

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ 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 VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/2009
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VISITING NURSE ASSOCIATION OF ALBANY, INC. 35 COLVIN AVENUE ALBANY, NY 12206
2b	Employer Identification Number (EIN) 14-1340125
2c	Plan Sponsor's telephone number 518-489-2681
2d	Business code (see instructions) 621610

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2026	JAMES A. DORATO III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 186
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 106 6a(2) 120 6b 0 6c 81 6d 201 6e 0 6f 201 6g(1) 156 6g(2) 152 6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2G 2L 2M 3D 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF ALBANY, INC.	D Employer Identification Number (EIN) 14-1340125	

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VC3364	21	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid 2995	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CETERA WEALTH SERVICES LLC
200 N. SEPULVEDA BLVD
SUITE 1200
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2995			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1243355
5 Current value of plan's interest under this contract in separate accounts at year end	5	1703053

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year**7b**

1264247

c Additions: (1) Contributions deposited during the year**7c(1)**

0

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

50024

(4) Transferred from separate account

7c(4)

6177

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

56201

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

1320448

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

76967

(2) Administration charge made by carrier

7e(2)

126

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

77093

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

1243355

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF ALBANY, INC.	D Employer Identification Number (EIN) 14-1340125	

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

(a) Name of insurance carrier
EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1225432	60214	590134-01	8	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 272559**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 258527**c** Additions: (1) Contributions deposited during the year **7c(1)** 4507
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 4880
(4) Transferred from separate account **7c(4)** 12542
(5) Other (specify below) **7c(5)** 3634▶ **FORFEITURES**(6) Total additions **7c(6)** 25563**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 284090**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 5646
(2) Administration charge made by carrier **7e(2)** 1538
(3) Transferred to separate account **7e(3)** 4347
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 11531**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 272559

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF ALBANY, INC.	D Employer Identification Number (EIN) 14-1340125	

Part I	Service Provider Information (see instructions)
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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
VOYA RETIREMENT INSURANCE AND ANNUI
71-0294708

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

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

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

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	34871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER LIFE & ANNUITY INSURANCE CO

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

93-1225432

(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?
64	RECORDKEEPER	27749	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

THE ANGELL PENSION GROUP, INC.

88 BOYD AVENUE
EAST PROVIDENCE, RI 02914

(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?
13	TPA	0	Yes ☒ No ☐	Yes ☐ No ☒	6313	Yes ☐ No ☒

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

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	INVESTMENT MGMT	2477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE ANGELL PENSION GROUP, INC.	13	6313

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EMPOWER LIFE & ANNUITY INSURANCE CO 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 93-1225432	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	BERRY DUNN MCNEIL & PARKER(NY), LLC	b EIN:	47-4404499
c Position:	ACCOUNTANT		
d Address:	2211 CONGRESS ST PORTLAND, ME 04102	e Telephone:	207-541-2200

Explanation: BERRYDUNN CHANGED ITS PRACTICE STRUCTURE EFFECTIVE JANUARY 1, 2025. BERRYDUNN WILL OPERATE WITH A NEWLY FORMED ENTITY, BDMP ASSURANCE, LLP, ALONGSIDE ITS EXISTING ENTITY.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF ALBANY, INC.		D Employer Identification Number (EIN) 14-1340125
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AMCEN INFL-ADJ BOND FND INV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3101
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FNDS BOND FND AMER R4		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3148
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FNDS EUPAC FUND R4		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1814
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FNDS THE GRW OF AMER R4		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161011
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FNDS WASH MUTUAL INV R4		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0194708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203445
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK HLTH SCI OPPORT PRT IA		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42436
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT VP SRI BALANCED PORT		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60898
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: WAGNER ACORN	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND PT I	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198510
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQTY-INC PRT I	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3540
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORT I	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175723
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VAL VIP 2	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: IMPAX SUST ALLOC FUND INV	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10433
a Name of MTIA, CCT, PSA, or 103-12 IE: INV DEV MRKTS FD A	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12635
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI AMR FRANCHISE FD I	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1074
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SRS FD MC ST PT VC	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 438
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER QUALITY EQUITY FD TRS	
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN 71-0294708-001	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3664

a Name of MTIA, CCT, PSA, or 103-12 IE:		NOMURA SCI AND TECH Y	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0294708-001	d Entity code	P 79125
a Name of MTIA, CCT, PSA, or 103-12 IE:		PIMCO VIT REAL RETURN PORT ADM	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0294708-001	d Entity code	P 3121
a Name of MTIA, CCT, PSA, or 103-12 IE:		TEMPLETON GLOBAL BOND FUND A	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0294708-001	d Entity code	P 2200
a Name of MTIA, CCT, PSA, or 103-12 IE:		VY BARON GROWTH PORT SRV	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0284708-001	d Entity code	P 3592
a Name of MTIA, CCT, PSA, or 103-12 IE:		VY CBRE GLB RIEST PRT INS	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0294708-001	d Entity code	P 2212
a Name of MTIA, CCT, PSA, or 103-12 IE:		VY CBRE RI ESTATE PRT SRV	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0294708-001	d Entity code	P 53900
a Name of MTIA, CCT, PSA, or 103-12 IE:		VY COL CONTR CORE PORT SRV	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0294708-001	d Entity code	P 2405
a Name of MTIA, CCT, PSA, or 103-12 IE:		VY INVESCO COMSTOCK PORT SRV	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0294708-001	d Entity code	P 869
a Name of MTIA, CCT, PSA, or 103-12 IE:		VY INVESCO EQTY & INC PT I	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0294708-001	d Entity code	P 13695
a Name of MTIA, CCT, PSA, or 103-12 IE:		VY JPM EMRG MKTS EQ PORT SRV	
b Name of sponsor of entity listed in (a):		VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	
c EIN-PN	71-0294708-001	d Entity code	P 11708

a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR CAP APPREC PORT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20343

a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR DIVR MDCP GR PT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13215

a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR EQTY INCOME PRT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2340

a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR GRW EQTY PT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VOY INTL HI DIV LOW VOL PORT IN		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27687

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLO HI DIV LOW VOL PRTE I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10972

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOB INSIGHTS INIT		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6207

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOBAL BOND PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GOV MONEY MARKET PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3118

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GROWTH AND INCOME PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102013

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS LARGE CAP PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92690

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS MIDCAP PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS SMALL CAP PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1274

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERMEDIATE BOND PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65252

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERNATIONAL IND PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43249

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH PRT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52594

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP VALUE PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 938

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA MID CAP OPPORT PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11942

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL MD CAP INDX PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29150

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL COMPANY PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16204

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2025 PORT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2035 PORT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133650

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION AGGRESS PT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8454

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTIONQ INCOME PT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6826

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF ALBANY, INC.	D Employer Identification Number (EIN) 14-1340125

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	50312	61288
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1650957	1703053
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6122156	6218554
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1522774	1515914
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	9346199	9498809

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	9346199	9498809
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	122097	
(B) Participants	2a(1)(B)	316601	
(C) Others (including rollovers)	2a(1)(C)	72247	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		510945
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3893	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3893
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	348087	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		348087
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(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)		0

		(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)		874691
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1737616

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1519170	
(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)		1519170
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	65836	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		65836
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1585006

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		152610
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDMP ASSURANCE, LLP**

(2) EIN: **99-4708358**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	623
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF ALBANY, INC.		D Employer Identification Number (EIN) 14-1340125
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 93-1225432 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500419A.



Visiting Nurse Association of Albany 403(b) Plan

FINANCIAL STATEMENTS

and

SUPPLEMENTAL SCHEDULES

December 31, 2025 and 2024

With Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Visiting Nurse Association of Albany 403(b) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the financial statements of Visiting Nurse Association of Albany 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2025, and the related statement of changes in net assets available for benefits (modified cash basis) for the year 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 the Plan's 2025 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 (DOL) 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 banks or similar institutions or insurance carriers that are 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 banks or similar institutions or insurance carriers in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institutions).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the 2025 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2 to the financial statements.
- The information in the 2025 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with U.S. generally accepted auditing standards (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than U.S. generally accepted accounting principles. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the 2025 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting. This includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements 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 U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2025 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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 Matters

2025 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL'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 U.S. 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.

Plan Administrator
Visiting Nurse Association of Albany 403(b) Plan

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL'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, is presented, in all material respects, in conformity with the DOL'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 qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2024 Financial Statements

The financial statements of the Plan as of December 31, 2024 were audited by Berry, Dunn, McNeil & Parker (NY), LLC. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by qualified institutions. Their report, dated August 29, 2025, indicated that in their opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with the modified cash basis of accounting and (b) the information in the 2024 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDMF Assurance, LLP

Manchester, New Hampshire
September 10, 2026

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Statements of Net Assets Available for Benefits (Modified Cash Basis)

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments		
Mutual funds, at fair value	\$ 6,218,554	\$ 6,122,156
Pooled separate accounts, at fair value	1,703,053	1,650,957
Guaranteed investment contracts, at contract value	<u>1,515,914</u>	<u>1,522,774</u>
Total investments	9,437,521	9,295,887
Notes receivable from participants	<u>61,288</u>	<u>50,312</u>
Net assets available for benefits	\$ <u>9,498,809</u>	\$ <u>9,346,199</u>

The accompanying notes are an integral part of these financial statements.

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Year Ended December 31, 2025

Additions to net assets

Investment income and interest on notes receivable from participants

Net appreciation in fair value of investments \$ 874,691

Interest and dividends 351,980

Total investment income and interest on notes receivable from participants 1,226,671

Contributions

Participants' 316,601

Employer 122,097

Rollovers 72,247

Total contributions 510,945

Total additions 1,737,616

Deductions from net assets

Benefits paid to participants 1,519,170

Administrative expenses 65,836

Total deductions 1,585,006

Net increase in net assets available for benefits 152,610

Net assets available for benefits

Beginning of year 9,346,199

End of year \$ 9,498,809

The accompanying notes are an integral part of these financial statements.

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Notes to Financial Statements

December 31, 2025 and 2024

1. Description of Plan

The following description of the Visiting Nurse Association of Albany 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a tax-exempt defined contribution retirement plan sponsored by the Visiting Nurse Association of Albany, Inc. (the Association). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Empower Trust Company, LLC (Empower); Empower Life & Annuity Insurance Company of New York (ELANY); and The Voya Retirement Insurance and Annuity Company (Voya) (collectively, the custodians) are the custodians of the Plan. Empower Life & Annuity Insurance Company is the recordkeeper for the Plan.

Eligibility

Association employees are eligible to participate in the Plan and begin making salary deferrals upon hire. Eligibility for the employer match and non-elective contributions begins on the first day of the month coinciding with or immediately following completion of one year of 1,000 hours of service and attainment of age 21. Employees who are non-resident aliens, part-time employees who normally work less than 20 hours per week, and employees who were hired as or changed to per diem after January 1, 2008 are not allowed to participate in the Plan.

Contributions

Each year, eligible participants may make contributions to the Plan through salary deferrals on a pre-tax basis up to 100% of eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans. The maximum amount that a participant may contribute is limited by provisions of the Internal Revenue Code (the Code).

The Plan provides for a discretionary matching contribution. For 2025, the discretionary matching contribution is equal to a fixed percentage based on years of services as follows:

<u>Years of Service</u>	<u>Discretionary Matching Contribution</u>
1 - 10	100% of the first 2.0% compensation deferred
10 - 20	100% of the first 3.5% compensation deferred
20 - 25	100% of the first 4.0% compensation deferred
25+	100% of the first 4.5% compensation deferred

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Notes to Financial Statements

December 31, 2025 and 2024

The Association will also make a non-elective employer contribution to all eligible Plan participants. This is a contribution the employer will make to the Plan which is unrelated to whether elective deferrals are made to the Plan. The Association contributed 1% of each participant's annual compensation to the Plan in 2025.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is adjusted for the participant's and employer's contributions and an allocation of investment income. A participant's account shall be reduced by any distributions, investment losses, and certain administrative expenses. Allocations are based on participants' earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments

Upon enrollment in the Plan, participants direct the investment of their contributions into various mutual funds, pooled separate accounts, and a group annuity contract held by Empower, as offered by the Plan. Voya is closed to new participants; however, participants with an account balance with Voya may make rollover contributions to the Plan and reallocate their account balance amongst the various investment options offered by the Plan at Empower.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Association's discretionary match and non-elective contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service (one year of service is 1,000 hours) as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures

Participants who terminate their employment prior to becoming 100% vested forfeit their non-vested account balance. These benefits plus accumulated investment earnings are left in the Plan and will be used to reduce employer matching contributions and Plan expenses. At December 31, 2025 and 2024, there were forfeited non-vested account balances of \$4. Forfeitures of \$3,855 were used in 2025 toward employer contributions.

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Payment of Benefits

Participants shall become eligible to receive their vested account balances upon retirement (normal retirement age is 65), death, disability, or termination. Participants may withdraw their account balances upon attaining age 59½. In addition, participants may withdraw their elective deferral contributions upon demonstration to the Plan administrator that they are suffering a hardship, as defined in the Code. Participants will receive their benefit payments in a single lump sum payment. A participant who terminates employment with a vested account balance of \$1,000 or greater but less than \$5,000, and does not elect to receive a distribution, will receive an automatic rollover to an individual retirement account. If a participant's account balance is less than \$1,000, a lump sum distribution will be made.

Notes Receivable from Participants

Participants may borrow up to \$50,000, subject to certain limitations and vested account balance, as set forth in the Plan document.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting. Accordingly, certain revenue and related assets are recognized when received, rather than when earned, and certain expenses are recognized when paid, rather than when incurred.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation

Investments are reported at fair value, except for the fully benefit-responsive investment contracts, which are stated at contract 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. See Note 9 of the financial statements for a summary of fair value measurement.

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

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Notes Receivable from Participants

Notes receivable from participants are valued using the unpaid principal balance. Interest income on notes receivable from participants is recorded when it is received. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Administrative Expenses

Certain administrative expenses are paid by the Association.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management has considered transactions or events occurring through September 10, 2026, the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

3. Fully Benefit-Responsive Investment Contracts

Investments in the Voya Fixed Account, Voya Guaranteed Accumulation Account, and the ELANY Guaranteed Interest Fund are in insurance company general accounts. Contributions to these investments buy contractual or guaranteed amounts of future benefits for the participant. Interest credited to the investments includes a guaranteed rate plus additional amounts established on a year-by-year basis.

The contracts meet the fully benefit-responsive contract criteria and, therefore, are reported at contract value, as reported to the Plan by Voya and Empower. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all, or a portion of, their investment at contract value.

Certain events might limit the ability of the Plan to transact at contract value with the issuers. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Notes to Financial Statements

December 31, 2025 and 2024

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

4. Income Tax Status

The Plan is a volume submitter plan sponsored by The Angell Pension Group, Inc. The volume submitter plan received a favorable opinion letter dated March 31, 2017. The Plan has been amended since the opinion letter was issued. The Plan administrator believes the Plan is currently being operated in compliance with the terms of the Plan and the Code and remains qualified under the Code and applicable regulations and, as such, is exempt from taxes as of the financial statement date.

5. Information Prepared and Certified by Custodians

The investments, investment transactions, net appreciation in fair value of investments, notes receivable from participants, and interest and dividend amounts were obtained by management and agreed to or derived from the information certified by the custodians as complete and accurate. This information is included in the following:

- Statements of Net Assets Available for Benefits (Modified Cash Basis);
- Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis); and
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year).

6. Parties-in-Interest

Certain Plan investments are managed by the custodians, and therefore, these transactions qualify as party-in-interest transactions. Administrative expenses reported on the statement of changes in net assets available for benefits (modified cash basis) represent amounts paid to various service providers who are deemed to be parties-in-interest. Recordkeeping fees of \$27,749 were paid to ELANY during 2025. Investment advisor fees of \$34,871 were paid to Morgan Stanley during 2025.

7. Plan Termination

Although it has not expressed any intent to do so, the Association has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA.

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Notes to Financial Statements

December 31, 2025 and 2024

8. Risks and Uncertainties

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

9. Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, provides a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: Valued using market quotations for shares held by the Plan.

Pooled separate accounts: Valued based on Accumulation Unit Values of the underlying fund's daily performance, plus any applicable dividend income, less the daily separate account charge.

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Notes to Financial Statements

December 31, 2025 and 2024

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 6,218,554	\$ -	\$ -	\$ 6,218,554
Pooled separate accounts	<u>-</u>	<u>-</u>	<u>1,703,053</u>	<u>1,703,053</u>
Total	<u>\$ 6,218,554</u>	<u>\$ -</u>	<u>\$ 1,703,053</u>	<u>\$ 7,921,607</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 6,122,156	\$ -	\$ -	\$ 6,122,156
Pooled separate accounts	<u>-</u>	<u>-</u>	<u>1,650,957</u>	<u>1,650,957</u>
Total	<u>\$ 6,122,156</u>	<u>\$ -</u>	<u>\$ 1,650,957</u>	<u>\$ 7,773,113</u>

The following presents a reconciliation of fair value measurements categorized within Level 3 of the fair value hierarchy for the year ended December 31, 2025:

Balance as of December 31, 2024	\$ 1,650,957
Net appreciation in fair value of investments	247,963
Transfers	(6,177)
Distributions	<u>(189,690)</u>
Balance as of December 31, 2025	<u>\$ 1,703,053</u>

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

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

EIN: #14-1340125 Plan Number: 002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Empower and ELANY				
	American Funds	2015 Target Date Retirement R6	**	\$ 133,295
	American Funds	2020 Target Date Retirement R6	**	324,144
	American Funds	2025 Target Date Retirement R6	**	348,765
	American Funds	2030 Target Date Retirement R6	**	1,032,126
	American Funds	2035 Target Date Retirement R6	**	256,347
	American Funds	2040 Target Date Retirement R6	**	554,403
	American Funds	2045 Target Date Retirement R6	**	1,396,937
	American Funds	2050 Target Date Retirement R6	**	319,677
	American Funds	2055 Target Date Retirement R6	**	299,192
	American Funds	2060 Target Date Retirement R6	**	11,685
	American Funds	American Balanced	**	54,522
	American Funds	New Perspective	**	34,164
	American Funds	Bond Fund of Amer R6	**	15,482
	BlackRock	High Yield Bond Portfolio K	**	3,456
*	Empower	Guaranteed Interest Fund	**	272,559
	Fidelity	Advisory Stock Selector SM CP Z	**	18,961
	John Hancock	International Growth R6	**	15,960
	JP Morgan	Equity Income	**	126,310
	JP Morgan	Large Cap Growth R6	**	113,144
	Oppenheimer	Discovery Mid Cap Growth	**	1,406
	PIMCO	Income Institutional	**	10,865
	PIMCO	Global Bond Opps Inst	**	11,370
	Vanguard	500 Index Admiral	**	293,762
	Vanguard	Developed Markets Index Admiral	**	113,174
	Vanguard	Emerging Markets Stock Index Admiral	**	68,461
	Vanguard	Mid Cap Index Fund Admiral	**	386,063
	Vanguard	Small Cap Index Fund Admiral	**	139,625
	Vanguard	Total Bond Market Index Admiral	**	122,676
	Victory	Sycamore Established Value R6	**	<u>12,582</u>
	Total Empower and ELANY			<u>6,491,113</u>

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

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

EIN: #14-1340125 Plan Number: 002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Voya			
	American Funds	Bond Fund AM	**	\$ 3,148
	American Funds	EuroPacific	**	1,814
	American Funds	Growth Fund	**	161,011
	American Funds	Wash Mutual	**	203,445
	American Century	Infl Adj Bond Fund Inv	**	3,101
	BlackRock	Health Science Opport Pt IA	**	42,436
	Calvert	VP SRI Balanced Port IA	**	60,898
	Fidelity	VIP Contrafund Pt I	**	198,510
	Fidelity	VIP Equity-Inc Port I	**	3,540
	Fidelity	VIP Growth Port I	**	175,723
	Impax	Sust Alloc Fund Inv	**	10,433
	Invesco	VI Amr Franchise Fd I	**	1,074
	Invesco	VI Amr Franchise Fd I	**	12,635
	Ivy	Science & Technology Fd Y	**	79,125
	Lord Abbett	Srs Fd MC St Pt VC	**	438
	Neuberg	Berm Soc Resp Fd Trs	**	3,664
	PIMCO	VIT Real Return Port Adm	**	3,121
	Templeton	Global Bond Fund A	**	2,200
*	Voya	VY Baron Growth Port Srv	**	3,592
*	Voya	VY Clarion Glb REst Pt Ins	**	2,212
*	Voya	VY Clarion RI Estate Pt Srv	**	53,900
*	Voya	VY Invesco Comstock Port Srv	**	869
*	Voya	VY Invesco Eqty & Inc Pt I	**	13,695
*	Voya	VY JPM Emrg Mkts Eq Port Srv	**	11,708
*	Voya	VY TRwPr Cap Apprec Port Srv	**	20,343
*	Voya	VY TRwPr Divr MdCp Gr Pt I	**	13,215
*	Voya	VY TRwPr Eqty Income Port Srv	**	2,340
*	Voya	VY Intl HiDivLow Vol Port-In	**	27,687
*	Voya	Voya Fixed Account	**	1,237,059
*	Voya	Voya Global Bond Port I	**	204
*	Voya	Voya Growth and Income Port I	**	102,013
*	Voya	Voya Index Plus Large Cap Pt I	**	92,690
*	Voya	Voya Index Plus Small Cap Pt I	**	1,274
*	Voya	Voya Intermediate Bond Pt I	**	65,252
*	Voya	Voya International Ind Pt I	**	43,249
*	Voya	Voya Large Cap Growth Pt Ins	**	52,594
*	Voya	Voya Large Cap Value Port Ins	**	938
*	Voya	Voya Mid Cap Opport Port I	**	11,942

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

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

EIN: #14-1340125 Plan Number: 002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Voya	Voya Russell Mid Cap Indx Prt I	**	\$ 29,150
*	Voya	Voya Small Company Port I	**	16,204
*	Voya	Voya Solution 2035 Port Srv	**	133,650
*	Voya	Voya Columbian Contrarian Core Port	**	2,405
*	Voya	Voya Solution Aggress Pt I	**	8,454
*	Voya	Wanger Acorn	**	34
*	Voya	Global Insights Port Init	**	6,207
*	Voya	Voya Gov Money Mkt Port I	**	3,118
*	Voya	Voya Long Term GAA	**	3,148
*	Voya	Voya Short Term GAA	**	3,148
*	Voya	Voya Solution Income Pt Srv	**	6,826
*	Voya	Glo High Div Low Vol Prt I	**	<u>10,972</u>
Total Voya				<u>2,946,408</u>
Total investments				9,437,521
*	Notes receivable from participants (rates of 4.25% - 9.50%, various maturities through December 2028)			<u>61,288</u>
Total				<u>\$ 9,498,809</u>

* Identifies a party-in-interest to the Plan

** Information not required for participant-directed investments

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

EIN: #14-1340125 Plan Number: 002

December 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Corrected Under VFCP and PTE 2002-51
\$ 623	\$ -	\$ -	\$ -	\$ 623

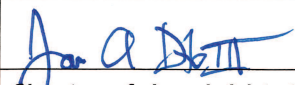
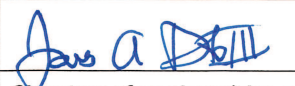
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ 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 VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VISITING NURSE ASSOCIATION OF ALBANY, INC. 35 COLVIN AVENUE ALBANY NY 12206	2b Employer Identification Number (EIN) 14-1340125 2c Plan Sponsor's telephone number 518-489-2681 2d Business code (see instructions) 621610

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

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

SIGN HERE		9/11/2026	JAMES A. DORATO III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/11/2026	JAMES A. DORATO III
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN *																						
	3c Administrator's telephone number																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 186																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td></tr> <tr><td style="text-align: right;">6a(1)</td><td style="text-align: right;">106</td></tr> <tr><td style="text-align: right;">6a(2)</td><td style="text-align: right;">120</td></tr> <tr><td style="text-align: right;">6b</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">6c</td><td style="text-align: right;">81</td></tr> <tr><td style="text-align: right;">6d</td><td style="text-align: right;">201</td></tr> <tr><td style="text-align: right;">6e</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">6f</td><td style="text-align: right;">201</td></tr> <tr><td style="text-align: right;">6g(1)</td><td style="text-align: right;">156 *</td></tr> <tr><td style="text-align: right;">6g(2)</td><td style="text-align: right;">152</td></tr> <tr><td style="text-align: right;">6h</td><td style="text-align: right;">10</td></tr> </table>			6a(1)	106	6a(2)	120	6b	0	6c	81	6d	201	6e	0	6f	201	6g(1)	156 *	6g(2)	152	6h	10
6a(1)	106																						
6a(2)	120																						
6b	0																						
6c	81																						
6d	201																						
6e	0																						
6f	201																						
6g(1)	156 *																						
6g(2)	152																						
6h	10																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2L 2M 3D 3H																							

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>2</u> (4) ☒ C (Service Provider Information) * (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

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

EIN: #14-1340125 Plan Number: 002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Empower and ELANY				
	American Funds	2015 Target Date Retirement R6	**	\$ 133,295
	American Funds	2020 Target Date Retirement R6	**	324,144
	American Funds	2025 Target Date Retirement R6	**	348,765
	American Funds	2030 Target Date Retirement R6	**	1,032,126
	American Funds	2035 Target Date Retirement R6	**	256,347
	American Funds	2040 Target Date Retirement R6	**	554,403
	American Funds	2045 Target Date Retirement R6	**	1,396,937
	American Funds	2050 Target Date Retirement R6	**	319,677
	American Funds	2055 Target Date Retirement R6	**	299,192
	American Funds	2060 Target Date Retirement R6	**	11,685
	American Funds	American Balanced	**	54,522
	American Funds	New Perspective	**	34,164
	American Funds	Bond Fund of Amer R6	**	15,482
	BlackRock	High Yield Bond Portfolio K	**	3,456
*	Empower	Guaranteed Interest Fund	**	272,559
	Fidelity	Advisory Stock Selector SM CP Z	**	18,961
	John Hancock	International Growth R6	**	15,960
	JP Morgan	Equity Income	**	126,310
	JP Morgan	Large Cap Growth R6	**	113,144
	Oppenheimer	Discovery Mid Cap Growth	**	1,406
	PIMCO	Income Institutional	**	10,865
	PIMCO	Global Bond Opps Inst	**	11,370
	Vanguard	500 Index Admiral	**	293,762
	Vanguard	Developed Markets Index Admiral	**	113,174
	Vanguard	Emerging Markets Stock Index Admiral	**	68,461
	Vanguard	Mid Cap Index Fund Admiral	**	386,063
	Vanguard	Small Cap Index Fund Admiral	**	139,625
	Vanguard	Total Bond Market Index Admiral	**	122,676
	Victory	Sycamore Established Value R6	**	<u>12,582</u>
	Total Empower and ELANY			<u>6,491,113</u>

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

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

EIN: #14-1340125 Plan Number: 002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Voya			
	American Funds	Bond Fund AM	**	\$ 3,148
	American Funds	EuroPacific	**	1,814
	American Funds	Growth Fund	**	161,011
	American Funds	Wash Mutual	**	203,445
	American Century	Infl Adj Bond Fund Inv	**	3,101
	BlackRock	Health Science Opport Pt IA	**	42,436
	Calvert	VP SRI Balanced Port IA	**	60,898
	Fidelity	VIP Contrafund Pt I	**	198,510
	Fidelity	VIP Equity-Inc Port I	**	3,540
	Fidelity	VIP Growth Port I	**	175,723
	Impax	Sust Alloc Fund Inv	**	10,433
	Invesco	VI Amr Franchise Fd I	**	1,074
	Invesco	VI Amr Franchise Fd I	**	12,635
	Ivy	Science & Technology Fd Y	**	79,125
	Lord Abbett	Srs Fd MC St Pt VC	**	438
	Neuberg	Berm Soc Resp Fd Trs	**	3,664
	PIMCO	VIT Real Return Port Adm	**	3,121
	Templeton	Global Bond Fund A	**	2,200
*	Voya	VY Baron Growth Port Srv	**	3,592
*	Voya	VY Clarion Glb REst Pt Ins	**	2,212
*	Voya	VY Clarion RI Estate Pt Srv	**	53,900
*	Voya	VY Invesco Comstock Port Srv	**	869
*	Voya	VY Invesco Eqty & Inc Pt I	**	13,695
*	Voya	VY JPM Emrg Mkts Eq Port Srv	**	11,708
*	Voya	VY TRwPr Cap Apprec Port Srv	**	20,343
*	Voya	VY TRwPr Divr MdCp Gr Pt I	**	13,215
*	Voya	VY TRwPr Eqty Income Port Srv	**	2,340
*	Voya	VY Intl HiDivLow Vol Port-In	**	27,687
*	Voya	Voya Fixed Account	**	1,237,059
*	Voya	Voya Global Bond Port I	**	204
*	Voya	Voya Growth and Income Port I	**	102,013
*	Voya	Voya Index Plus Large Cap Pt I	**	92,690
*	Voya	Voya Index Plus Small Cap Pt I	**	1,274
*	Voya	Voya Intermediate Bond Pt I	**	65,252
*	Voya	Voya International Ind Pt I	**	43,249
*	Voya	Voya Large Cap Growth Pt Ins	**	52,594
*	Voya	Voya Large Cap Value Port Ins	**	938
*	Voya	Voya Mid Cap Opport Port I	**	11,942

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

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

EIN: #14-1340125 Plan Number: 002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Voya	Voya Russell Mid Cap Indx Prt I	**	\$ 29,150
*	Voya	Voya Small Company Port I	**	16,204
*	Voya	Voya Solution 2035 Port Srv	**	133,650
*	Voya	Voya Columbian Contrarian Core Port	**	2,405
*	Voya	Voya Solution Aggress Pt I	**	8,454
*	Voya	Wanger Acorn	**	34
*	Voya	Global Insights Port Init	**	6,207
*	Voya	Voya Gov Money Mkt Port I	**	3,118
*	Voya	Voya Long Term GAA	**	3,148
*	Voya	Voya Short Term GAA	**	3,148
*	Voya	Voya Solution Income Pt Srv	**	6,826
*	Voya	Glo High Div Low Vol Prt I	**	<u>10,972</u>
Total Voya				<u>2,946,408</u>
Total investments				9,437,521
*	Notes receivable from participants (rates of 4.25% - 9.50%, various maturities through December 2028)			<u>61,288</u>
Total				\$ <u>9,498,809</u>

* Identifies a party-in-interest to the Plan

** Information not required for participant-directed investments