# 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. . . . . ▶ [ ]

**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
THE OSWEGO HOSPITAL RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1959

**2a** Plan sponsor's name (employer, if for a single-employer plan)
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)
OSWEGO HOSPITAL, INC.

110 WEST 6TH STREET
OSWEGO, NY 13126-2507

**2b** Employer Identification Number (EIN)
15-0532220

**2c** Plan Sponsor's telephone number
315-349-5553

**2d** Business code (see instructions)
622000

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2026 | ERIC CAMPBELL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

OSWEGO HOSPITAL, INC.

110 WEST 6TH STREET
OSWEGO, NY 13126-2507

**3b** Administrator's EIN
15-0532220

**3c** Administrator's telephone number
315-349-5553

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 638 |
| **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)** | 121 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 111 |
| **b** | Retired or separated participants receiving benefits | **6b** | 341 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 136 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 588 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 33 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 621 |
| **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

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

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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
THE OSWEGO HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
OSWEGO HOSPITAL, INC.

**D** Employer Identification Number (EIN)
15-0532220

**E** Type of plan: [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** | 37344644 |
| **b** Actuarial value | **2b** | 36595982 |

**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 | 370 | 27532451 | 27532451 |
| **b** For terminated vested participants | 150 | 6333188 | 6333188 |
| **c** For active participants | 121 | 4377348 | 4401570 |
| **d** Total | 641 | 38242987 | 38267209 |

**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** | 5.34 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 436000 |
| **c** Target normal cost | **6c** | 436000 |

**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

Date

NICHOLAS R. MARK, FSA, EA, MAAA
Type or print name of actuary

26-07842
Most recent enrollment number

BPAS ACTUARIAL & PENSION SERVICES
Firm name

315-703-8974
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) | 0 | 4849319 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 905955 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 3943364 |
| 10 | Interest on line 9 using prior year's actual return of 4.27 % | 0 | 168382 |
| 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 5.08 % | | 0 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d | Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 4111746 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 84.88 % |
| 15 | Adjusted funding target attainment percentage | 15 | 84.88 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 90.69 % |
| 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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 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** | 65 |

**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** | 436000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 5782973 | 572036 |
| **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** | 1008036 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 1008036 | 1008036 |

| | | |
|---|---|---|
| **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
THE OSWEGO HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
OSWEGO HOSPITAL, INC.

**D** Employer Identification Number (EIN)
15-0532220

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILMINGTON TRUST, NA

16-1486454

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 25 28 50 51 | NONE | 121334 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] 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 | 87124 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FUST CHARLES CHAMBERS LLP

16-1226221

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 10685 | Yes [ ] No [X] | 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 |
|---|---|---|
| | | |

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE 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
THE OSWEGO HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
OSWEGO HOSPITAL, INC.

**D** Employer Identification Number (EIN)
15-0532220

## Part I Asset and Liability Statement

**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 | 10226 | 6036 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 338477 | 373385 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1823705 | 814650 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 25290659 | 27283157 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | 1644117 | 1630950 |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 8237461 | 7166081 |
| **(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 | 37344645 | 37274259 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 8670 | 22865 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 8670 | 22865 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 37335975 | 37251394 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 0 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 1232011 | |
| **(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) | | 1232011 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 343563 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 42706 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 386269 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 1654335 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 1679600 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -25265 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 453791 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 453791 |

| | | (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) | | 1353428 |
| c Other income | 2c | | 11668 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3411902 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3142788 | |
| (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) | | 3142788 |
| 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) | 97197 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 256498 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 353695 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3496483 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -84581 |
| 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)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **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 | | 1000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **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 581187.

# 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
THE OSWEGO HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
OSWEGO HOSPITAL, INC.

**D** Employer Identification Number (EIN)
15-0532220

## Part I Distributions

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

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

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

EIN(s): 16-0380815

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 6

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

# OSWEGO HOSPITAL RETIREMENT PLAN

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

**OSWEGO HOSPITAL RETIREMENT PLAN**

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# INDEPENDENT AUDITOR'S REPORT

To the Trustees
Oswego Hospital Retirement Plan:

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

We have performed audits of the accompanying financial statements of Oswego Hospital Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 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.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in note 6 to the financial statements, is complete and accurate.

## Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

(Continued)

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

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

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

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

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

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

(Continued)

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

(Continued)

**Other Matter -Supplemental Schedules Required by ERISA**

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion -

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Syracuse, New York
October 12, 2026

**FustCharles LLP**

**OSWEGO HOSPITAL RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| Assets: | | |
| Investments, at fair value | $ 36,894,838 | 36,995,942 |
| Receivables - | | |
| Accrued income | 373,385 | 338,477 |
| Cash | 6,036 | 10,226 |
| Total assets | 37,274,259 | 37,344,645 |
| Liabilities - administrative expenses payable | 22,865 | 8,670 |
| Net assets available for benefits | $ 37,251,394 | 37,335,975 |

See accompanying notes to financial statements.

**OSWEGO HOSPITAL RETIREMENT 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 | $ 1,793,622 | 202,380 |
| Interest and dividends | 1,618,280 | 1,554,338 |
| Total additions | 3,411,902 | 1,756,718 |
| Deductions: | | |
| Benefits paid to participants | 3,142,788 | 2,870,011 |
| Administrative expenses | 353,695 | 519,324 |
| Total deductions | 3,496,483 | 3,389,335 |
| Net decrease | (84,581) | (1,632,617) |
| Net assets available for benefits: | | |
| Beginning of year | 37,335,975 | 38,968,592 |
| End of year | $ 37,251,394 | 37,335,975 |

See accompanying notes to financial statements.

(1) Description of Plan

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

(a) General

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

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

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

(b) Funding Policy

The Plan's funding policy is for the Hospital and Manor to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For 2025 and 2024, the Hospital and Manor did not make contributions. The Plan maintained prefunding balances that were available to satisfy applicable minimum funding requirements during 2025 and 2024.

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

(1) Description of Plan, Continued

(c) Pension Benefits

Employees with five or more years of service are entitled to pension benefits beginning at normal retirement age (65) equal to 1.75% of the average annual compensation a participant averaged over the five calendar years which produce the highest monthly average within the last ten completed years of employment, multiplied by total years of credited service, reduced by 1.66% of the participant's primary social security benefit, multiplied by total years of credited service. Certain participants may elect to receive their pension benefits in the form of a lump-sum distribution, a qualified joint and survivor annuity, or a life annuity payable in equal monthly installments for a period of years not to exceed the employee's life expectancy.

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

(d) Death and Disability Benefits

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

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

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

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



(Continued)

(2) Summary of Significant Accounting Policies, Continued

(c) Investment Valuation and Income Recognition

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

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

(d) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(e) Expenses

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

(f) Subsequent Events

The Plan has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued.

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable under all circumstances, retirement, death and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2025 and 2024 were: (a) life expectancy of participants (Sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis), (b) retirement age assumptions (participants were assumed to retire at the Plan's normal retirement age of 65), (c) an interest rate of 4.60% and 4.85% as of January 1, 2025 and 2024, respectively. 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 | $ 29,453,736 | 27,530,485 |
| Terminated vested participants | 7,120,883 | 7,211,558 |
| Active participants | 4,803,060 | 6,041,042 |
| Total vested benefits | 41,377,679 | 40,783,085 |
| Non-vested benefits | 24,250 | 25,684 |
| Total actuarial present value of accumulated plan benefits | $ 41,401,929 | 40,808,769 |

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

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

| | 2025 | 2024 |
|---|---|---|
| Actuarial present value of accumulated plan benefits as of January 1, 2025 and January 1, 2024, respectively | $ 40,808,769 | 41,765,410 |
| Change during the year attributable to: | | |
| Increase for interest due to the decrease in the discount period | 1,909,628 | 1,957,658 |
| Changes in actuarial assumptions | 1,000,951 | (87,788) |
| Benefits accumulated, including actuarial gains and losses | 552,592 | (23,856) |
| Benefits paid | (2,870,011) | (2,802,655) |
| Net increase (decrease) | 593,160 | (956,641) |
| Actuarial present value of accumulated plan benefits as of January 1, 2025 and January 1, 2024, respectively | $ 41,401,929 | 40,808,769 |

The increase in the actuarial present value of accumulated plan benefits attributable to changes in actuarial assumptions during 2025 was primarily due to a decrease in the interest rate used in the valuation from 4.85% as of January 1, 2024 to 4.60% as of January 1, 2025. This change, together with updates to other actuarial assumptions, increased the actuarial present value of accumulated plan benefits by $1,000,951.

(4) Plan Termination

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

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

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



(Continued)

(4) Plan Termination, Continued

(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.

(5) Fair Value Measurements, Continued

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

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

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

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

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

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

| | 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Assets in the fair value hierarchy: | | | | |
| Money market funds | $ 814,651 | - | - | 814,651 |
| Fixed-income funds | - | 27,283,157 | - | 27,283,157 |
| Mutual and exchange-traded funds | 7,166,080 | - | - | 7,166,080 |
| Investments measured at NAV: | | | | |
| Hedge funds | - | - | - | 1,630,950 |
| Total assets at fair value | $ 7,980,731 | 27,283,157 | - | 36,894,838 |



(Continued)

(5) Fair Value Measurements, Continued

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

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

| | 2025 | | | | |
|---|---|---|---|---|---|
| | Fair value | Unfunded commitment | Redemption frequency | Other redemption restrictions | Redemption notice period |
| BlackRock Event Driven Equity Fund Institutional Shares | $ 554,142 | N/A | Daily | (a) | (a) |
| Blackstone Alternative Multi-Strategy Fund Class I | 520,009 | N/A | Daily | (a) | (a) |
| Wilmington Global Alpha Equities Fund | 556,799 | N/A | Daily | (a) | (a) |

| | 2024 | | | | |
|---|---|---|---|---|---|
| | Fair value | Unfunded commitment | Redemption frequency | Other redemption restrictions | Redemption notice period |
| BlackRock Event Driven Equity Fund Institutional Shares | $ 552,060 | N/A | Daily | (a) | (a) |
| Blackstone Alternative Multi-Strategy Fund Class I | 539,641 | N/A | Daily | (a) | (a) |
| Wilmington Global Alpha Equities Fund | 552,416 | N/A | Daily | (a) | (a) |

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

(6) Certified Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplementary schedules, including investments, accrued income receivable and cash held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Wilmington Trust, who acts as the investment advisor and is an affiliate of M&T, who acts as the trustee, and third-party administrator as defined by the Plan.

(7) Tax Status

The Internal Revenue Service (IRS) issued a favorable determination letter dated December 16, 2025 stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation.

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

(9) Party-in-Interest Transactions

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

**OSWEGO HOSPITAL RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 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 |
|---|---|---|---|---|
| * | Wilmington U.S. Govt. Money Market | Money market fund - 814,651 shares | $ 814,651 | 814,651 |
| | Abbott Laboratories | Corporate Bond, $300,000 par value; 5.300%; due 5/27/40 | 338,656 | 309,717 |
| | AbbVie, Inc. | Corporate Bond, $300,000 par value; 4.450%; due 5/14/46 | 283,866 | 260,754 |
| | Amazon.com, Inc. | Corporate Bond, $300,000 par value; 4.250%; due 8/22/57 | 319,694 | 240,357 |
| | Ameren Corp | Corporate Bond, $250,000 par value; 5.000%; due 1/15/29 | 255,823 | 255,575 |
| | American Tower Corp. | Corporate Bond, $300,000 par value; 3.950%; due 3/15/29 | 301,188 | 297,470 |
| | Amgen, Inc. | Corporate Bond, $300,000 par value; 4.663%; due 6/15/51 | 303,591 | 256,677 |
| | Anheuser-Busch | Corporate Bond, $250,000 par value; 4.900%; due 1/23/31 | 264,026 | 259,028 |
| | Anheuser-Busch | Corporate Bond, $300,000 par value; 5.800%; due 1/23/59 | 339,837 | 305,832 |
| | Anthem, Inc. | Corporate Bond, $300,000 par value; 4.375%; due 12/01/47 | 291,870 | 249,012 |
| | Aon PLC | Corporate Bond, $350,000 par value; 4.600%; due 6/14/44 | 357,003 | 306,005 |
| | Archer-Daniels | Corporate Bond, $400,000 par value; 4.500%; due 3/15/49 | 430,413 | 342,100 |
| | AT&T, Inc. | Corporate Bond, $250,000 par value; 4.300%; due 2/15/30 | 254,962 | 250,315 |
| | Avalonbay CMNTYS Inc. | Corporate Bond, $250,000 par value; 5.000%; due 8/01/35 | 253,725 | 252,795 |
| | Baker Hughes, LLC | Corporate Bond, $300,000 par value; 4.080%; due 12/15/47 | 278,291 | 238,710 |
| | Bank of America CRP MTN | Corporate Bond, $250,000 par value; 2.676%; due 6/19/40 | 180,433 | 184,333 |
| | Barrick NA Finance | Corporate Bond, $250,000 par value; 5.750%; due 5/01/43 | 250,615 | 254,268 |
| | Becton Dickinson | Corporate Bond, $250,000 par value; 4.685%; due 12/15/44 | 230,382 | 221,470 |
| | Boston PPTYS Ltd. | Corporate Bond, $250,000 par value; 6.500%; due 1/15/34 | 270,228 | 269,110 |
| | Capital One Finl V-D | Corporate Bond, $250,000 par value; 2.618%; due 11/02/32 | 224,586 | 224,043 |
| | Church & Dwight Co. | Corporate Bond, $300,000 par value; 3.950%; due 8/01/47 | 286,869 | 238,815 |
| | Citigroup Inc V-Q | Corporate Bond, $250,000 par value; 2.904%; due 11/03/42 | 181,063 | 184,798 |
| | Comcast Corp. | Corporate Bond, $600,000 par value; 4.049%; due 11/01/52 | 583,791 | 438,882 |
| | Conagra Brands, Inc. | Corporate Bond, $500,000 par value; 5.400%; due 11/01/48 | 521,985 | 447,920 |
| | Consolidated Edison | Corporate Bond, $500,000 par value; 4.500%; due 5/15/58 | 520,381 | 409,095 |
| | Corning, Inc. | Corporate Bond, $300,000 par value; 4.375%; due 11/15/57 | 275,361 | 242,004 |
| | Crown Castle Inc | Corporate Bond, $300,000 par value; 4.900%; due 9/01/29 | 304,874 | 304,653 |
| | Crown Castle Int | Corporate Bond, $150,000 par value; 1.050%; due 7/15/26 | 146,520 | 147,519 |



(Continued)

**OSWEGO HOSPITAL RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 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 |
|---|---|---|---|---|
| | CSX Corp. | Corporate Bond, $500,000 par value; 4.250%; due 11/01/66 | 467,071 | 378,475 |
| | CVS Health Corp. | Corporate Bond, $300,000 par value; 5.125%; due 7/20/45 | 300,950 | 270,843 |
| | Digital Realty | Corporate Bond, $500,000 par value; 3.600%; due 7/01/29 | 466,806 | 489,780 |
| | Discovery Commun | Corporate Bond, $250,000 par value; 4.875%; due 4/01/43 | 197,698 | 166,108 |
| | Dominion Energy | Corporate Bond, $300,000 par value; 4.600%; due 3/15/49 | 307,672 | 249,897 |
| | Dow Chemical Company | Corporate Bond, $300,000 par value; 5.250%; due 11/15/41 | 314,045 | 271,880 |
| | Dr. Pepper Snapple Group, Inc. | Corporate Bond, $300,000 par value; 4.420%; due 12/15/46 | 277,102 | 244,734 |
| | DTE Electric Co | Corporate Bond, $300,000 par value; 2.250%; due 3/01/30 | 271,834 | 278,883 |
| | Duke Energy Corp. | Corporate Bond, $300,000 par value; 4.800%; due 12/15/45 | 319,751 | 265,983 |
| | Duke Energy Corp. | Corporate Bond, $300,000 par value; 6.450%; due 10/15/32 | 355,813 | 332,454 |
| | Enbridge Inc | Corporate Bond, $500,000 par value; 1.600%; due 10/04/26 | 486,500 | 490,965 |
| | Energy Transfer Partners | Corporate Bond, $300,000 par value; 6.500%; due 2/01/42 | 330,587 | 315,927 |
| | Energy Transfer Partners | Corporate Bond, $250,000 par value; 5.750%; due 2/15/33 | 259,683 | 262,358 |
| | Entergy Louisiana | Corporate Bond, $250,000 par value; 5.700%; due 3/15/54 | 250,425 | 248,320 |
| | Enterprise Products | Corporate Bond, $300,000 par value; 4.950%; due 10/15/54 | 310,642 | 266,004 |
| | Express Scripts Holding | Corporate Bond, $300,000 par value; 6.125%; due 11/15/41 | 341,888 | 298,344 |
| | Fedex Corp. | Corporate Bond, $250,000 par value; 4.950%; due 10/17/48 | 257,202 | 218,383 |
| | Fifth Third Banc | Corporate Bond, $500,000 par value; 6.361%; due 10/27/28 | 506,318 | 520,165 |
| | GATX Corp | Corporate Bond, $500,000 par value; 3.250%; due 9/15/26 | 492,964 | 497,380 |
| | GATX Corp | Corporate Bond, $300,000 par value; 3.500%; due 6/01/32 | 263,930 | 280,524 |
| | Gen Motors Finl Co | Corporate Bond, $500,000 par value; 4.350%; due 1/17/27 | 495,274 | 501,035 |
| | General Mills, Inc. | Corporate Bond, $300,000 par value; 5.400%; due 6/15/40 | 323,874 | 300,822 |
| | Goldman Sachs V-D | Corporate Bond, $250,000 par value; 4.369%; due 10/21/31 | 249,955 | 249,405 |
| | Hartford Financial | Corporate Bond, $350,000 par value; 4.300%; due 4/15/43 | 354,377 | 300,815 |
| | Health Care REIT | Corporate Bond, $300,000 par value; 6.500%; due 3/15/41 | 353,277 | 334,212 |
| | HealthPeak PPTYS | Corporate Bond, $250,000 par value; 6.750%; due 2/01/43 | 265,905 | 274,158 |
| | Home Depot, Inc. | Corporate Bond, $300,000 par value; 3.500%; due 9/15/56 | 274,059 | 209,124 |
| | Ingersoll-Rand | Corporate Bond, $325,000 par value; 4.500%; due 3/21/49 | 329,338 | 279,487 |



(Continued)

**OSWEGO HOSPITAL RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 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 |
|---|---|---|---|---|
| | International Paper Company | Corporate Bond, $223,000 par value; 4.800%; due 6/15/44 | 220,360 | 196,474 |
| | Johnson Controls | Corporate Bond, $300,000 par value; 4.950%; due 7/02/64 | 287,742 | 258,723 |
| | JP Morgan Chase | Corporate Bond, $300,000 par value; 5.600%; due 7/15/41 | 351,004 | 312,714 |
| | Kinder Morgan, Inc. | Corporate Bond, $300,000 par value; 5.200%; due 3/01/48 | 312,935 | 273,885 |
| | Kroger Company | Corporate Bond, $300,000 par value; 4.650%; due 1/15/48 | 282,321 | 257,754 |
| | Lockheed Martin Corp. | Corporate Bond, $300,000 par value; 4.090%; due 9/15/52 | 301,955 | 237,760 |
| | Lowe's COS Inc | Corporate Bond, $300,000 par value; 2.625%; due 4/01/31 | 264,912 | 275,229 |
| | L3Harris Technology | Corporate Bond, $300,000 par value; 1.800%; due 1/15/31 | 255,888 | 264,768 |
| | Marathon Petrol Corp. | Corporate Bond, $300,000 par value; 5.000%; due 9/15/54 | 295,914 | 250,725 |
| | Marathon Petroleum | Corporate Bond, $300,000 par value; 4.750%; due 9/15/44 | 301,640 | 256,425 |
| | McDonald's Corp | Corporate Bond, $300,000 par value; 4.875%; due 12/09/45 | 319,722 | 273,393 |
| | Microsoft Corp. | Corporate Bond, $300,000 par value; 3.041%; due 3/17/62 | 286,638 | 186,879 |
| | Morgan Stanley MTN V-Q | Corporate Bond, $500,000 par value; 4.431%; due 1/23/30 | 515,342 | 502,770 |
| | MPLX LP | Corporate Bond, $500,000 par value; 4.900%; due 4/15/58 | 474,187 | 409,275 |
| | Nextera Energy Cap | Corporate Bond, $300,000 par value; 1.875%; due 1/15/27 | 289,801 | 293,655 |
| | Norfolk Southern | Corporate Bond, $300,000 par value; 4.050%; due 8/15/52 | 290,487 | 232,812 |
| | Oneok Partners LP | Corporate Bond, $300,000 par value; 6.125%; due 2/01/41 | 330,991 | 307,560 |
| | Oracle Corp | Corporate Bond, $500,000 par value; 4.000%; due 7/15/46 | 377,228 | 346,595 |
| | Phillips 66 Printer | Corporate Bond, $300,000 par value; 4.900%; due 10/01/46 | 303,573 | 232,686 |
| | Prologis LP | Corporate Bond, $500,000 par value; 3.250%; due 10/01/26 | 492,679 | 497,925 |
| | Prudential Financial MTN | Corporate Bond, $300,000 par value; 4.350%; due 2/25/50 | 307,560 | 248,790 |
| | Qualcomm, Inc. | Corporate Bond, $300,000 par value; 4.800%; due 5/20/45 | 320,155 | 274,518 |
| | Roper Technologies | Corporate Bond, $190,000 par value; 5.100%; due 9/15/35 | 191,518 | 191,444 |
| | Royal BK CA MTN Conv | Corporate Bond, $300,000 par value; 4.875%; due 1/19/27 | 299,152 | 303,105 |
| | RTX Corporation | Corporate Bond, $500,000 par value; 6.050%; due 6/01/36 | 545,772 | 544,385 |
| | San Diego G&E | Corporate Bond, $300,000 par value; 4.500%; due 8/15/40 | 308,432 | 272,964 |
| | South Carolina E&G | Corporate Bond, $500,000 par value; 5.100%; due 6/01/65 | 593,577 | 443,000 |
| | Southern Co Gas Cap | Corporate Bond, $250,000 par value; 5.750%; due 9/15/33 | 265,633 | 264,910 |



(Continued)

**OSWEGO HOSPITAL RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 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 |
|---|---|---|---|---|
| | Spectra Energy Partners | Corporate Bond, $250,000 par value; 4.500%; due 3/15/45 | 212,656 | 210,843 |
| | Sysco Corp | Corporate Bond, $250,000 par value; 4.850%; due 10/01/45 | 228,015 | 225,430 |
| | Toronto Dom Bank | Corporate Bond, $250,000 par value; 4.928%; due 10/15/35 | 251,178 | 249,815 |
| | Union Pacific Corp. | Corporate Bond, $300,000 par value; 4.250%; due 4/15/43 | 299,370 | 245,115 |
| | Ventas Realty LP | Corporate Bond, $300,000 par value; 4.875%; due 4/15/49 | 311,674 | 262,311 |
| | WEC Energy Group Inc | Corporate Bond, $500,000 par value; 4.750%; due 1/09/26 | 499,923 | 500,055 |
| | Wells Fargo MTN V-Q | Corporate Bond, $250,000 par value; 5.013%; due 4/04/51 | 233,732 | 228,465 |
| | Whirlpool Corp. | Corporate Bond, $300,000 par value; 4.500%; due 6/01/46 | 278,921 | 225,260 |
| | Zimmer Biomet Holdings | Corporate Bond, $300,000 par value; 4.450%; due 8/15/45 | 293,160 | 261,657 |
| | Zoetis, Inx. | Corporate Bond, $300,000 par value; 4.700%; due 2/01/43 | 315,892 | 275,361 |
| | American Beacon SIM High Yield | Mutual Fund - 39,249 shares | 375,480 | 370,906 |
| | Virtus SEIX FLT RT HI Inc Fund | Mutual Fund - 48,138 shares | 393,766 | 368,253 |
| * | Wilmington Real Asset Fund | Mutual Fund - 60,796 shares | 900,643 | 882,155 |
| | iShares Core S&P 500 | Exchange-Traded Fund - 4,865 shares | 1,377,224 | 3,332,233 |
| | iShares Russell 2000 | Exchange-Traded Fund - 1,835 shares | 297,299 | 451,704 |
| | iShares Core MSCI EAFE | Exchange-Traded Fund - 13,435 shares | 828,452 | 1,201,895 |
| | iShares Core MSCI Emerging | Exchange-Traded Fund - 8,315 shares | 435,857 | 558,934 |
| | BlackRock Event Driven Equity Fund Institutional Shares | Hedge Fund - 53,283 units | 519,824 | 554,142 |
| | Blackstone Alternative Multi-Strategy Fund Class I | Hedge Fund - 47,403 units | 506,190 | 520,009 |
| * | Wilmington Global Alpha Equities Fund | Hedge Fund - 38,720 units | 451,656 | 556,799 |
| | | | $ 36,887,654 | 36,894,838 |

* Party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

**OSWEGO HOSPITAL RETIREMENT PLAN**

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan No. 001

Employer Identification No. 15-0532220

For the year ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of loan) | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|
| **Single Security Transactions in Excess of 5% of Plan Assets** | | | | | | |
| Wilmington U.S. Govt. Money Market | Money Market Fund | $ 2,422,822 | - | 2,422,822 | 2,422,822 | - |
| Wilmington U.S. Govt. Money Market | Money Market Fund | - | 2,400,000 | 2,400,000 | 2,400,000 | - |
| Wilmington U.S. Govt. Money Market | Money Market Fund | 2,400,000 | - | 2,400,000 | 2,400,000 | - |
| Wilmington U.S. Govt. Money Market | Money Market Fund | - | 2,357,739 | 2,357,739 | 2,357,739 | - |
| **Series of Security Transactions in Excess of 5% of Plan Assets** | | | | | | |
| Wilmington U.S. Govt. Money Market | Money Market Fund | 11,210,545 | 12,219,590 | 23,430,135 | 23,430,135 | - |

See accompanying independent auditor's report.

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

| Completed Years of Service on January 1, 2025 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40+ | Total |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| 40-44 | 1 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **5** |
| 45-49 | 1 | 9 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **22** |
| 50-54 | 1 | 3 | 10 | 7 | 1 | 0 | 0 | 0 | 0 | 0 | **22** |
| 55-59 | 1 | 5 | 10 | 15 | 10 | 2 | 0 | 0 | 0 | 0 | **43** |
| 60-64 | 0 | 4 | 5 | 3 | 3 | 3 | 2 | 0 | 0 | 0 | **20** |
| 65-70 | 0 | 3 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | **7** |
| 70 & up | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | **2** |
| **Total** | **4** | **27** | **39** | **25** | **16** | **7** | **3** | **0** | **0** | **0** | **121** |

# 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 Oswego Hospital. Although we did not audit the data, we did review the data for reasonableness.

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

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

**Anticipated Rate of Return on Plan Assets:** 4.60%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

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

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

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

| Effective Interest Rate |
|---|
| 5.34% |

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:** Salary Increases are not applicable as the plan is frozen.

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

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

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

**Assumptions used to Convert Annuities to Actuarially Equivalent Lump Sum Amounts:** In accordance with IRS Regulation 1.430(d)-1(f)(5)(ii)(B), annuities are converted to lump sums using the current applicable mortality 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 the Hospital's future expectations.

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

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

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

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

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

**Interest Rate:** 4.60%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

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

**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.

**OSWEGO HOSPITAL RETIREMENT PLAN**

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan No. 001

Employer Identification No. 15-0532220

For the year ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of loan) | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|
| **Single Security Transactions in Excess of 5% of Plan Assets** | | | | | | |
| Wilmington U.S. Govt. Money Market | Money Market Fund | $ 2,422,822 | - | 2,422,822 | 2,422,822 | - |
| Wilmington U.S. Govt. Money Market | Money Market Fund | - | 2,400,000 | 2,400,000 | 2,400,000 | - |
| Wilmington U.S. Govt. Money Market | Money Market Fund | 2,400,000 | - | 2,400,000 | 2,400,000 | - |
| Wilmington U.S. Govt. Money Market | Money Market Fund | - | 2,357,739 | 2,357,739 | 2,357,739 | - |
| **Series of Security Transactions in Excess of 5% of Plan Assets** | | | | | | |
| Wilmington U.S. Govt. Money Market | Money Market Fund | 11,210,545 | 12,219,590 | 23,430,135 | 23,430,135 | - |

See accompanying independent auditor's report.

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**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
THE OSWEGO HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
OSWEGO HOSPITAL, INC.

**D** Employer Identification Number (EIN)
15-0532220

**E** Type of plan: [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** | 37,344,644 |
| **b** Actuarial value | **2b** | 36,595,982 |

**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 | 370 | 27,532,451 | 27,532,451 |
| **b** For terminated vested participants | 150 | 6,333,188 | 6,333,188 |
| **c** For active participants | 121 | 4,377,348 | 4,401,570 |
| **d** Total | 641 | 38,242,987 | 38,267,209 |

**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** | 5.34% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 436,000 |
| **c** Target normal cost | **6c** | 436,000 |

**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** Nicholas R. Mark NRM

Signature of actuary

9/22/2026

Date

Nicholas R. Mark, FSA, EA, MAAA

Type or print name of actuary

2607842

Most recent enrollment number

BPAS Actuarial & Pension Services

Firm name

315-703-8974

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) | 0 | 4,849,319 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 905,955 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 3,943,364 |
| 10 | Interest on line 9 using prior year's actual return of 4.27 % | 0 | 168,382 |
| 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 5.08 % | | 0 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | **d** Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 4,111,746 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 84.88 % |
| 15 | Adjusted funding target attainment percentage | 15 | 84.88 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 90.69 % |
| 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 |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | 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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

**a** Segment rates:

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

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

**23** Mortality table(s) (see instructions) ☐ 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** | 436,000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 5,782,973 | 572,036 |
| **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** | 1,008,036 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 1,008,036 | 1,008,036 |

| | | |
|---|---|---|
| **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

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

All participants were assumed to retire at age 65.

# Plan Provisions

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

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

**Effective Date**

July 1, 1959

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

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

**Covered Employee**

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

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

**Credited Service**

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

**Eligibility Requirements**

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

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

**Annual Earnings**

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

**Average Annual Earnings**

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

**Normal Retirement Provision**

Normal Retirement Date: The first day of the calendar month coincident with or, otherwise, next following the participant's 65th birthday.

Normal Form: A monthly life annuity with the first payment being due on the Participant's Retirement Date, if he is then living.

Annual Benefit: A monthly benefit payable in the Normal Form commencing on the Participant's Normal Retirement Date equal to the greater of (1) and (2):

(1) 1/12th the product of (a) and (b)
- (a) an amount equal to (i) reduced by (ii), where
  - (i) 1-3/4% of his Average Annual Earnings,
  - (ii) 1-2/3% of his Primary Social Security Benefit.
- (b) Years of Credited Service

(2) $50.00 per month.

**Accrued Benefit**

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

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

**Early Retirement Provision**

Eligibility: Attainment of age 55 and completion of 10 years of Credited Service. If the 403(b) Plan was elected as of June 26, 2006, the participant may retire at the latest of age 62, 5 years of Credited Service, or January 1, 2010.

Benefit: The Participant's Accrued Benefit, as of Early Retirement Date, reduced by ½% for each month that the benefit commencement date precedes Normal Retirement Date.

**Late Retirement Provision**

Eligibility: Active employment subsequent to the Participant's Normal Retirement Date.

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

**Death Benefit Provision**

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

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

**Termination of Employment Provision**

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

**OSWEGO HOSPITAL RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 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 |
|---|---|---|---|---|
| * | Wilmington U.S. Govt. Money Market | Money market fund - 814,651 shares | $ 814,651 | 814,651 |
| | Abbott Laboratories | Corporate Bond, $300,000 par value; 5.300%; due 5/27/40 | 338,656 | 309,717 |
| | AbbVie, Inc. | Corporate Bond, $300,000 par value; 4.450%; due 5/14/46 | 283,866 | 260,754 |
| | Amazon.com, Inc. | Corporate Bond, $300,000 par value; 4.250%; due 8/22/57 | 319,694 | 240,357 |
| | Ameren Corp | Corporate Bond, $250,000 par value; 5.000%; due 1/15/29 | 255,823 | 255,575 |
| | American Tower Corp. | Corporate Bond, $300,000 par value; 3.950%; due 3/15/29 | 301,188 | 297,470 |
| | Amgen, Inc. | Corporate Bond, $300,000 par value; 4.663%; due 6/15/51 | 303,591 | 256,677 |
| | Anheuser-Busch | Corporate Bond, $250,000 par value; 4.900%; due 1/23/31 | 264,026 | 259,028 |
| | Anheuser-Busch | Corporate Bond, $300,000 par value; 5.800%; due 1/23/59 | 339,837 | 305,832 |
| | Anthem, Inc. | Corporate Bond, $300,000 par value; 4.375%; due 12/01/47 | 291,870 | 249,012 |
| | Aon PLC | Corporate Bond, $350,000 par value; 4.600%; due 6/14/44 | 357,003 | 306,005 |
| | Archer-Daniels | Corporate Bond, $400,000 par value; 4.500%; due 3/15/49 | 430,413 | 342,100 |
| | AT&T, Inc. | Corporate Bond, $250,000 par value; 4.300%; due 2/15/30 | 254,962 | 250,315 |
| | Avalonbay CMNTYS Inc. | Corporate Bond, $250,000 par value; 5.000%; due 8/01/35 | 253,725 | 252,795 |
| | Baker Hughes, LLC | Corporate Bond, $300,000 par value; 4.080%; due 12/15/47 | 278,291 | 238,710 |
| | Bank of America CRP MTN | Corporate Bond, $250,000 par value; 2.676%; due 6/19/40 | 180,433 | 184,333 |
| | Barrick NA Finance | Corporate Bond, $250,000 par value; 5.750%; due 5/01/43 | 250,615 | 254,268 |
| | Becton Dickinson | Corporate Bond, $250,000 par value; 4.685%; due 12/15/44 | 230,382 | 221,470 |
| | Boston PPTYS Ltd. | Corporate Bond, $250,000 par value; 6.500%; due 1/15/34 | 270,228 | 269,110 |
| | Capital One Finl V-D | Corporate Bond, $250,000 par value; 2.618%; due 11/02/32 | 224,586 | 224,043 |
| | Church & Dwight Co. | Corporate Bond, $300,000 par value; 3.950%; due 8/01/47 | 286,869 | 238,815 |
| | Citigroup Inc V-Q | Corporate Bond, $250,000 par value; 2.904%; due 11/03/42 | 181,063 | 184,798 |
| | Comcast Corp. | Corporate Bond, $600,000 par value; 4.049%; due 11/01/52 | 583,791 | 438,882 |
| | Conagra Brands, Inc. | Corporate Bond, $500,000 par value; 5.400%; due 11/01/48 | 521,985 | 447,920 |
| | Consolidated Edison | Corporate Bond, $500,000 par value; 4.500%; due 5/15/58 | 520,381 | 409,095 |
| | Corning, Inc. | Corporate Bond, $300,000 par value; 4.375%; due 11/15/57 | 275,361 | 242,004 |
| | Crown Castle Inc | Corporate Bond, $300,000 par value; 4.900%; due 9/01/29 | 304,874 | 304,653 |
| | Crown Castle Int | Corporate Bond, $150,000 par value; 1.050%; due 7/15/26 | 146,520 | 147,519 |



(Continued)

**OSWEGO HOSPITAL RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 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 |
|---|---|---|---|---|
| | CSX Corp. | Corporate Bond, $500,000 par value; 4.250%; due 11/01/66 | 467,071 | 378,475 |
| | CVS Health Corp. | Corporate Bond, $300,000 par value; 5.125%; due 7/20/45 | 300,950 | 270,843 |
| | Digital Realty | Corporate Bond, $500,000 par value; 3.600%; due 7/01/29 | 466,806 | 489,780 |
| | Discovery Commun | Corporate Bond, $250,000 par value; 4.875%; due 4/01/43 | 197,698 | 166,108 |
| | Dominion Energy | Corporate Bond, $300,000 par value; 4.600%; due 3/15/49 | 307,672 | 249,897 |
| | Dow Chemical Company | Corporate Bond, $300,000 par value; 5.250%; due 11/15/41 | 314,045 | 271,880 |
| | Dr. Pepper Snapple Group, Inc. | Corporate Bond, $300,000 par value; 4.420%; due 12/15/46 | 277,102 | 244,734 |
| | DTE Electric Co | Corporate Bond, $300,000 par value; 2.250%; due 3/01/30 | 271,834 | 278,883 |
| | Duke Energy Corp. | Corporate Bond, $300,000 par value; 4.800%; due 12/15/45 | 319,751 | 265,983 |
| | Duke Energy Corp. | Corporate Bond, $300,000 par value; 6.450%; due 10/15/32 | 355,813 | 332,454 |
| | Enbridge Inc | Corporate Bond, $500,000 par value; 1.600%; due 10/04/26 | 486,500 | 490,965 |
| | Energy Transfer Partners | Corporate Bond, $300,000 par value; 6.500%; due 2/01/42 | 330,587 | 315,927 |
| | Energy Transfer Partners | Corporate Bond, $250,000 par value; 5.750%; due 2/15/33 | 259,683 | 262,358 |
| | Entergy Louisiana | Corporate Bond, $250,000 par value; 5.700%; due 3/15/54 | 250,425 | 248,320 |
| | Enterprise Products | Corporate Bond, $300,000 par value; 4.950%; due 10/15/54 | 310,642 | 266,004 |
| | Express Scripts Holding | Corporate Bond, $300,000 par value; 6.125%; due 11/15/41 | 341,888 | 298,344 |
| | Fedex Corp. | Corporate Bond, $250,000 par value; 4.950%; due 10/17/48 | 257,202 | 218,383 |
| | Fifth Third Banc | Corporate Bond, $500,000 par value; 6.361%; due 10/27/28 | 506,318 | 520,165 |
| | GATX Corp | Corporate Bond, $500,000 par value; 3.250%; due 9/15/26 | 492,964 | 497,380 |
| | GATX Corp | Corporate Bond, $300,000 par value; 3.500%; due 6/01/32 | 263,930 | 280,524 |
| | Gen Motors Finl Co | Corporate Bond, $500,000 par value; 4.350%; due 1/17/27 | 495,274 | 501,035 |
| | General Mills, Inc. | Corporate Bond, $300,000 par value; 5.400%; due 6/15/40 | 323,874 | 300,822 |
| | Goldman Sachs V-D | Corporate Bond, $250,000 par value; 4.369%; due 10/21/31 | 249,955 | 249,405 |
| | Hartford Financial | Corporate Bond, $350,000 par value; 4.300%; due 4/15/43 | 354,377 | 300,815 |
| | Health Care REIT | Corporate Bond, $300,000 par value; 6.500%; due 3/15/41 | 353,277 | 334,212 |
| | HealthPeak PPTYS | Corporate Bond, $250,000 par value; 6.750%; due 2/01/43 | 265,905 | 274,158 |
| | Home Depot, Inc. | Corporate Bond, $300,000 par value; 3.500%; due 9/15/56 | 274,059 | 209,124 |
| | Ingersoll-Rand | Corporate Bond, $325,000 par value; 4.500%; due 3/21/49 | 329,338 | 279,487 |



(Continued)

**OSWEGO HOSPITAL RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 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 |
|---|---|---|---|---|
| | International Paper Company | Corporate Bond, $223,000 par value; 4.800%; due 6/15/44 | 220,360 | 196,474 |
| | Johnson Controls | Corporate Bond, $300,000 par value; 4.950%; due 7/02/64 | 287,742 | 258,723 |
| | JP Morgan Chase | Corporate Bond, $300,000 par value; 5.600%; due 7/15/41 | 351,004 | 312,714 |
| | Kinder Morgan, Inc. | Corporate Bond, $300,000 par value; 5.200%; due 3/01/48 | 312,935 | 273,885 |
| | Kroger Company | Corporate Bond, $300,000 par value; 4.650%; due 1/15/48 | 282,321 | 257,754 |
| | Lockheed Martin Corp. | Corporate Bond, $300,000 par value; 4.090%; due 9/15/52 | 301,955 | 237,760 |
| | Lowe's COS Inc | Corporate Bond, $300,000 par value; 2.625%; due 4/01/31 | 264,912 | 275,229 |
| | L3Harris Technology | Corporate Bond, $300,000 par value; 1.800%; due 1/15/31 | 255,888 | 264,768 |
| | Marathon Petrol Corp. | Corporate Bond, $300,000 par value; 5.000%; due 9/15/54 | 295,914 | 250,725 |
| | Marathon Petroleum | Corporate Bond, $300,000 par value; 4.750%; due 9/15/44 | 301,640 | 256,425 |
| | McDonald's Corp | Corporate Bond, $300,000 par value; 4.875%; due 12/09/45 | 319,722 | 273,393 |
| | Microsoft Corp. | Corporate Bond, $300,000 par value; 3.041%; due 3/17/62 | 286,638 | 186,879 |
| | Morgan Stanley MTN V-Q | Corporate Bond, $500,000 par value; 4.431%; due 1/23/30 | 515,342 | 502,770 |
| | MPLX LP | Corporate Bond, $500,000 par value; 4.900%; due 4/15/58 | 474,187 | 409,275 |
| | Nextera Energy Cap | Corporate Bond, $300,000 par value; 1.875%; due 1/15/27 | 289,801 | 293,655 |
| | Norfolk Southern | Corporate Bond, $300,000 par value; 4.050%; due 8/15/52 | 290,487 | 232,812 |
| | Oneok Partners LP | Corporate Bond, $300,000 par value; 6.125%; due 2/01/41 | 330,991 | 307,560 |
| | Oracle Corp | Corporate Bond, $500,000 par value; 4.000%; due 7/15/46 | 377,228 | 346,595 |
| | Phillips 66 Printer | Corporate Bond, $300,000 par value; 4.900%; due 10/01/46 | 303,573 | 232,686 |
| | Prologis LP | Corporate Bond, $500,000 par value; 3.250%; due 10/01/26 | 492,679 | 497,925 |
| | Prudential Financial MTN | Corporate Bond, $300,000 par value; 4.350%; due 2/25/50 | 307,560 | 248,790 |
| | Qualcomm, Inc. | Corporate Bond, $300,000 par value; 4.800%; due 5/20/45 | 320,155 | 274,518 |
| | Roper Technologies | Corporate Bond, $190,000 par value; 5.100%; due 9/15/35 | 191,518 | 191,444 |
| | Royal BK CA MTN Conv | Corporate Bond, $300,000 par value; 4.875%; due 1/19/27 | 299,152 | 303,105 |
| | RTX Corporation | Corporate Bond, $500,000 par value; 6.050%; due 6/01/36 | 545,772 | 544,385 |
| | San Diego G&E | Corporate Bond, $300,000 par value; 4.500%; due 8/15/40 | 308,432 | 272,964 |
| | South Carolina E&G | Corporate Bond, $500,000 par value; 5.100%; due 6/01/65 | 593,577 | 443,000 |
| | Southern Co Gas Cap | Corporate Bond, $250,000 par value; 5.750%; due 9/15/33 | 265,633 | 264,910 |



(Continued)

**OSWEGO HOSPITAL RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0532220

December 31, 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 |
|---|---|---|---|---|
| | Spectra Energy Partners | Corporate Bond, $250,000 par value; 4.500%; due 3/15/45 | 212,656 | 210,843 |
| | Sysco Corp | Corporate Bond, $250,000 par value; 4.850%; due 10/01/45 | 228,015 | 225,430 |
| | Toronto Dom Bank | Corporate Bond, $250,000 par value; 4.928%; due 10/15/35 | 251,178 | 249,815 |
| | Union Pacific Corp. | Corporate Bond, $300,000 par value; 4.250%; due 4/15/43 | 299,370 | 245,115 |
| | Ventas Realty LP | Corporate Bond, $300,000 par value; 4.875%; due 4/15/49 | 311,674 | 262,311 |
| | WEC Energy Group Inc | Corporate Bond, $500,000 par value; 4.750%; due 1/09/26 | 499,923 | 500,055 |
| | Wells Fargo MTN V-Q | Corporate Bond, $250,000 par value; 5.013%; due 4/04/51 | 233,732 | 228,465 |
| | Whirlpool Corp. | Corporate Bond, $300,000 par value; 4.500%; due 6/01/46 | 278,921 | 225,260 |
| | Zimmer Biomet Holdings | Corporate Bond, $300,000 par value; 4.450%; due 8/15/45 | 293,160 | 261,657 |
| | Zoetis, Inx. | Corporate Bond, $300,000 par value; 4.700%; due 2/01/43 | 315,892 | 275,361 |
| | American Beacon SIM High Yield | Mutual Fund - 39,249 shares | 375,480 | 370,906 |
| | Virtus SEIX FLT RT HI Inc Fund | Mutual Fund - 48,138 shares | 393,766 | 368,253 |
| * | Wilmington Real Asset Fund | Mutual Fund - 60,796 shares | 900,643 | 882,155 |
| | iShares Core S&P 500 | Exchange-Traded Fund - 4,865 shares | 1,377,224 | 3,332,233 |
| | iShares Russell 2000 | Exchange-Traded Fund - 1,835 shares | 297,299 | 451,704 |
| | iShares Core MSCI EAFE | Exchange-Traded Fund - 13,435 shares | 828,452 | 1,201,895 |
| | iShares Core MSCI Emerging | Exchange-Traded Fund - 8,315 shares | 435,857 | 558,934 |
| | BlackRock Event Driven Equity Fund Institutional Shares | Hedge Fund - 53,283 units | 519,824 | 554,142 |
| | Blackstone Alternative Multi-Strategy Fund Class I | Hedge Fund - 47,403 units | 506,190 | 520,009 |
| * | Wilmington Global Alpha Equities Fund | Hedge Fund - 38,720 units | 451,656 | 556,799 |
| | | | $ 36,887,654 | 36,894,838 |

* Party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

**OSWEGO HOSPITAL RETIREMENT PLAN**

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan No. 001

Employer Identification No. 15-0532220

For the year ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of loan) | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|
| **Single Security Transactions in Excess of 5% of Plan Assets** | | | | | | |
| Wilmington U.S. Govt. Money Market | Money Market Fund | $ 2,422,822 | - | 2,422,822 | 2,422,822 | - |
| Wilmington U.S. Govt. Money Market | Money Market Fund | - | 2,400,000 | 2,400,000 | 2,400,000 | - |
| Wilmington U.S. Govt. Money Market | Money Market Fund | 2,400,000 | - | 2,400,000 | 2,400,000 | - |
| Wilmington U.S. Govt. Money Market | Money Market Fund | - | 2,357,739 | 2,357,739 | 2,357,739 | - |
| **Series of Security Transactions in Excess of 5% of Plan Assets** | | | | | | |
| Wilmington U.S. Govt. Money Market | Money Market Fund | 11,210,545 | 12,219,590 | 23,430,135 | 23,430,135 | - |

See accompanying independent auditor's report.

# Schedule of Amortization Bases

| Amortization Schedule as of January 1, 2025 | | | | | |
|---|---|---|---|---|---|
| Year Established | Initial Period | Initial Amount | Remaining Period | Remaining Amount | Annual Payment |
| 2025 | 15 Years | $ 2,360,373 | 15 Years | $ 2,360,373 | $ 220,081 |
| 2024 | 15 Years | ($ 40,633) | 14 Years | ($ 37,858) | ($ 3,697) |
| 2023 | 15 Years | $ 3,883,471 | 13 Years | $ 3,460,458 | $ 355,652 |
| Total | | | | $ 5,782,973 | $ 572,036 |