.70	407,728.60
	UNITED STATES TREASURY	United States Treasury Note/Bond 4.25% 30 Jun 2031 830,000	834,778.34	819,566.90

RETIREMENT PLAN OF CAYUGA MEDICAL CENTER AT ITHACA  
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UNITED STATES TREASURY	United States Treasury Note/Bond 4.25% 31 Dec 2025 115,000	113,917.38	115,028.75
UNITED STATES TREASURY	United States Treasury Note/Bond 4% 29 Feb 2028 485,000	488,460.15	480,591.35
UNITED STATES TREASURY	United States Treasury Note/Bond 4.375% 15 May 2034 220,000	230,416.11	216,618.60
UNITED STATES TREASURY	United States Treasury Note/Bond 4.375% 30 Nov 2028 1,900,000	1,919,582.91	1,900,779.00
UNITED STATES TREASURY	United States Treasury Note/Bond 4.375% 31 Jul 2026 445,000	445,556.25	445,734.25
UNITED STATES TREASURY	United States Treasury Note/Bond 4.75% 31 Jul 2025 50,000	49,974.61	50,137.50
UNITED STATES TREASURY	United States Treasury Note/Bond .625% 15 Aug 2030 208,000	166,936.25	168,914.72
UNITED STATES TREASURY	United States Treasury Bill Zero 10 Jul 2025 315,000	305,580.32	308,218.05
<b>TOTAL U.S. TREASURY BONDS</b>		<b>12,180,346.15</b>	<b>12,133,279.66</b>
<b>U.S. GOVERNMENT AND AGENCY OBLIGATIONS</b>			
FEDERAL NATL MTGE ASSOC	Fannie Mae-Aces FNA 2017-M8 A2 Var 25 May 2027 182,465	181,923.17	176,523.90
FEDERAL NATL MTGE ASSOC	Fannie Mae-Aces FNA 2019-M18 A2 2.469% 25 Aug 2029 262,964	265,354.74	239,294.33
FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN 256517 6% 01 Dec 2026 4,695	5,231.25	4,718.83
FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN AL8143 Flt 01 Nov 2036 26,532	27,925.28	27,447.95
FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN AS5137 4% 01 Jun 2045 27,414	29,376.18	25,462.71
FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN BM4163 Var 01 Mar 2027 110,703	122,274.41	107,886.28
FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN FM1660 3% 01 Aug 2032 297,159	284,576.06	286,164.01
FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN FM9063 3% 01 May 2035 157,727	143,728.66	148,159.20
FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN FS4367 3.5% 01 May 2037 304,579	286,304.18	290,964.24
FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA3631 3% 01 Apr 2034 166,256	154,176.79	156,177.90
FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA3738 3% 01 Aug 2034 213,418	197,911.40	200,478.03

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	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA4399 2.5% 01 Aug 2051 294,949	305,986.81	241,669.62
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA4466 2.5% 01 Nov 2051 268,794	275,775.86	220,383.82
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA4493 2.5% 01 Dec 2051 281,443	288,335.24	230,237.18
	FEDERAL NATL MTGE ASSOC	Fannie Mae Pool FN MA4849 4.5% 01 Nov 2037 288,480	272,162.68	282,395.80
	FEDERAL NATL MTGE ASSOC	Fannie Mae REMICS FNR 2014-1 DA 4% 25 Jun 2043 14,244	15,090.08	13,655.62
	FEDERAL HOME LN MTGE CORP	Freddie Mac Multifamily Structured Pass Through Certificates FHMS K-158 A2 4.05% 25 270,000	260,201.95	253,625.07
	FEDERAL HOME LN MTGE CORP	Freddie Mac Multifamily Structured Pass Through Certificates FHMS KIR2 A1 2.748% 25 66,183	68,309.51	64,771.51
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR QA3583 3% 01 Oct 2049 84,950	89,317.19	73,386.80
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR QB4938 2% 01 Nov 2050 182,704	190,468.42	144,682.91
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR SB0839 3.5% 01 Dec 2035 194,460	180,088.38	185,483.91
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR SB8506 2% 01 Feb 2036 221,301	197,373.01	197,517.97
	FEDERAL HOME LN MTGE CORP	Freddie Mac Pool FR SD7555 3% 01 Aug 2052 321,997	268,565.61	277,667.67
	FEDERAL HOME LN MTGE CORP	Freddie Mac REMICS FHR 3062 DE 5.5% 15 Nov 2035 17,771	19,675.89	18,182.50
	FRESB	FRESB 2018-SB45 Mortgage Trust FRESB 2018-SB45 A10F Var 25 Nov 2027 52,855	53,087.73	50,831.21
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 4955 4% 20 Feb 2026 .01	0.01	0.01
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 83039 Flt 20 Feb 2042 10,095	10,504.49	10,229.17
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 AE7151 Flt 20 Jun 2063 13,357	14,399.71	13,656.73
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 AR2401 Var 20 May 2066 .04	0.04	0.04
	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 AT2417 Var 20 Jul 2066 48,370	53,364.38	47,933.95

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	GOVERNMENT NATL MTGE ASSOC	Ginnie Mae II Pool G2 MA7706 3% 20 Nov 2051 175,149	166,610.85	151,980.62
	SEASONED LOANS STRUCTURED TRANS	Seasoned Loans Structured Transaction Trust Series 2019-3 SLST 2019-3 A1C 2.75% 25 223,868	234,221.62	207,788.65
	SBA	SMALL BUSINESS ADMIN POOL# 522103 9.093% 25-Aug-2027 690	777.02	687.22
	<b>TOTAL U.S. GOVERNMENT AND AGENCY OBLIGATIONS</b>		<b>4,663,098.60</b>	<b>4,350,045.36</b>
	<b>TOTAL U.S. GOVERNMENT SECURITIES</b>		<b>16,843,444.75</b>	<b>16,483,325.02</b>
	<b>CORPORATE DEBT INSTRUMENTS</b>			
	AMAIR	American Airlines 2017-1 Class B Pass Through Trust 4.95% 15 Feb 2025 97,005	153,127.54	96,897.73
	AMAIR	American Airlines 2019-1 Class A Pass Through Trust 3.5% 15 Feb 2032 0.03	0.05	0.03
	AMERICAN TOWER CORP	American Tower Corp 2.1% 15 Jun 2030 275,000	246,957.00	235,637.01
	AMERICREDIT AUTO REC TR	AmeriCredit Automobile Receivables Trust 2021-1 AMCAR 2021-1 C 0.89% 19 Oct 2026 162,358	162,355.90	160,949.49
	AMGEN INC	Amgen Inc 5.25% 02 Mar 2033 220,000	219,307.00	218,376.40
	AT&T INC	AT&T Inc 2.25% 01 Feb 2032 210,000	187,451.95	173,683.78
	AT&T INC	AT&T Inc 2.55% 01 Dec 2033 110,000	87,766.80	88,608.30
	BANCO SANTANDER	Banco Santander 5.294% 18 Aug 2027 200,000	200,147.93	201,339.28
	BANK	BANK 2020-BNK30 BANK 2020-BN30 A4 1.925% 15 Dec 2053 185,000	177,513.28	152,497.02
	BANK	BANK 2021-BNK37 BANK 2021-BN37 A2 2.513% 15 Nov 2064 190,000	192,113.20	181,708.46
	BANK	BANK5 2023-5YR2 BANK5 2023-5YR2 A3 Var 15 Jul 2056 135,000	136,877.73	141,448.15
	BANK OF AMERICA	Bank of America Corp Variable 1.922% 24 Oct 2031 415,000	383,051.37	346,703.45
	BMO	BMO 2024-5C4 Mortgage Trust BMO 2024-5C4 A3 Var 15 May 2057 280,000	287,444.36	294,319.93
	BMO	BMO 2024-5C5 Mortgage Trust BMO 2024-5C5 A3 5.8574% 15 Feb 2057 140,000	143,942.30	143,383.60
	BMO	BMO 2024-5C6 Mortgage Trust BMO 2024-5C6 A3 5.3161% 15 Sep 2057 90,000	92,598.22	90,267.81

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	BMARK	Benchmark 2019-B15 Mortgage Trust BMARK 2019-B15 A5 2.928% 15 Dec 2072 320,000	328,296.32	284,902.27
	BMARK	Benchmark 2022-B35 Mortgage Trust BMARK 2022-B35 A5 Var 15 May 2055 255,000	235,882.23	237,612.32
	BMARK	Benchmark 2024-V9 Mortgage Trust BMARK 2024-V9 A3 5.6019% 15 Aug 2057 155,000	159,403.68	157,559.73
	BERKSHIRE HATHAWAY ENERGY CO	Berkshire Hathaway Energy Co 5.95% 15 May 2037 250,000	312,266.58	258,595.88
	BLACKROCK	BlackRock Inc 1.9% 28 Jan 2031 350,000	348,754.00	294,980.15
	BP CAP MKTS AMER INC	BP Capital Markets America Inc 4.893% 11 Sep 2033 50,000	49,999.00	48,379.12
	BP CAP MKTS AMER INC	BP Cap Markets America 4.812% 13 Feb 2033 185,000	184,727.70	178,527.99
	CAPONE	Capital One Multi-Asset Execution Trust COMET 2019-A3 A3 2.06% 15 Aug 2028 350,000	349,906.94	336,738.05
	CAPONE	Capital One Multi-Asset Execution Trust COMET 2024-A1 A 3.92% 15 Sep 2029 325,000	324,936.56	319,431.39
	CITIGROUP	Citigroup Commercial Mortgage Trust 2019- GC43 CGCMT 2019-GC43 A4 3.038% 10 300,000	317,098.97	267,557.88
	CITIGROUP INC	Citigroup Inc Variable 2.52% 03 Nov 2032 380,000	300,258.00	316,859.20
	CNH	CNH Equipment Trust 2021-A CNH 2021- A B 0.97% 15 Jun 2028 185,000	184,993.12	183,957.40
	CONSUMERS	Consumers 2023 Securitization Funding LLC 5.55% 01 Mar 2028 192,404	192,384.79	193,737.27
	CVS	CVS Pass-Through Trust 6.943% 10 Jan 2030 102,012	0.01	0.01
	DIAGEO CAP PLC	Diageo Capital PLC 2% 29 Apr 2030 400,000	398,092.00	345,269.08
	DUKE ENERGY	Duke Energy Florida Project Finance LLC 2.538% 01/09/2029 141,213	130,788.30	133,707.17
	ENERGY TRANSFER L P	Energy Transfer LP 5.5% 01 Jun 2027 180,000	184,892.81	182,295.20
	ENERGY TEXAS INC	Entergy Texas Inc 4% 30 Mar 2029 255,000	254,525.70	246,742.07

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	ESSEX PORTFOLIO LP	Essex Portfolio LP 3.375% 15 Apr 2026 300,000	307,785.47	294,543.28
	FNMNT	First National Master Note Trust FNMNT 2024-1 A 5.34% 15 May 2030 240,000	239,958.05	242,224.06
	FORD	Ford Credit Auto Lease Trust 2023-B FORDL 2023-B B 6.2% 15 Feb 2027 240,000	239,977.90	243,639.67
	FORD	Ford Credit Auto Lease Trust 2024-B FORDL 2024-B A3 4.99% 15 Dec 2027 250,000	249,992.05	251,650.80
	FORD	Ford Credit Auto Owner Trust 2023-B FORDO 2023-B B 5.56% 15 Mar 2029 145,000	144,962.21	147,324.07
	FORD	Ford Credit Auto Owner Trust 2023-B FORDO 2023-B C 5.71% 15 Dec 2030 105,000	104,984.68	106,782.04
	FEDERAL NATL MTGE ASSOC	Freddie Mac Multifamily Structured Pass Through Certificates FHMS K-154 A2 Var 25 Jan 2033 280,000	277,571.88	269,730.69
	GM	GM Financial Automobile Leasing Trust 2024-2 GMALT 2024-2 B 5.56% 22 May 2028 245,000	244,954.26	247,694.09
	GM	GM Financial Consumer Automobile Receivables Trust 2023-2 GMCAR 2023-2 B 4.82% 105,000	104,991.78	105,285.50
	GM	GM Financial Consumer Automobile Receivables Trust 2023-2 GMCAR 2023-2 C 5.21% 65,000	64,991.15	65,531.75
	GOLDMAN SACHS GROUP INC	Goldman Sachs Group Inc/The Variable 2.64% 24 Feb 2028 75,000	65,667.31	71,532.00
	GOLDMAN SACHS GROUP INC	Goldman Sachs Group Inc/The Variable 3.814% 23 Apr 2029 240,000	265,371.89	230,829.60
	JOHN DEERE	John Deere Owner Trust 2023-B JDOT 2023-B A4 5.11% 15 May 2030 85,000	84,979.68	85,673.57
	JOHN DEERE	John Deere Owner Trust 2023-C JDOT 2023-C A4 5.39% 15 Aug 2030 145,000	144,967.48	147,250.30
	JOHN DEERE	John Deere Owner Trust 2024-C JDOT 2024-C A3 4.06% 15 Jun 2029 185,000	184,956.97	182,926.50
	JPMBB	JPMorgan Chase & Co Variable 2.545% 08 Nov 2032 170,000	129,249.30	143,398.40

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	JPMBB	JPMorgan Chase & Co Variable 5.336% 23 Jan 2035 135,000	135,000.00	134,142.75
	LOWES	Lowe's Cos Inc 5.5% 15 Oct 2035 200,000	204,897.35	201,963.54
	MITSUBISHI	Mitsubishi Ufj Fin Grp 2.341% 19 Jan 2028 340,000	323,285.60	323,482.80
	MONDELEZ INTERNATIONAL INC	Mondelez International Inc 1.5% 04 Feb 2031 35,000	26,604.53	28,534.45
	MORGAN STANLEY CAP TR	Morgan Stanley Capital I Trust 2021-L7 MSC 2021-L7 A4 2.322% 15 Oct 2054 380,000	310,887.50	320,140.54
	MORGAN STANLEY VAR	Morgan Stanley Variable 1.928% 28 Apr 2032 390,000	299,477.10	318,992.70
	NRUC	National Rural Utilities Cooperative Finance Corp 5% 15 Aug 2034 255,000	253,084.95	249,948.45
	NORTHERN STS PWR CO	Northern States Power Co/MN 7.125% 01 Jul 2025 245,000	253,557.15	247,668.05
	PACCAR FINANCIAL CORP	Paccar Financial Corp 4.6% 10 Jan 2028 230,000	229,613.60	229,565.30
	PFIZER INVESTMENT ENTERPRISES	Pfizer Investment Enterprises Pte Ltd 4.75% 19 May 2033 185,000	184,722.50	179,181.82
	PNC FIN SRV GROUP INC	PNC Financial Services Group Inc/The Variable 5.068% 24 Jan 2034 325,000	321,389.25	316,618.25
	RPM INTL INC	RPM International Inc 4.55% 01 Mar 2029 130,000	129,348.70	127,659.15
	SIMON PPTY GROUP LP	Simon Property Group LP 2.2% 01 Feb 2031 135,000	111,090.15	114,837.41
	SOUTHERN CALIF EDISON CO	Southern California Edison Co 2.85% 01 Aug 2029 150,000	157,365.97	136,905.00
	SOUTHWEST AIRLS CO	Southwest Airlines Co 3% 15 Nov 2026 80,000	74,357.60	77,293.75
	SOUTHWEST AIRLS CO	Southwest Airlines Co 5.125% 15 Jun 2027 75,000	72,633.75	75,340.85
	SPECTRA ENERGY PARTNERS LP	Spectra Energy Partners LP 3.375% 15 Oct 2026 235,000	220,592.22	229,421.76
	SYNCHRONY	Synchrony Card Issuance Trust 5.74% 15 Oct 2029 240,000	239,956.56	244,559.86
	T-MOBILE	T-Mobile USA Inc 2.875% 15 Feb 2031 240,000	207,482.40	210,916.80
	TRUIST FINANCIAL CORP	Truist Financial Corp Variable 7.161% 30 Oct 2029 295,000	295,000.00	315,443.50

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	UNION PACIFIC CORP	Union Pacific Corp 3.7% 01 Mar 2029 185,000	184,983.89	177,535.49
	US BANCORP	US Bancorp Variable 2.491% 03 Nov 2036 60,000	54,151.20	48,597.00
	US BANCORP	US Bancorp Variable 4.839% 01 Feb 2034 50,000	47,344.50	47,861.50
	VENTAS	Ventas Realty LP 2.5% 01 Sep 2031 175,000	173,038.25	147,882.72
	VZ	Verizon Communications Inc 2.55% 21 Mar 2031 295,000	252,304.65	254,209.98
	VZ	Verizon Master Trust VZMT 2023-2 C 5.38% 13 Apr 2028 145,000	144,999.30	145,159.09
	VZ	Verizon Master Trust VZMT 2024-8 B 4.82% 20 Nov 2030 125,000	124,985.41	125,054.01
	VZ	Verizon Master Trust VZMT 2024-8 C 4.99% 20 Nov 2030 50,000	49,998.94	50,012.73
	VEPCO	Virginia Electric and Power Co 5.05% 15 Aug 2034 270,000	269,389.80	263,271.60
	VOLKSWAGEN	Volkswagen Auto Lease Trust 2024-A VWALT 2024-A A4 5.2% 20 Dec 2028 290,000	289,948.87	292,757.41
	WELLS FARGO CO.	Wells Fargo & Co Variable 5.389% 24 Apr 2034 235,000	233,349.40	232,384.45
	WELLTOWER INC	Welltower OP LLC 4.25% 01 Apr 2026 110,000	111,420.02	109,442.86
	WRKCO INC	WRKCo Inc 3.375% 15 Sep 2027 110,000	115,230.01	105,835.40
	WRKCO INC	WRKCo Inc 3.9% 01 Jun 2028 125,000	124,970.00	120,635.53
	<b>TOTAL CORPORATE DEBT INSTRUMENTS</b>		<b>16,009,684.52</b>	<b>15,551,945.44</b>
	<b>TOTAL FIXED INCOME</b>		<b>32,853,129.27</b>	<b>32,035,270.46</b>
	<b>EQUITIES</b>			
	<b>MUTUAL FUNDS</b>			
	AMERICAN BEACON	American Beacon International Equity Fund 370,142	6,353,420.98	5,529,924.68
	DIMENTIAL FUND ADVISORS	DFA Emerging Markets Core Equity Portfolio 351,241	6,873,979.39	8,176,891.46
	DIMENTIAL FUND ADVISORS	DFA International Small Cap Value Portfolio 202,555	3,888,325.62	4,442,040.62
	DIMENTIAL FUND ADVISORS	MFS Institutional Trust-MFS International Equity Fund 173,397	3,912,923.47	5,864,296.69

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	NERUBERGER BERMAN	Neuberger Berman International Equity Fund 325,961	3,845,163.99	4,087,554.44
	BNY MELLON	BNY Mellon Global Real Return Fund 178,571	2,735,133.04	2,733,923.13
	BROWN CAPITAL MANAGEMENT INC	Brown Capital Management Small Company Fund 48,474	3,347,416.59	2,619,559.44
	DIMENTIAL FUND ADVISORS	DFA US Large Cap Value Portfolio 70,990	2,527,256.00	3,499,113.71
	DIAMOND HILL	Diamond Hill Long-Short Fund 128,577	3,312,514.64	3,489,598.26
	GATEWAY	Gateway Fund 88,336	3,041,619.97	4,087,331.20
	HARBOR FUNDS	Harbor Small Cap Growth Fund 245,346	3,152,043.32	3,459,386.76
	EATON VANCE	Parametric Volatility Risk Premium - Defensive Fund 312,721	3,693,951.65	4,822,158.68
	PIMCO	PIMCO All Asset Fund 1,069,397	12,726,640.25	11,570,883.84
	PRIMECAP MANAGEMENT CO	PRIMECAP Odyssey Stock Fund 95,476	2,527,256.00	3,209,911.09
	VANGUARD	Vanguard Growth Index Fund 62,634	2,770,969.09	13,230,241.08
	VANGUARD	Vanguard Institutional Index Fund 46,996	9,144,434.16	22,506,820.20
	VANGUARD	Vanguard Mid-Cap Index Fund 38,189	5,189,960.66	12,482,951.85
	VANGUARD	Vanguard Small-Cap Value Index Fund 71,789	3,311,923.93	6,114,345.70
	VANGUARD	Vanguard Value Index Fund 68,013	2,061,126.98	4,490,957.75
	VANGUARD	Vanguard Commodity Strategy Fund 28,211	807,464.65	717,412.19
	WESTWOOD	Westwood Income Opportunity Fund 106,518	1,337,415.14	1,275,027.83
	<b>TOTAL MUTUAL FUNDS</b>		<b>86,560,939.52</b>	<b>128,410,330.60</b>
	<b>TOTAL EQUITIES</b>		<b>86,560,939.52</b>	<b>128,410,330.60</b>
	<b>ACCRUED INTEREST</b>			230,881.75
	<b>GRAND TOTAL</b>		<b>\$124,422,517.27</b>	<b>\$165,684,931.29</b>

The Retirement Plan of Cayuga Medical Center at Ithaca  
 Schedule SB, Line 32 – Schedule of Amortization Bases  
 EIN/PN: 22-2325405/001

Amortization Schedule as of January 1, 2024					
Year Established	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment
2024	15 Years	\$ 917,175	15 Years	\$ 917,175	\$ 83,445
2023	15 Years	\$ 7,536,998	14 Years	\$ 7,232,052	\$ 690,246
Total				\$ 8,149,227	\$ 773,691