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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ONEIDA HEALTHCARE CENTER PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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)
ONEIDA HEALTH SYSTEMS, INC.

321 GENESEE STREET
ONEIDA, NY 13421-2611

2b Employer Identification Number (EIN)
16-1492011

2c Plan Sponsor's telephone number
315-361-2040

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	CAROLYNE OPEE-STELIOS
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	545
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	127
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	108
b	Retired or separated participants receiving benefits	**6b**	269
c	Other retired or separated participants entitled to future benefits	**6c**	141
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	518
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10
f	Total. Add lines **6d** and **6e**.	**6f**	528
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
ONEIDA HEALTHCARE CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ONEIDA HEALTH SYSTEMS, INC.

D Employer Identification Number (EIN)
16-1492011

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	41631734
b Actuarial value	**2b**	41657234

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	273	24930158	24930158
b For terminated vested participants	145	6096754	6096754
c For active participants	127	6667146	6686306
d Total	545	37694058	37713218

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1000
c Target normal cost	**6c**	1000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/04/2026
Date

WILLIAM H. STUART, A.S.A., E.A.
Type or print name of actuary

26-06801
Most recent enrollment number

BPAS ACTUARIAL & PENSION SERVICES
Firm name

315-703-8985
Telephone number (including area code)

706 N. CLINTON STREET SUITE 200
SYRACUSE, NY 13204
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1764659	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1764659	0
10	Interest on line 9 using prior year's actual return of 2.52 %	44469	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1809128	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.66 %
15	Adjusted funding target attainment percentage	15	110.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1000
b Excess assets, if applicable, but not greater than line 31a	**31b**	1000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ONEIDA HEALTHCARE CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ONEIDA HEALTH SYSTEMS, INC.

D Employer Identification Number (EIN)
16-1492011

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

RBC CAPITAL MARKETS, LLC

41-1416330

(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?
33 55 49 71 50	NONE	178087	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BPAS ACTUARIAL & PENSION SERVICES

30-0192194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	15760	Yes [ ] No [X]	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
ONEIDA HEALTHCARE CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ONEIDA HEALTH SYSTEMS, INC.

D Employer Identification Number (EIN)
16-1492011

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	8519	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	376039	361453
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	586980	331075
(2) U.S. Government securities	1c(2)	5975827	5338011
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	28873394	29679069
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5810975	6053848
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	41631734	41763456
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	41631734	41763456

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17044	
(B) U.S. Government securities	2b(1)(B)	146446	
(C) Corporate debt instruments	2b(1)(C)	1326787	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1490277
(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)	76170	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		76170
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	14356383	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14742883	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-386500
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1252249	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1252249

		(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)		846785
c Other income	2c		153859
d Total income. Add all **income** amounts in column (b) and enter total	2d		3432840
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3048457	
(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)		3048457
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	178087	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	15760	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1044	
(11) Other expenses	2i(11)	57770	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		252661
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3301118
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		131722
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: FUSTCHARLES LLP **(2)** EIN: 16-1226221

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582779.

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
ONEIDA HEALTHCARE CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ONEIDA HEALTH SYSTEMS, INC.

D Employer Identification Number (EIN)
16-1492011

Part I Distributions

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

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

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

EIN(s): 16-1301826

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** 11

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705217A .

ONEIDA HEALTHCARE CENTER PENSION PLAN

Financial Statements and Supplemental Schedule

December 31, 2025 and 2024

ONEIDA HEALTHCARE CENTER PENSION PLAN

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FustCharles

P: 315-446-3600 | fustcharles.com

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Oneida Healthcare Center Pension Plan:

Opinion

We have audited the accompanying financial statements of Oneida Healthcare Center Pension Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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.

(Continued)

Responsibilities of Management for the Financial Statements, Continued

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

FustCharles

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

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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

FustCharles LLP

Syracuse, New York
October 7, 2026

FustCharles LLP

ONEIDA HEALTHCARE CENTER PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Investments, at fair value	$ 41,402,003	41,247,176
Cash	-	8,519
Accrued interest	361,453	376,039
Net assets available for benefits	$ 41,763,456	41,631,734

See accompanying notes to financial statements.

ONEIDA HEALTHCARE CENTER PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2025 and 2024

	2025	2024
Additions:		
Net appreciation in fair value of investments	$ 1,866,393	-
Interest and dividend income	1,566,447	1,564,675
Total additions	3,432,840	1,564,675
Deductions:		
Benefits paid to participants	3,048,457	2,462,005
Net depreciation in fair value of investments	-	321,226
Administrative expenses	252,661	184,503
Total deductions	3,301,118	2,967,734
Net increase (decrease)	131,722	(1,403,059)
Net assets available for benefits:		
Beginning of year	41,631,734	43,034,793
End of year	$ 41,763,456	41,631,734

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the Oneida Healthcare Center Pension Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a noncontributory defined benefit pension plan covering certain employees of Oneida Health Systems, Inc. d/b/a Oneida Health (Hospital). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2008, the Plan was amended to state that accrued benefits are frozen for any non-union participant who made a one-time irrevocable election to opt out of the Plan and instead be covered under the Oneida Healthcare Center 403(b) Retirement Plan. All non-union employees who opted out of the defined benefit plan or had not met eligibility requirements of the Plan ceased to be an eligible employee under the defined benefit plan. Furthermore, the accrued benefit of any non-union participant not actively employed on January 1, 2008 was frozen. Effective January 1, 2009, the same amendments were implemented for union employees.

As of January 1, 2008, no new non-union employees were eligible to participate in the Plan. As of January 1, 2009, no new union employees were eligible to participate in the Plan.

Plan amendments were adopted that froze benefit accruals for all non-union employees effective February 1, 2015, and all union employees effective February 1, 2017.

(b) Funding Policy

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Hospital did not make any contributions to the Plan during 2025 and 2024. The Hospital's contributions for 2025 and 2024 met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

(1) Description of Plan, Continued

(c) Pension Benefits

Eligible employees with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to the sum of 1.66% of the average monthly compensation for each year of credited service. The Plan allows early retirement, late retirement and vested termination benefits.

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

(d) Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they become disabled.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

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

(2) Summary of Significant Accounting Policies, Continued

(c) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See note 5 for a discussion of fair value measurements.

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

(d) Payment of Benefits

Benefit payments to participants or their beneficiaries are recorded upon distribution.

(e) Expenses

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

(f) Subsequent Events

The Plan has evaluated subsequent events through October 7, 2026, the date the financial statements were available to be issued.

(Continued)

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service, subject to the freezing of benefit accruals as discussed in note 1(a). The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

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

The significant actuarial assumptions used in the valuations as of January 1, 2025 and 2024 are as follows:

Investment return	5.00% per year compounded annually
Mortality basis	The sex-distinct Blue Collar Pri-2012 Mortality Tables for employees and healthy annuitants, with mortality improvements projected using Scale MP-2021 on a fully generational basis for 2025. The sex-distinct Blue Collar Pri-2012 Mortality Tables for employees and healthy annuitants, with mortality improvements projected using Scale MP-2019 on a fully generational basis for 2024
Employee turnover	100% of the 2003 SOA Small Plan Table, based on the October 2016 experience study using valuation data from January 1, 2011 through January 1, 2016
Normal retirement age	Age 65

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

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

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

	2025	2024
Vested benefits:		
Participants currently receiving payments	$ 25,291,702	25,225,734
Other participants	13,255,297	13,955,194
	38,546,999	39,180,928
Nonvested benefits	24,443	24,672
Total actuarial present value of accumulated plan benefits	$ 38,571,442	39,205,600

The changes in the actuarial present value of accumulated plan benefits from January 1, 2024 to January 1, 2025 and from January 1, 2023 to January 1, 2024, respectively, are as follows:

	2025	2024
Actuarial present value of accumulated plan benefits beginning of year	$ 39,205,600	39,993,398
Increase during the year attributable to:		
Benefits accumulated and actuarial gains and losses	(150,026)	(142,958)
Increase for interest due to the decrease in the discount period	1,898,879	1,937,075
Benefits paid	(2,456,034)	(2,503,797)
Change in actuarial assumptions	73,023	(78,118)
Net decrease	(634,158)	(787,798)
Actuarial present value of accumulated plan benefits end of year	$ 38,571,442	39,205,600

(Continued)

(4) Plan Termination

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

(a) Annuity benefits which former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

(b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.

(c) All other vested benefits (that is, vested benefits not insured by the PBGC).

(d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

(5) Fair Value Measurements

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

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

(Continued)

(5) Fair Value Measurements, Continued

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money market funds: Valued at amortized cost which approximates fair value.

Certificates of deposit: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Mutual fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the U.S. Securities and Exchange Commission. The fund is required to publish its daily net asset value and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Exchange-traded funds: Valued at the closing price reported on the active market on which the individual securities are traded. Exchange-traded funds held by the Plan are open-end funds or unit investment trusts that are registered with the U.S. Securities and Exchange Commission.

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

Treasury securities and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

(5) Fair Value Measurements, Continued

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

	2025			
	Level 1	Level 2	Level 3	Total
Money market funds and certificates of deposit	$ 331,075	-	-	331,075
Mutual fund	358,155	-	-	358,155
Exchange-traded funds	5,695,693	-	-	5,695,693
Corporate bonds	-	29,679,069	-	29,679,069
Municipal bonds	-	146,179	-	146,179
Treasury securities	-	5,191,832	-	5,191,832
Total assets at fair value	$ 6,384,923	35,017,080	-	41,402,003

	2024			
	Level 1	Level 2	Level 3	Total
Money market funds and certificates of deposit	$ 586,980	-	-	586,980
Mutual fund	352,253	-	-	352,253
Exchange-traded funds	5,458,712	-	-	5,458,712
Corporate bonds	-	28,873,403	-	28,873,403
Municipal bonds	-	142,440	-	142,440
Treasury securities	-	5,833,388	-	5,833,388
Total assets at fair value	$ 6,397,945	34,849,231	-	41,247,176

(6) Party-in-Interest Transactions

Certain Plan investments are managed by RBC Wealth Management and NBT Bank N.A., the custodians as defined by the Plan. As such, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for these investment management services amounted to $252,661 and $184,503 for the years ended December 31, 2025 and 2024, respectively.

(7) Tax Status

The Plan obtained its latest determination letter on December 1, 2025, in which the Internal Revenue Service (IRS) states that the Plan is in compliance with applicable requirements of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations prior to 2022.

(8) Risks and Uncertainties

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

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

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Money Market Funds			
*	RBC Wealth Management	Money market fund, 258,515 shares	$ 258,515	258,515
*	Federated Government Obligations Fund	Money market fund, 72,560 shares	72,560	72,560
			$ 331,075	331,075
	Mutual Fund			
	Harding Loevner International Equity	Mutual fund, 13,187 shares	280,988	358,155
			$ 280,988	358,155
	Exchange-Traded Funds			
	iShares S&P Midcap 400 Index	Exchange-traded fund, 6,406 shares	139,621	422,796
	iShares Core S&P Small Cap E	Exchange-traded fund, 2,026 shares	77,233	243,485
	iShares S&P 500 Growth Index	Exchange-traded fund, 18,651 shares	569,091	2,298,922
	iShares S&P 500 Value Index	Exchange-traded fund, 11,156 shares	966,173	2,365,853
	Vanguard FTSE Emerging Markets Fund	Exchange-traded fund, 5,837 shares	242,985	364,637
			$ 1,995,103	5,695,693

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds			
	3M Company	Corporate bond, maturity date 04/15/2030, 3.050%, $270,000	253,090	258,239
	Abbot Laboratories	Corporate bond, maturity date 11/30/2046, 4.900%, $105,000	124,632	99,168
	Abbvie Inc	Corporate bond, maturity date 03/15/2031, 4.950%, $145,000	146,291	150,079
	Aflac Inc	Corporate bond, maturity date 01/15/2049, 4.750%, $145,000	189,751	128,137
	Air Lease Corp	Corporate bond, maturity date 10/01/2029, 3.250%, $190,000	190,825	181,526
	Air Lease Corp	Corporate bond, maturity date 02/01/2030, 3.000%, $285,000	256,922	267,364
	Alabama Power Co	Corporate bond, maturity date 03/15/2052, 3.000%, $265,000	169,489	172,139
	Amazon.com Inc	Corporate bond, maturity date 08/22/2047, 4.050%, $110,000	126,605	90,783
	Amazon.com Inc	Corporate bond, maturity date 04/13/2052, 3.950%, $110,000	101,896	86,237
	American Water Capital Corp	Corporate bond, maturity date 09/01/2047, 3.750%, $174,000	161,106	134,192
	Amgen Inc	Corporate bond, maturity date 05/01/2045, 4.400%, $230,000	240,150	197,411
	Anheuser-Busch Inbev Worldwide Inc	Corporate bond, maturity date 02/01/2036, 4.700%, $155,000	174,745	178,551
	Anthem Inc	Corporate bond, maturity date 12/01/2047, 4.375%, $102,000	109,563	84,909
	Appalachian Power Co	Corporate bond, maturity date 08/01/2032, 4.500%, $180,000	177,703	178,396
	Apple Inc	Corporate bond, maturity date 05/04/2043, 3.850%, $110,000	120,055	93,199
	Apple Inc	Corporate bond, maturity date 08/04/2046, 3.850%, $228,000	266,432	185,435
	Atmos Energy Corp	Corporate bond, maturity date 10/15/2044, 4.125%, $180,000	181,035	152,280
	Atmos Energy Corp	Corporate bond, maturity date 10/01/2048, 4.300%, $175,000	191,310	145,450
	Bank of America Corp FXD	Corporate bond, maturity date 04/23/2040, 4.078%, $165,000	142,595	147,705
	Bank of America Corp FXD	Corporate bond, maturity date 01/20/2028, 3.824%, $70,000	72,889	69,840
	Bank of America Corp	Corporate bond, maturity date 06/19/2041, 2.676%, $180,000	121,448	133,218
	Bank of America Corp FXD	Corporate bond, maturity date 12/20/2028, 3.419%, $199,000	206,579	196,735
	Bank of America Corp FXD	Corporate bond, maturity date 03/20/2051, 4.083%, $120,000	138,574	96,638
	BNY Mellon Corp FXD	Corporate bond, maturity date 10/25/2029, 6.317%, $365,000	386,747	387,652
	Berkshire Hathaway Fin Corp	Corporate bond, maturity date 05/15/2042, 4.400%, $45,000	54,934	41,464
	Berkshire Hathaway Fin Corp	Corporate bond, maturity date 03/15/2052, 3.850%, $85,000	66,419	65,720

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	Berkshire Hathaway Energy Co	Corporate bond, maturity date 07/15/2048, 3.800%, $265,000	275,089	201,485
	BHP Billiton Finance USA Ltd	Corporate bond, maturity date 09/30/2043, 5.000%, $100,000	124,052	95,377
	BHP Billiton Finance USA Ltd	Corporate bond, maturity date 09/08/2033, 5.250%, $150,000	149,258	156,084
	BP Capital Markets America Inc	Corporate bond, maturity date 02/08/2061, 3.379%, $105,000	109,131	68,893
	Bristol-Myers Squibb Co	Corporate bond, maturity date 03/15/2052, 3.700%, $130,000	115,794	95,832
	Bristol-Myers Squibb Co	Corporate bond, maturity date 10/26/2049, 4.250%, $115,000	120,850	94,266
	Bristol-Myers Squibb Co	Corporate bond, maturity date 11/13/2050, 2.550%, $160,000	101,602	95,026
	Bristol-Myers Squibb Co	Corporate bond, maturity date 02/22/2034, 5.200%, $195,000	196,063	203,176
	Broadcom Inc	Corporate bond, maturity date 11/15/2030, 4.150%, $210,000	209,042	209,330
	Burlington Northern Santa Fe LLC	Corporate bond, maturity date 05/01/2040, 5.750%, $136,000	171,858	144,091
	California Institute of Technology	Corporate bond, maturity date 09/01/2119, 3.650%, $45,000	44,886	28,643
	Capital One Financial Corp FXD	Corporate bond, maturity date 11/02/2027, 1.878%, $335,000	290,783	328,718
	Caterpillar Inc	Corporate bond, maturity date 09/19/2049, 3.250%, $155,000	147,013	110,805
	Centerpoint Energy Houston Electric LLC	Corporate bond, maturity date 03/01/2048, 3.950%, $153,000	161,989	122,301
	Cisco System Inc	Corporate bond, maturity date 02/26/2054, 5.300%, $60,000	61,257	57,759
	Citigroup Inc	Corporate bond, maturity date 01/30/2042, 5.875%, $155,000	197,689	163,584
	Citigroup Inc	Corporate bond, maturity date 05/25/2034, 6.174%, $290,000	295,538	308,444
	Citigroup Inc FXD	Corporate bond, maturity date 01/29/2031, 2.666%, $450,000	392,287	421,686
	Cleveland Clinic Foundation/THE	Corporate bond, maturity date 01/01/2114, 4.858%, $90,000	115,200	76,141
	CNO Financial Group Inc	Corporate bond, maturity date 05/30/2029, 5.250%, $190,000	203,754	193,019
	Comcast Corp	Corporate bond, maturity date 10/15/2038, 4.600%, $55,000	64,274	51,321
	Comcast Corp	Corporate bond, maturity date 01/15/2031, 1.950%, $200,000	160,312	178,404
	Comcast Corp	Corporate bond, maturity date 10/15/2030, 4.250%, $80,000	88,842	80,088
	Comcast Corp	Corporate bond, maturity date 05/15/2064, 5.500%, $135,000	133,940	121,237
	Commonwealth Edison Co	Corporate bond, maturity date 03/01/2050, 3.000%, $185,000	168,396	121,343
	Conocophillips	Corporate bond, maturity date 02/01/2039, 6.500%, $68,000	90,940	76,612

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	Conocophillips Co	Corporate bond, maturity date 03/15/2054, 5.550%, $75,000	76,278	72,476
	Consolidated Edison Co of New York Inc	Corporate bond, maturity date 11/15/2052, 6.150%, $110,000	125,147	116,103
	Consolidated Edison Co of New York Inc	Corporate bond, maturity date 04/01/2030, 3.350%, $275,000	277,977	266,577
	Corporate Office Properties LP	Corporate bond, maturity date 04/15/2031, 2.750%, $225,000	208,901	205,436
	CSX Corp	Corporate bond, maturity date 03/01/2043, 4.400%, $75,000	82,782	66,110
	Dell International LLC/EMC Corp	Corporate bond, maturity date 07/15/2046, 8.350%, $80,000	107,496	101,797
	Dignity Health	Corporate bond, maturity date 11/01/2064, 5.267%, $70,000	81,145	62,943
	Dominion Energy Inc	Corporate bond, maturity date 08/01/2041, 4.900%, $135,000	153,863	124,793
	DTE Electric Co	Corporate bond, maturity date 08/15/2047, 3.750%, $155,000	167,215	119,291
	DTE Electric Co	Corporate bond, maturity date 03/01/2030, 2.250%, $180,000	156,906	167,465
	Duke Energy Carolinas LLC	Corporate bond, maturity date 08/15/2049, 3.200%, $185,000	185,854	126,845
	Duke Energy Carolinas LLC	Corporate bond, maturity date 04/15/2038, 6.050%, $65,000	86,290	70,376
	Duke Energy Corp	Corporate bond, maturity date 08/15/2032, 4.500%, $95,000	88,125	94,827
	Eli Lilly & Co	Corporate bond, maturity date 02/09/2054, 5.000%, $45,000	44,744	42,114
	Eli Lilly & Co	Corporate bond, maturity date 08/14/2054, 5.050%, $80,000	79,694	75,187
	Energy Transfer Operating LP	Corporate bond, maturity date 02/01/2042, 6.500%, $101,000	117,355	106,704
	Energy Transfer Operating LP	Corporate bond, maturity date 05/15/2028, 4.950%, $290,000	290,741	294,773
	Entergy LA LLC	Corporate bond, maturity date 03/15/2054, 5.700%, $50,000	49,157	49,843
	Enterprise Products Operating LLC	Corporate bond, maturity date 10/15/2039, 6.125%, $135,000	170,234	145,638
	Eversource Energy	Corporate bond, maturity date 01/15/2050, 3.450%, $135,000	131,168	96,069
	Exxon Mobil Corp	Corporate bond, maturity date 03/01/2046, 4.114%, $183,000	196,540	153,489
	Federal Home Loan MTG	Corporate bond, maturity date 12/01/2053, 5.000%, $455,000	393,373	404,191
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 04/22/2042, 3.210%, $225,000	172,687	174,726
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 10/01/2037, 6.750%, $145,000	186,801	162,267
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 10/21/2032, 2.650%, $434,000	347,423	392,180
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 02/24/2028, 2.640%, $435,000	392,673	428,253

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	HCA Inc	Corporate bond, maturity date 06/15/2047, 5.500%, $93,000	104,987	88,194
	HCP Inc	Corporate bond, maturity date 02/01/2041, 6.750%, $53,000	70,524	58,252
	Healthcare Trust of America	Corporate bond, maturity date 07/01/2027, 3.750%, $180,000	184,620	178,781
	Home Depot Inc	Corporate bond, maturity date 04/01/2041, 5.950%, $95,000	125,897	101,955
	Home Depot Inc	Corporate bond, maturity date 04/15/2050, 3.350%, $85,000	61,214	60,164
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 02/04/2032, 1.953%, $360,000	269,023	321,433
	JPMorgan Chase & Co	Corporate bond, maturity date 11/19/2041, 2.525%, $260,000	182,390	187,738
	JPMorgan Chase & Co	Corporate bond, maturity date 06/01/2034, 5.350%, $295,000	296,410	307,001
	JPMorgan Chase & Co	Corporate bond, maturity date 04/23/2029, 4.005%, $310,000	299,125	309,795
	Kimco Realty Corp	Corporate bond, maturity date 09/01/2047, 4.450%, $83,000	90,974	71,015
	Kimco Realty Corp	Corporate bond, maturity date 10/01/2049, 3.700%, $77,000	75,450	57,219
	Kimco Realty Corp	Corporate bond, maturity date 02/01/2033, 4.600%, $180,000	167,215	180,158
	Loews Cos Inc	Corporate bond, maturity date 04/15/2053, 5.625%, $125,000	124,265	121,535
	Merck & Co Inc	Corporate bond, maturity date 02/10/2045, 3.700%, $90,000	98,188	71,796
	Merck & Co Inc	Corporate bond, maturity date 12/10/2051, 2.750%, $120,000	94,447	74,594
	Meta Platforms Inc.	Corporate bond, maturity date 05/15/2053, 5.600%, $65,000	58,410	62,437
	Meta Platforms Inc.	Corporate bond, maturity date 08/15/2054, 5.400%, $65,000	64,999	60,663
	Metlife Inc	Corporate bond, maturity date 06/15/2035, 5.700%, $75,000	77,430	80,241
	Microsoft Corp	Corporate bond, maturity date 06/01/2060, 2.675%, $128,000	124,202	73,889
	Moody's Corp	Corporate bond, maturity date 11/29/2061, 3.100%, $80,000	79,835	49,869
	National Rural Utilities Coop Finance Corp	Corporate bond, maturity date 03/15/2049, 4.300%, $145,000	169,270	122,081
	New York and Presbyterian Hospital/THE	Corporate bond, maturity date 08/01/2116, 4.763%, $50,000	59,701	40,523
	Nvidia Corp	Corporate bond, maturity date 04/01/2050, 3.500%, $40,000	47,107	29,735
	NYU Hospitals Center	Corporate bond, maturity date 07/01/2047, 4.368%, $180,000	204,847	157,079
	Oracle Corp	Corporate bond, maturity date 04/01/2030, 2.950%, $390,000	402,811	360,446
	Oracle Corp	Corporate bond, maturity date 07/15/2040, 5.375%, $65,000	79,184	58,328

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	PepsiCo Inc	Corporate bond, maturity date 04/14/2046, 4.450%, $85,000	102,155	75,298
	PG&E Energy Recovery FND	Corporate bond, maturity date 07/15/2046, 2.822%, $129,000	114,695	94,336
	Phillips 66 Co	Corporate bond, maturity date 06/15/2054, 5.650%, $63,000	61,226	59,374
	Piedmont Natural Gas Co	Corporate bond, maturity date 05/15/2052, 5.050%, $150,000	118,854	134,528
	PNC Financial Services Group	Corporate bond, maturity date 01/21/2028, 5.300%, $280,000	281,988	283,657
	PNC Financial Services Group	Corporate bond, maturity date 05/14/2030, 5.492%, $295,000	296,503	307,361
	Primerica Inc	Corporate bond, maturity date 11/19/2031, 2.800%, $160,000	159,280	145,408
	Prudential Financial Inc	Corporate bond, maturity date 12/07/2049, 3.935%, $100,000	79,714	77,738
	Prudential Financial Inc	Corporate bond, maturity date 12/07/2047, 3.905%, $134,000	152,903	105,733
	Puget Sound Energy Inc	Corporate bond, maturity date 09/15/2051, 2.893%, $135,000	105,658	85,983
	Raymond James Financial Inc	Corporate bond, maturity date 07/15/2046, 4.950%, $180,000	206,797	165,096
	Realty Income Corp	Corporate bond, maturity date 01/15/2030, 3.400%, $205,000	205,108	199,391
	Reinsurance Group America Inc	Corporate bond, maturity date 09/15/2034, 5.750%, $100,000	99,706	104,512
	Rio Tinto Finance USA Ltd	Corporate bond, maturity date 11/02/2051, 2.750%, $225,000	222,545	140,144
	RTX Corporation	Corporate bond, maturity date 01/15/2029, 5.750%, $219,000	224,605	229,166
	Schwab Charles Corp	Corporate bond, maturity date 05/19/2034, 5.853%, $245,000	253,955	262,824
	Selective Insurance Group Inc	Corporate bond, maturity date 03/01/2049, 5.375%, $140,000	163,017	129,520
	Sempra Energy	Corporate bond, maturity date 02/01/2048, 4.000%, $250,000	240,472	191,583
	Shell International Finance BV	Corporate bond, maturity date 08/21/2042, 3.625%, $75,000	79,060	60,492
	Simon Property Group LP	Corporate bond, maturity date 01/15/2054, 6.650%, $75,000	74,916	84,147
	Southern California Edison Co	Corporate bond, maturity date 03/01/2048, 4.125%, $65,000	70,990	49,485
	Southern California Edison Co	Corporate bond, maturity date 02/01/2050, 3.650%, $125,000	95,391	87,760
	SouthWestern Electric Power Co	Corporate bond, maturity date 11/01/2051, 3.250%, $105,000	93,026	69,298
	Statoil ASA	Corporate bond, maturity date 05/15/2043, 3.950%, $81,000	89,353	68,315
	Sysco Corp	Corporate bond, maturity date 04/01/2050, 6.600%, $227,000	322,028	250,097
	Target Corp	Corporate bond, maturity date 04/15/2029, 3.375%, $35,000	32,727	34,418

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	Toronto Dominion Bank	Corporate bond, maturity date 09/15/2027, 4.693%, $505,000	499,268	511,650
	Total Energies Capital SA	Corporate bond, maturity date 04/05/2054, 5.488%, $45,000	45,000	43,718
	Toyota Motor Credit Corp	Corporate bond, maturity date 05/16/2029, 5.250%, $105,000	106,459	108,372
	Truist Financial Corp FXD	Corporate bond, maturity date 10/30/2029, 7.161%, $370,000	387,694	399,271
	United Parcel Service Inc	Corporate bond, maturity date 04/01/2050, 5.300%, $45,000	50,474	43,210
	United Parcel Service Inc	Corporate bond, maturity date 03/03/2053, 5.050%, $100,000	100,114	92,011
	Unitedhealth Group Inc	Corporate bond, maturity date 07/15/2045, 4.750%, $162,000	211,315	146,171
	Unitedhealth Group Inc	Corporate bond, maturity date 03/15/2036, 5.800%, $65,000	85,525	69,471
	Unitedhealth Group Inc	Corporate bond, maturity date 01/15/2030, 4.800%, $90,000	90,727	92,242
	US Bancorp FXD	Corporate bond, maturity date 11/03/2036, 2.490%, $485,000	436,670	423,788
	VMWare Inc	Corporate bond, maturity date 08/21/2027, 3.900%, $195,000	198,984	195,068
	Walmart Inc	Corporate bond, maturity date 09/09/2052, 4.500%, $70,000	62,047	61,891
	Wells Fargo & Co	Corporate bond, maturity date 11/17/2045, 4.900%, $315,000	368,998	284,366
	Wells Fargo & Co	Corporate bond, maturity date 06/02/2028, 2.393%, $570,000	372,783	361,564
	Wesleyan University	Corporate bond, maturity date 07/01/2116, 4.781%, $100,000	126,664	78,169
	Willis North American Inc	Corporate bond, maturity date 06/15/2027, 4.650%, $100,000	99,811	100,796
	Wyeth LLC	Corporate bond, maturity date 04/01/2037, 5.950%, $85,000	93,199	91,641
	XCEL Energy Inc	Corporate bond, maturity date 12/01/2049, 3.500%, $95,000	90,282	68,259
	Quanta Services inc	Corporate bond, maturity date 8/09/2028, 4.3%,110,000	109,959	110,625
	Avalonbay Communities Inc	Corporate bond, maturity date 12/01/2028, 1.900%, $90,000	81,266	85,083
	Toyota Motor CR Corp	Corporate bond, maturity date 01/05/2029, 4.650%, $95,000	97,008	96,789
	DTE Energy Co	Corporate bond, maturity date 03/01/2029, 5.100%, $140,000	141,966	143,577
	Goldman Sachs Group Inc	Corporate bond, maturity date 04/23/2029, 3.814%, $250,000	241,195	248,615
	National Rural Utils Coop	Corporate bond, maturity date 02/07/2030, 4.950%, $140,000	142,461	144,204
	Sabine Pass Liquefaction LLC	Corporate bond, maturity date 05/15/2030, 4.500%, $120,000	118,189	120,601
	John Deere Capital Corp	Corporate bond, maturity date 06/10/2030, 4.700%, $90,000	90,371	92,273

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	Exxon Mobil Corp	Corporate bond, maturity date 10/15/2030, 2.610%, $220,000	202,400	206,470
	EPR Properties	Corporate bond, maturity date 11/15/2030, 4.750%, $135,000	133,380	134,118
	Extra Space Storage LP	Corporate bond, maturity date 01/15/2031, 5.900%, $130,000	133,855	137,992
	Marsh & McLennan	Corporate bond, maturity date 11/15/2031, 4.850%, $140,000	144,136	143,767
	HCA Inc	Corporate bond, maturity date 03/01/2032, 5.500%, $40,000	41,599	41,744
	FHLMC Remic Series	Corporate bond, maturity date 03/25/2032, 2.400%, $280,000	247,043	253,030
	Phillips Edison Grocery	Corporate bond, maturity date 08/15/2032, 5.250%, $95,000	97,912	97,213
	Meta Platforms Inc.	Corporate bond, maturity date 11/15/2032, 4.600%, $95,000	94,992	95,892
	Bank of America Corp	Corporate bond, maturity date 04/27/2033, 4.571%, $195,000	184,679	194,860
	Duke Energy Corp	Corporate bond, maturity date 09/15/2033, 5.750%, $90,000	95,973	95,448
	FHLMC Remic Series	Corporate bond, maturity date 03/25/2034, 3.542%, $35,000	31,037	33,046
	Consolidated Edison Co	Corporate bond, maturity date 05/15/2034, 5.375%, $80,000	84,228	83,143
	FHLMC Remic Series	Corporate bond, maturity date 05/25/2034, 5.000%, $475,000	470,992	494,128
	Capital One Financial Corp FXD	Corporate bond, maturity date 06/08/2034, 6.377%, $270,000	292,310	292,294
	Mastercard Inc	Corporate bond, maturity date 01/15/2035, 4.550%, $200,000	196,610	200,330
	Hershey Co	Corporate bond, maturity date 02/24/2035, 5.100%, $95,000	95,474	97,859
	Xcel Energy Inc	Corporate bond, maturity date 04/15/2035, 5.600%, $130,000	135,320	134,850
	Raymond James Financial Inc	Corporate bond, maturity date 09/11/2035, 4.900%, $115,000	114,694	114,554
	Amazon,com Inc	Corporate bond, maturity date 11/20/2035, 4.650%, $200,000	199,510	199,522
	Huntington Bancshares Inc	Corporate bond, maturity date 11/18/2039, 6.141%, $200,000	209,184	208,850
	Northern Trust Corp	Corporate bond, maturity date 11/19/2040, 5.117%, $100,000	100,000	100,071
	JPMorgan Chase & Co	Corporate bond, maturity date 04/22/2041, 3.109%, $305,000	228,567	240,343
	Phillip Morris International Inc	Corporate bond, maturity date 08/21/2042, 3.875%, $70,000	55,655	57,852
	Intel Corp	Corporate bond, maturity date 12/08/2047, 3.734%, $60,000	43,571	42,856
	BP Capital Markets America Inc	Corporate bond, maturity date 06/04/2051, 2.939%, $110,000	69,146	70,290
	Paypal Holdings Inc	Corporate bond, maturity date 06/01/2052, 5.050%, $55,000	50,246	50,067
	Constellation Energy Generation	Corporate bond, maturity date 03/15/2054, 5.700%, $50,000	61,455	64,768

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 05/01/2054, 5.000%, $305,000	260,932	268,636
	United Parcel Service Inc	Corporate bond, maturity date 05/22/2054, 5.500%, $15,000	15,219	14,641
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 08/01/2054, 5.500%, $425,000	359,676	364,012
	Federal Home Loan MTG	Corporate bond, maturity date 11/01/2054, 5.000%, $523,000	469,975	477,880
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 11/01/2054, 5.000%, $952,000	860,045	876,701
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 02/01/2055, 5.000%, $40,000	37,380	37,537
	International Business Machs	Corporate bond, maturity date 02/10/2055, 5.700%, $225,000	224,775	222,615
	Lockheed Martin Corp	Corporate bond, maturity date 02/15/2055, 5.200%, $55,000	53,291	51,941
	Marsh & McLennan	Corporate bond, maturity date 03/15/2055, 5.400%, $65,000	64,455	62,855
	United Parcel Service Inc	Corporate bond, maturity date 05/14/2055, 5.950%, $50,000	51,948	51,838
	American Water Capital Corp	Corporate bond, maturity date 09/01/2055, 5.700%, $70,000	71,529	70,412
	Amazon,com Inc	Corporate bond, maturity date 11/20/2055, 5.450%, $65,000	64,903	63,669
	Burlington Northern Santa Fe LLC	Corporate bond, maturity date 03/15/2056, 5.550%, $30,000	29,793	29,700
	Benchmark MTG TR	Corporate bond, maturity date 04/17/2057, 5.660%, $180,000	188,050	188,408
	BBCMS MTG TR	Corporate bond, maturity date 08/16/2058, 5.517%, $165,000	172,037	172,252
			$ 31,677,795	29,679,069
	Municipal Bonds			
	Colorado Health Facs Auth Revenue bond	Municipal bond, maturity date 11/01/2044, 3.796%, $125,000	125,131	101,081
	New Jersey Transn Auth Revenue bond	Municipal bond, maturity date 12/15/2040, 6.561%, $40,000	55,984	45,098
			$ 181,115	146,179

(Continued)

Schedule 1

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Government Bonds			
	U.S. Treasury	U.S. Treasury Note, maturity date 02/15/2052, 2.250%, $898,000	575,924	547,501
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 05/15/2051, 0.000%, $1,235,000	407,251	349,246
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 08/15/2049, 0.000%, $1,790,000	722,691	554,202
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 05/15/2050, 0.000%, $1,893,000	606,065	568,563
	U.S. Treasury	U.S. Treasury Note, maturity date 08/15/2035, 4.250%, $20,000	20,135	20,188
	U.S. Treasury	U.S. Treasury Note, maturity date 05/15/2043, 2.875%, $1,905,000	1,528,212	1,484,567
	U.S. Treasury	U.S. Treasury Note, maturity date 08/15/2044, 3.125%, $835,000	662,002	663,499
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2044, 4.625%, $140,000	138,550	137,693
	U.S. Treasury	U.S. Treasury Note, maturity date 08/15/2050, 1.375%, $1,655,000	818,794	818,000
	U.S. Treasury	U.S. Treasury Note, maturity date 02/15/2055, 4.625%, $50,000	48,005	48,373
			$ 5,527,629	5,191,832
			$ 39,993,705	41,402,003

* Indicates party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

Oneida Healthcare Center Pension Plan
EIN/PN: 16-1492011/001
Schedule SB, Line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Summary
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	4	1	0	0	0	0	0	0	0	5
40 to 44	0	6	5	1	1	0	0	0	0	0	13
45 to 49	0	2	7	6	0	0	0	0	0	0	15
50 to 54	0	6	5	4	1	3	0	0	0	0	19
55 to 59	0	11	6	14	3	0	0	0	0	0	34
60 to 64	0	2	7	16	2	3	0	0	0	0	30
65 to 69	0	1	1	3	4	0	0	0	0	0	9
70 & up	0	1	0	0	1	0	0	0	0	0	2
Total	0	33	32	44	12	6	0	0	0	0	127

Oneida Healthcare Center Pension Plan
EIN/PN: 16-1492011/001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

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

Funding Target Liability

Valuation Date: January 1, 2025

Demographic Information: The demographic information was provided as of January 1, 2025 by Oneida Health Systems, Inc. Although we did not audit the data, we did review the data for reasonableness.

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

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

Anticipated Rate of Return on Plan Assets: 5.00%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

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

Interest Rates for Minimum Required Contribution: The September 2024 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Oneida Health Systems, Inc. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv).

Segment	Interest Rate
Segment 1	5.07%
Segment 2	5.31%
Segment 3	5.50%

Effective Interest Rate
5.35%

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

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

Segment	Interest Rate
Segment 1	5.07%
Segment 2	5.33%
Segment 3	5.36%

Effective Interest Rate
5.32%

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

Rate of Compensation Increase: Not applicable, as accruals ceased as of February 1, 2017.

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

Retirement Incidence: Rates of retirement for Active participants are assumed between ages 55-70 and were determined based on the October 2016 experience study using valuation data from January 1, 2011 through January 1, 2016. Further experience is not expected to deviate significantly from these results. The rates are illustrated below:

Age	Percentage
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	10.00%
60	15.00%
61	10.00%
62	40.00%
63	10.00%
64	10.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70	100.00%

Retirement for Terminated Vested participants is assumed to commence at age 62 or attained age, if older.

Oneida Healthcare Center Pension Plan
EIN/PN: 16-1492011/001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Turnover: Rates of turnover are based on a 100% of the 2003 SOA Small Plan Table. Rates of turnover were determined based on the October 2016 experience study using valuation data from January 1, 2011 through January 1, 2016. Future experience is not expected to deviate significantly from these results. Illustrative results are shown below:

Age	Percentage
25	19.50%
30	15.50%
35	12.10%
40	9.40%
45	7.30%
50	5.60%
55	4.20%
60	3.00%

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

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

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

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

Form of Benefit: Current employees who made an election to cease accruals under the Plan in 2008 or 2009 are assumed to receive an immediate lump sum upon termination or death. Upon retirement, 50% of these participants are assumed to receive an immediate lump sum and 50% are assumed to receive a monthly life annuity. All other participants are assumed to receive a monthly life annuity at retirement.

All assumptions used in determining the low-default risk obligation measurement were consistent with those used in determining the Funding Target Liability, except the interest rates which were disclosed above.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 5.00%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

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

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

Segment	Interest Rate
Segment 1	4.66%
Segment 2	5.25%
Segment 3	5.57%

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
ONEIDA HEALTHCARE CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ONEIDA HEALTH SYSTEMS, INC.

D Employer Identification Number (EIN)
16-1492011

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	41,631,734
b Actuarial value	**2b**	41,657,234

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	273	24,930,158	24,930,158
b For terminated vested participants	145	6,096,754	6,096,754
c For active participants	127	6,667,146	6,686,306
d Total	545	37,694,058	37,713,218

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,000
c Target normal cost	**6c**	1,000

Statement by Enrolled Actuary

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

SIGN HERE

William H. Stuart — Signature of actuary

08/04/2026 — Date

William H. Stuart, A.S.A., E.A. — Type or print name of actuary

2606801 — Most recent enrollment number

BPAS Actuarial & Pension Services — Firm name

315-703-8985 — Telephone number (including area code)

706 N. Clinton Street Suite 200

SYRACUSE NY 13204 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,764,659	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1,764,659	0
10	Interest on line 9 using prior year's actual return of 2.52%	44,469	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,809,128	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.66%
15	Adjusted funding target attainment percentage	15	110.45%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.27%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	1,000
b Excess assets, if applicable, but not greater than line 31a	31b	1,000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

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

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

Oneida Healthcare Center Pension Plan
EIN/PN: 16-1492011/001
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

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

Age	Retirements per 1000 employees	Accumulated years
55	50	2.75
56	50	2.66
57	50	2.57
58	50	2.49
59	100	4.81
60	150	6.60
61	100	3.80
62	400	13.91
63	100	2.12
64	100	1.94
65	500	8.86
66	250	2.25
67	250	1.71
68	250	1.30
69	250	0.99
70	1000	3.02

Weighted Average Retirement Age: 61.8

Oneida Healthcare Center Pension Plan
EIN/PN: 16-1492011/001
Schedule SB, Part V – Summary of Plan Provisions

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

Plan Sponsor: **Oneida Health Systems, Inc.**
EIN/PN: **16-1492011/001**

Effective Date of the Plan

The Plan became effective as of January 1, 1996.

Plan Entry

All eligible employees employed on December 31, 1995 immediately enter the Plan as 100% vested on January 1, 1996. Otherwise, an eligible employee becomes a plan participant upon the January 1 of the plan year in which one year of service is attained. **The Plan was frozen to new participants as of January 1, 2008.**

Normal Retirement

Eligibility - Age 65.

Amount of Benefit - The sum of 1.66% of average monthly compensation for each year of service.

Note: No service prior to January 1, 1996 was used for benefit accruals.

Participants making a one-time irrevocable election to opt out of the Plan effective either January 1, 2008 or January 1, 2009 shall have their benefits frozen as of that date and will accrue future benefits under the Oneida Health Systems, Inc. 403(b) Plan.

Effective February 1, 2015, all non-union participants shall have their benefits frozen and will accrue future benefits under the Oneida Health Systems, Inc. 403(b) Plan.

Effective February 1, 2017, all union participants shall have their benefits frozen and will accrue future benefits under the Oneida Health Systems, Inc. 403(b) Plan.

Early Retirement

For employees that became plan participants on January 1, 1996, they are eligible for early retirement at age 55. Otherwise, a participant is eligible upon attainment of age 55 and completion of 5 years of service.

Amount of Benefit - Accrued Benefit reduced by one-half of 1% for each month retirement precedes age 62.

Deferred Retirement

Members can postpone retirement beyond age 65 without the employer's consent, in which case the member's benefit is calculated as for normal retirement, actuarially increased to actual retirement date.

Average Monthly Compensation

In a plan year in which a participant works enough hours to earn a year of service, average monthly compensation equals compensation for the plan year divided by the months worked in that plan year.

Compensation shall mean total compensation earned in a plan year excluding longevity and educational bonuses and including amounts deferred from taxation under code sections 125, 402(e)(3), 402(h)(1)(B), 403(b) and 457.

Disability

Eligibility - Total and permanent disability, and the participant's disability continues for 6 consecutive months and employment ceases.

Amount of Benefit - Accrued benefit as of date of disability, payable upon the participant's attainment of normal retirement age. A reduced benefit may be elected at an early retirement date.

Benefits Upon Termination of Employment

Eligibility - For employees that became plan participants on January 1, 1996, they are immediately 100% vested. Otherwise, a participant is 100% vested upon completion of 5 years of service.

Amount of Benefit - Accrued benefit payable for life, commencing at normal retirement date, or in a reduced amount at an early retirement date.

Form of Benefits at Retirement

Normal form of benefits is life annuity, subject to Qualified Joint and Survivor Annuity requirements applicable to married members.

At retirement a member's benefit will be paid in the form of a reduced joint and 50% survivor optional benefit with his spouse as contingent annuitant unless elected otherwise by the member.

Optional forms available at retirement include various contingent annuitant options, and are provided on the following actuarially equivalent basis:

Interest -	7.00% per annum.
Mortality -	1984 Unisex Pension Mortality Table, adjusted to reflect an 80% female/20% male population mix.

Benefits Payable in the Form of a Single Sum Distribution:

Interest - Interest rates mandated by the IRS as of November 1 of the year preceding the calendar year during which distribution is made.

Mortality - The prevailing applicable mortality table for the determination of present values under IRC Section 417(e)(3)(B).

Death Benefits

Pre-Retirement - a life annuity is payable to the surviving spouse of a member whose death occurs after becoming vested, but prior to retirement. The amount payable to the surviving spouse is 50% of the member's accrued benefit reduced for early retirement and joint and survivor option election. Benefits commence at the earliest date the member could have retired, had he survived, under the Plan.

Participants making a one-time irrevocable election to opt out of the Plan effective either January 1, 2008 or January 1, 2009 shall have the present value of their vested accrued benefit paid to their surviving spouse, or if the participant is not married, their designated beneficiary.

Post-Retirement - None other than the benefit available under a selected optional form.

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Money Market Funds			
*	RBC Wealth Management	Money market fund, 258,515 shares	$ 258,515	258,515
*	Federated Government Obligations Fund	Money market fund, 72,560 shares	72,560	72,560
			$ 331,075	331,075
	Mutual Fund			
	Harding Loevner International Equity	Mutual fund, 13,187 shares	280,988	358,155
			$ 280,988	358,155
	Exchange-Traded Funds			
	iShares S&P Midcap 400 Index	Exchange-traded fund, 6,406 shares	139,621	422,796
	iShares Core S&P Small Cap E	Exchange-traded fund, 2,026 shares	77,233	243,485
	iShares S&P 500 Growth Index	Exchange-traded fund, 18,651 shares	569,091	2,298,922
	iShares S&P 500 Value Index	Exchange-traded fund, 11,156 shares	966,173	2,365,853
	Vanguard FTSE Emerging Markets Fund	Exchange-traded fund, 5,837 shares	242,985	364,637
			$ 1,995,103	5,695,693

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds			
	3M Company	Corporate bond, maturity date 04/15/2030, 3.050%, $270,000	253,090	258,239
	Abbot Laboratories	Corporate bond, maturity date 11/30/2046, 4.900%, $105,000	124,632	99,168
	Abbvie Inc	Corporate bond, maturity date 03/15/2031, 4.950%, $145,000	146,291	150,079
	Aflac Inc	Corporate bond, maturity date 01/15/2049, 4.750%, $145,000	189,751	128,137
	Air Lease Corp	Corporate bond, maturity date 10/01/2029, 3.250%, $190,000	190,825	181,526
	Air Lease Corp	Corporate bond, maturity date 02/01/2030, 3.000%, $285,000	256,922	267,364
	Alabama Power Co	Corporate bond, maturity date 03/15/2052, 3.000%, $265,000	169,489	172,139
	Amazon.com Inc	Corporate bond, maturity date 08/22/2047, 4.050%, $110,000	126,605	90,783
	Amazon.com Inc	Corporate bond, maturity date 04/13/2052, 3.950%, $110,000	101,896	86,237
	American Water Capital Corp	Corporate bond, maturity date 09/01/2047, 3.750%, $174,000	161,106	134,192
	Amgen Inc	Corporate bond, maturity date 05/01/2045, 4.400%, $230,000	240,150	197,411
	Anheuser-Busch Inbev Worldwide Inc	Corporate bond, maturity date 02/01/2036, 4.700%, $155,000	174,745	178,551
	Anthem Inc	Corporate bond, maturity date 12/01/2047, 4.375%, $102,000	109,563	84,909
	Appalachian Power Co	Corporate bond, maturity date 08/01/2032, 4.500%, $180,000	177,703	178,396
	Apple Inc	Corporate bond, maturity date 05/04/2043, 3.850%, $110,000	120,055	93,199
	Apple Inc	Corporate bond, maturity date 08/04/2046, 3.850%, $228,000	266,432	185,435
	Atmos Energy Corp	Corporate bond, maturity date 10/15/2044, 4.125%, $180,000	181,035	152,280
	Atmos Energy Corp	Corporate bond, maturity date 10/01/2048, 4.300%, $175,000	191,310	145,450
	Bank of America Corp FXD	Corporate bond, maturity date 04/23/2040, 4.078%, $165,000	142,595	147,705
	Bank of America Corp FXD	Corporate bond, maturity date 01/20/2028, 3.824%, $70,000	72,889	69,840
	Bank of America Corp	Corporate bond, maturity date 06/19/2041, 2.676%, $180,000	121,448	133,218
	Bank of America Corp FXD	Corporate bond, maturity date 12/20/2028, 3.419%, $199,000	206,579	196,735
	Bank of America Corp FXD	Corporate bond, maturity date 03/20/2051, 4.083%, $120,000	138,574	96,638
	BNY Mellon Corp FXD	Corporate bond, maturity date 10/25/2029, 6.317%, $365,000	386,747	387,652
	Berkshire Hathaway Fin Corp	Corporate bond, maturity date 05/15/2042, 4.400%, $45,000	54,934	41,464
	Berkshire Hathaway Fin Corp	Corporate bond, maturity date 03/15/2052, 3.850%, $85,000	66,419	65,720

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	Berkshire Hathaway Energy Co	Corporate bond, maturity date 07/15/2048, 3.800%, $265,000	275,089	201,485
	BHP Billiton Finance USA Ltd	Corporate bond, maturity date 09/30/2043, 5.000%, $100,000	124,052	95,377
	BHP Billiton Finance USA Ltd	Corporate bond, maturity date 09/08/2033, 5.250%, $150,000	149,258	156,084
	BP Capital Markets America Inc	Corporate bond, maturity date 02/08/2061, 3.379%, $105,000	109,131	68,893
	Bristol-Myers Squibb Co	Corporate bond, maturity date 03/15/2052, 3.700%, $130,000	115,794	95,832
	Bristol-Myers Squibb Co	Corporate bond, maturity date 10/26/2049, 4.250%, $115,000	120,850	94,266
	Bristol-Myers Squibb Co	Corporate bond, maturity date 11/13/2050, 2.550%, $160,000	101,602	95,026
	Bristol-Myers Squibb Co	Corporate bond, maturity date 02/22/2034, 5.200%, $195,000	196,063	203,176
	Broadcom Inc	Corporate bond, maturity date 11/15/2030, 4.150%, $210,000	209,042	209,330
	Burlington Northern Santa Fe LLC	Corporate bond, maturity date 05/01/2040, 5.750%, $136,000	171,858	144,091
	California Institute of Technology	Corporate bond, maturity date 09/01/2119, 3.650%, $45,000	44,886	28,643
	Capital One Financial Corp FXD	Corporate bond, maturity date 11/02/2027, 1.878%, $335,000	290,783	328,718
	Caterpillar Inc	Corporate bond, maturity date 09/19/2049, 3.250%, $155,000	147,013	110,805
	Centerpoint Energy Houston Electric LLC	Corporate bond, maturity date 03/01/2048, 3.950%, $153,000	161,989	122,301
	Cisco System Inc	Corporate bond, maturity date 02/26/2054, 5.300%, $60,000	61,257	57,759
	Citigroup Inc	Corporate bond, maturity date 01/30/2042, 5.875%, $155,000	197,689	163,584
	Citigroup Inc	Corporate bond, maturity date 05/25/2034, 6.174%, $290,000	295,538	308,444
	Citigroup Inc FXD	Corporate bond, maturity date 01/29/2031, 2.666%, $450,000	392,287	421,686
	Cleveland Clinic Foundation/THE	Corporate bond, maturity date 01/01/2114, 4.858%, $90,000	115,200	76,141
	CNO Financial Group Inc	Corporate bond, maturity date 05/30/2029, 5.250%, $190,000	203,754	193,019
	Comcast Corp	Corporate bond, maturity date 10/15/2038, 4.600%, $55,000	64,274	51,321
	Comcast Corp	Corporate bond, maturity date 01/15/2031, 1.950%, $200,000	160,312	178,404
	Comcast Corp	Corporate bond, maturity date 10/15/2030, 4.250%, $80,000	88,842	80,088
	Comcast Corp	Corporate bond, maturity date 05/15/2064, 5.500%, $135,000	133,940	121,237
	Commonwealth Edison Co	Corporate bond, maturity date 03/01/2050, 3.000%, $185,000	168,396	121,343
	Conocophillips	Corporate bond, maturity date 02/01/2039, 6.500%, $68,000	90,940	76,612

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	Conocophillips Co	Corporate bond, maturity date 03/15/2054, 5.550%, $75,000	76,278	72,476
	Consolidated Edison Co of New York Inc	Corporate bond, maturity date 11/15/2052, 6.150%, $110,000	125,147	116,103
	Consolidated Edison Co of New York Inc	Corporate bond, maturity date 04/01/2030, 3.350%, $275,000	277,977	266,577
	Corporate Office Properties LP	Corporate bond, maturity date 04/15/2031, 2.750%, $225,000	208,901	205,436
	CSX Corp	Corporate bond, maturity date 03/01/2043, 4.400%, $75,000	82,782	66,110
	Dell International LLC/EMC Corp	Corporate bond, maturity date 07/15/2046, 8.350%, $80,000	107,496	101,797
	Dignity Health	Corporate bond, maturity date 11/01/2064, 5.267%, $70,000	81,145	62,943
	Dominion Energy Inc	Corporate bond, maturity date 08/01/2041, 4.900%, $135,000	153,863	124,793
	DTE Electric Co	Corporate bond, maturity date 08/15/2047, 3.750%, $155,000	167,215	119,291
	DTE Electric Co	Corporate bond, maturity date 03/01/2030, 2.250%, $180,000	156,906	167,465
	Duke Energy Carolinas LLC	Corporate bond, maturity date 08/15/2049, 3.200%, $185,000	185,854	126,845
	Duke Energy Carolinas LLC	Corporate bond, maturity date 04/15/2038, 6.050%, $65,000	86,290	70,376
	Duke Energy Corp	Corporate bond, maturity date 08/15/2032, 4.500%, $95,000	88,125	94,827
	Eli Lilly & Co	Corporate bond, maturity date 02/09/2054, 5.000%, $45,000	44,744	42,114
	Eli Lilly & Co	Corporate bond, maturity date 08/14/2054, 5.050%, $80,000	79,694	75,187
	Energy Transfer Operating LP	Corporate bond, maturity date 02/01/2042, 6.500%, $101,000	117,355	106,704
	Energy Transfer Operating LP	Corporate bond, maturity date 05/15/2028, 4.950%, $290,000	290,741	294,773
	Entergy LA LLC	Corporate bond, maturity date 03/15/2054, 5.700%, $50,000	49,157	49,843
	Enterprise Products Operating LLC	Corporate bond, maturity date 10/15/2039, 6.125%, $135,000	170,234	145,638
	Eversource Energy	Corporate bond, maturity date 01/15/2050, 3.450%, $135,000	131,168	96,069
	Exxon Mobil Corp	Corporate bond, maturity date 03/01/2046, 4.114%, $183,000	196,540	153,489
	Federal Home Loan MTG	Corporate bond, maturity date 12/01/2053, 5.000%, $455,000	393,373	404,191
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 04/22/2042, 3.210%, $225,000	172,687	174,726
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 10/01/2037, 6.750%, $145,000	186,801	162,267
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 10/21/2032, 2.650%, $434,000	347,423	392,180
	Goldman Sachs Group Inc/The	Corporate bond, maturity date 02/24/2028, 2.640%, $435,000	392,673	428,253

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	HCA Inc	Corporate bond, maturity date 06/15/2047, 5.500%, $93,000	104,987	88,194
	HCP Inc	Corporate bond, maturity date 02/01/2041, 6.750%, $53,000	70,524	58,252
	Healthcare Trust of America	Corporate bond, maturity date 07/01/2027, 3.750%, $180,000	184,620	178,781
	Home Depot Inc	Corporate bond, maturity date 04/01/2041, 5.950%, $95,000	125,897	101,955
	Home Depot Inc	Corporate bond, maturity date 04/15/2050, 3.350%, $85,000	61,214	60,164
	JPMorgan Chase & Co FXD	Corporate bond, maturity date 02/04/2032, 1.953%, $360,000	269,023	321,433
	JPMorgan Chase & Co	Corporate bond, maturity date 11/19/2041, 2.525%, $260,000	182,390	187,738
	JPMorgan Chase & Co	Corporate bond, maturity date 06/01/2034, 5.350%, $295,000	296,410	307,001
	JPMorgan Chase & Co	Corporate bond, maturity date 04/23/2029, 4.005%, $310,000	299,125	309,795
	Kimco Realty Corp	Corporate bond, maturity date 09/01/2047, 4.450%, $83,000	90,974	71,015
	Kimco Realty Corp	Corporate bond, maturity date 10/01/2049, 3.700%, $77,000	75,450	57,219
	Kimco Realty Corp	Corporate bond, maturity date 02/01/2033, 4.600%, $180,000	167,215	180,158
	Loews Cos Inc	Corporate bond, maturity date 04/15/2053, 5.625%, $125,000	124,265	121,535
	Merck & Co Inc	Corporate bond, maturity date 02/10/2045, 3.700%, $90,000	98,188	71,796
	Merck & Co Inc	Corporate bond, maturity date 12/10/2051, 2.750%, $120,000	94,447	74,594
	Meta Platforms Inc.	Corporate bond, maturity date 05/15/2053, 5.600%, $65,000	58,410	62,437
	Meta Platforms Inc.	Corporate bond, maturity date 08/15/2054, 5.400%, $65,000	64,999	60,663
	Metlife Inc	Corporate bond, maturity date 06/15/2035, 5.700%, $75,000	77,430	80,241
	Microsoft Corp	Corporate bond, maturity date 06/01/2060, 2.675%, $128,000	124,202	73,889
	Moody's Corp	Corporate bond, maturity date 11/29/2061, 3.100%, $80,000	79,835	49,869
	National Rural Utilities Coop Finance Corp	Corporate bond, maturity date 03/15/2049, 4.300%, $145,000	169,270	122,081
	New York and Presbyterian Hospital/THE	Corporate bond, maturity date 08/01/2116, 4.763%, $50,000	59,701	40,523
	Nvidia Corp	Corporate bond, maturity date 04/01/2050, 3.500%, $40,000	47,107	29,735
	NYU Hospitals Center	Corporate bond, maturity date 07/01/2047, 4.368%, $180,000	204,847	157,079
	Oracle Corp	Corporate bond, maturity date 04/01/2030, 2.950%, $390,000	402,811	360,446
	Oracle Corp	Corporate bond, maturity date 07/15/2040, 5.375%, $65,000	79,184	58,328

(Continued)

ONEIDA HEALTHCARE CENTER PENSION PLAN

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

Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	PepsiCo Inc	Corporate bond, maturity date 04/14/2046, 4.450%, $85,000	102,155	75,298
	PG&E Energy Recovery FND	Corporate bond, maturity date 07/15/2046, 2.822%, $129,000	114,695	94,336
	Phillips 66 Co	Corporate bond, maturity date 06/15/2054, 5.650%, $63,000	61,226	59,374
	Piedmont Natural Gas Co	Corporate bond, maturity date 05/15/2052, 5.050%, $150,000	118,854	134,528
	PNC Financial Services Group	Corporate bond, maturity date 01/21/2028, 5.300%, $280,000	281,988	283,657
	PNC Financial Services Group	Corporate bond, maturity date 05/14/2030, 5.492%, $295,000	296,503	307,361
	Primerica Inc	Corporate bond, maturity date 11/19/2031, 2.800%, $160,000	159,280	145,408
	Prudential Financial Inc	Corporate bond, maturity date 12/07/2049, 3.935%, $100,000	79,714	77,738
	Prudential Financial Inc	Corporate bond, maturity date 12/07/2047, 3.905%, $134,000	152,903	105,733
	Puget Sound Energy Inc	Corporate bond, maturity date 09/15/2051, 2.893%, $135,000	105,658	85,983
	Raymond James Financial Inc	Corporate bond, maturity date 07/15/2046, 4.950%, $180,000	206,797	165,096
	Realty Income Corp	Corporate bond, maturity date 01/15/2030, 3.400%, $205,000	205,108	199,391
	Reinsurance Group America Inc	Corporate bond, maturity date 09/15/2034, 5.750%, $100,000	99,706	104,512
	Rio Tinto Finance USA Ltd	Corporate bond, maturity date 11/02/2051, 2.750%, $225,000	222,545	140,144
	RTX Corporation	Corporate bond, maturity date 01/15/2029, 5.750%, $219,000	224,605	229,166
	Schwab Charles Corp	Corporate bond, maturity date 05/19/2034, 5.853%, $245,000	253,955	262,824
	Selective Insurance Group Inc	Corporate bond, maturity date 03/01/2049, 5.375%, $140,000	163,017	129,520
	Sempra Energy	Corporate bond, maturity date 02/01/2048, 4.000%, $250,000	240,472	191,583
	Shell International Finance BV	Corporate bond, maturity date 08/21/2042, 3.625%, $75,000	79,060	60,492
	Simon Property Group LP	Corporate bond, maturity date 01/15/2054, 6.650%, $75,000	74,916	84,147
	Southern California Edison Co	Corporate bond, maturity date 03/01/2048, 4.125%, $65,000	70,990	49,485
	Southern California Edison Co	Corporate bond, maturity date 02/01/2050, 3.650%, $125,000	95,391	87,760
	SouthWestern Electric Power Co	Corporate bond, maturity date 11/01/2051, 3.250%, $105,000	93,026	69,298
	Statoil ASA	Corporate bond, maturity date 05/15/2043, 3.950%, $81,000	89,353	68,315
	Sysco Corp	Corporate bond, maturity date 04/01/2050, 6.600%, $227,000	322,028	250,097
	Target Corp	Corporate bond, maturity date 04/15/2029, 3.375%, $35,000	32,727	34,418

(Continued)

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Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	Toronto Dominion Bank	Corporate bond, maturity date 09/15/2027, 4.693%, $505,000	499,268	511,650
	Total Energies Capital SA	Corporate bond, maturity date 04/05/2054, 5.488%, $45,000	45,000	43,718
	Toyota Motor Credit Corp	Corporate bond, maturity date 05/16/2029, 5.250%, $105,000	106,459	108,372
	Truist Financial Corp FXD	Corporate bond, maturity date 10/30/2029, 7.161%, $370,000	387,694	399,271
	United Parcel Service Inc	Corporate bond, maturity date 04/01/2050, 5.300%, $45,000	50,474	43,210
	United Parcel Service Inc	Corporate bond, maturity date 03/03/2053, 5.050%, $100,000	100,114	92,011
	Unitedhealth Group Inc	Corporate bond, maturity date 07/15/2045, 4.750%, $162,000	211,315	146,171
	Unitedhealth Group Inc	Corporate bond, maturity date 03/15/2036, 5.800%, $65,000	85,525	69,471
	Unitedhealth Group Inc	Corporate bond, maturity date 01/15/2030, 4.800%, $90,000	90,727	92,242
	US Bancorp FXD	Corporate bond, maturity date 11/03/2036, 2.490%, $485,000	436,670	423,788
	VMWare Inc	Corporate bond, maturity date 08/21/2027, 3.900%, $195,000	198,984	195,068
	Walmart Inc	Corporate bond, maturity date 09/09/2052, 4.500%, $70,000	62,047	61,891
	Wells Fargo & Co	Corporate bond, maturity date 11/17/2045, 4.900%, $315,000	368,998	284,366
	Wells Fargo & Co	Corporate bond, maturity date 06/02/2028, 2.393%, $570,000	372,783	361,564
	Wesleyan University	Corporate bond, maturity date 07/01/2116, 4.781%, $100,000	126,664	78,169
	Willis North American Inc	Corporate bond, maturity date 06/15/2027, 4.650%, $100,000	99,811	100,796
	Wyeth LLC	Corporate bond, maturity date 04/01/2037, 5.950%, $85,000	93,199	91,641
	XCEL Energy Inc	Corporate bond, maturity date 12/01/2049, 3.500%, $95,000	90,282	68,259
	Quanta Services inc	Corporate bond, maturity date 8/09/2028, 4.3%,110,000	109,959	110,625
	Avalonbay Communities Inc	Corporate bond, maturity date 12/01/2028, 1.900%, $90,000	81,266	85,083
	Toyota Motor CR Corp	Corporate bond, maturity date 01/05/2029, 4.650%, $95,000	97,008	96,789
	DTE Energy Co	Corporate bond, maturity date 03/01/2029, 5.100%, $140,000	141,966	143,577
	Goldman Sachs Group Inc	Corporate bond, maturity date 04/23/2029, 3.814%, $250,000	241,195	248,615
	National Rural Utils Coop	Corporate bond, maturity date 02/07/2030, 4.950%, $140,000	142,461	144,204
	Sabine Pass Liquefaction LLC	Corporate bond, maturity date 05/15/2030, 4.500%, $120,000	118,189	120,601
	John Deere Capital Corp	Corporate bond, maturity date 06/10/2030, 4.700%, $90,000	90,371	92,273

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Plan No. 001

Employer Identification No. 16-1492011

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
	Corporate Bonds, Continued			
	Exxon Mobil Corp	Corporate bond, maturity date 10/15/2030, 2.610%, $220,000	202,400	206,470
	EPR Properties	Corporate bond, maturity date 11/15/2030, 4.750%, $135,000	133,380	134,118
	Extra Space Storage LP	Corporate bond, maturity date 01/15/2031, 5.900%, $130,000	133,855	137,992
	Marsh & McLennan	Corporate bond, maturity date 11/15/2031, 4.850%, $140,000	144,136	143,767
	HCA Inc	Corporate bond, maturity date 03/01/2032, 5.500%, $40,000	41,599	41,744
	FHLMC Remic Series	Corporate bond, maturity date 03/25/2032, 2.400%, $280,000	247,043	253,030
	Phillips Edison Grocery	Corporate bond, maturity date 08/15/2032, 5.250%, $95,000	97,912	97,213
	Meta Platforms Inc.	Corporate bond, maturity date 11/15/2032, 4.600%, $95,000	94,992	95,892
	Bank of America Corp	Corporate bond, maturity date 04/27/2033, 4.571%, $195,000	184,679	194,860
	Duke Energy Corp	Corporate bond, maturity date 09/15/2033, 5.750%, $90,000	95,973	95,448
	FHLMC Remic Series	Corporate bond, maturity date 03/25/2034, 3.542%, $35,000	31,037	33,046
	Consolidated Edison Co	Corporate bond, maturity date 05/15/2034, 5.375%, $80,000	84,228	83,143
	FHLMC Remic Series	Corporate bond, maturity date 05/25/2034, 5.000%, $475,000	470,992	494,128
	Capital One Financial Corp FXD	Corporate bond, maturity date 06/08/2034, 6.377%, $270,000	292,310	292,294
	Mastercard Inc	Corporate bond, maturity date 01/15/2035, 4.550%, $200,000	196,610	200,330
	Hershey Co	Corporate bond, maturity date 02/24/2035, 5.100%, $95,000	95,474	97,859
	Xcel Energy Inc	Corporate bond, maturity date 04/15/2035, 5.600%, $130,000	135,320	134,850
	Raymond James Financial Inc	Corporate bond, maturity date 09/11/2035, 4.900%, $115,000	114,694	114,554
	Amazon,com Inc	Corporate bond, maturity date 11/20/2035, 4.650%, $200,000	199,510	199,522
	Huntington Bancshares Inc	Corporate bond, maturity date 11/18/2039, 6.141%, $200,000	209,184	208,850
	Northern Trust Corp	Corporate bond, maturity date 11/19/2040, 5.117%, $100,000	100,000	100,071
	JPMorgan Chase & Co	Corporate bond, maturity date 04/22/2041, 3.109%, $305,000	228,567	240,343
	Phillip Morris International Inc	Corporate bond, maturity date 08/21/2042, 3.875%, $70,000	55,655	57,852
	Intel Corp	Corporate bond, maturity date 12/08/2047, 3.734%, $60,000	43,571	42,856
	BP Capital Markets America Inc	Corporate bond, maturity date 06/04/2051, 2.939%, $110,000	69,146	70,290
	Paypal Holdings Inc	Corporate bond, maturity date 06/01/2052, 5.050%, $55,000	50,246	50,067
	Constellation Energy Generation	Corporate bond, maturity date 03/15/2054, 5.700%, $50,000	61,455	64,768

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ONEIDA HEALTHCARE CENTER PENSION PLAN

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Plan No. 001

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December 31, 2025

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	Corporate Bonds, Continued			
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 05/01/2054, 5.000%, $305,000	260,932	268,636
	United Parcel Service Inc	Corporate bond, maturity date 05/22/2054, 5.500%, $15,000	15,219	14,641
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 08/01/2054, 5.500%, $425,000	359,676	364,012
	Federal Home Loan MTG	Corporate bond, maturity date 11/01/2054, 5.000%, $523,000	469,975	477,880
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 11/01/2054, 5.000%, $952,000	860,045	876,701
	FNMA GTD Pass Thru Pool	Corporate bond, maturity date 02/01/2055, 5.000%, $40,000	37,380	37,537
	International Business Machs	Corporate bond, maturity date 02/10/2055, 5.700%, $225,000	224,775	222,615
	Lockheed Martin Corp	Corporate bond, maturity date 02/15/2055, 5.200%, $55,000	53,291	51,941
	Marsh & McLennan	Corporate bond, maturity date 03/15/2055, 5.400%, $65,000	64,455	62,855
	United Parcel Service Inc	Corporate bond, maturity date 05/14/2055, 5.950%, $50,000	51,948	51,838
	American Water Capital Corp	Corporate bond, maturity date 09/01/2055, 5.700%, $70,000	71,529	70,412
	Amazon,com Inc	Corporate bond, maturity date 11/20/2055, 5.450%, $65,000	64,903	63,669
	Burlington Northern Santa Fe LLC	Corporate bond, maturity date 03/15/2056, 5.550%, $30,000	29,793	29,700
	Benchmark MTG TR	Corporate bond, maturity date 04/17/2057, 5.660%, $180,000	188,050	188,408
	BBCMS MTG TR	Corporate bond, maturity date 08/16/2058, 5.517%, $165,000	172,037	172,252
			$ 31,677,795	29,679,069
	Municipal Bonds			
	Colorado Health Facs Auth Revenue bond	Municipal bond, maturity date 11/01/2044, 3.796%, $125,000	125,131	101,081
	New Jersey Transn Auth Revenue bond	Municipal bond, maturity date 12/15/2040, 6.561%, $40,000	55,984	45,098
			$ 181,115	146,179

(Continued)

Schedule 1

ONEIDA HEALTHCARE CENTER PENSION PLAN

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	Government Bonds			
	U.S. Treasury	U.S. Treasury Note, maturity date 02/15/2052, 2.250%, $898,000	575,924	547,501
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 05/15/2051, 0.000%, $1,235,000	407,251	349,246
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 08/15/2049, 0.000%, $1,790,000	722,691	554,202
	U.S. Treasury Fed Strip Principal Payment	U.S. Treasury Note, maturity date 05/15/2050, 0.000%, $1,893,000	606,065	568,563
	U.S. Treasury	U.S. Treasury Note, maturity date 08/15/2035, 4.250%, $20,000	20,135	20,188
	U.S. Treasury	U.S. Treasury Note, maturity date 05/15/2043, 2.875%, $1,905,000	1,528,212	1,484,567
	U.S. Treasury	U.S. Treasury Note, maturity date 08/15/2044, 3.125%, $835,000	662,002	663,499
	U.S. Treasury	U.S. Treasury Note, maturity date 11/15/2044, 4.625%, $140,000	138,550	137,693
	U.S. Treasury	U.S. Treasury Note, maturity date 08/15/2050, 1.375%, $1,655,000	818,794	818,000
	U.S. Treasury	U.S. Treasury Note, maturity date 02/15/2055, 4.625%, $50,000	48,005	48,373
			$ 5,527,629	5,191,832
			$ 39,993,705	41,402,003

* Indicates party-in-interest as defined by ERISA.

See accompanying independent auditor's report.