

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information			
1a Name of plan <u>SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN</u>		1b Three-digit plan number (PN) ▶	<u>002</u>
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) <u>SLOCUM-DICKSON MEDICAL GROUP, PLLC</u> <u>1729 BURRSTONE ROAD</u> <u>NEW HARTFORD, NY 13413</u>		1c Effective date of plan <u>10/02/1978</u> 2b Employer Identification Number (EIN) <u>20-0362623</u> 2c Plan Sponsor's telephone number <u>315-798-1500</u> 2d Business code (see instructions) <u>621111</u>	

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.	01/16/2023	DONALD SLEEZER
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	832
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)	495
a(2) Total number of active participants at the end of the plan year		6a(2)	487
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	197
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	684
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	684
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	627
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022		
A Name of plan SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SLOCUM-DICKSON MEDICAL GROUP, PLLC	D Employer Identification Number (EIN) 20-0362623	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB INVESTMENT MGMT INC.
94-3106735

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

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

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

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

NBT BANCORP

16-1268674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	338037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASCENT WEALTH PARTNERS, LLC

122 BUSINESS PARK DR.
STE 5
UTICA, NY 13502

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	64448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC FINANCIAL SERVICES

16-1334685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	45024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MAKROD INVESTMENT ASSOCIATES

22-2034385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	36214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HFR WEALTH MANAGEMENT LLC

86-3584492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	7055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59	NONE	3	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	23544	Yes ☐ No ☒

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

EPIC RETIREMENT PLAN SERVICES

16-1450952

(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?
15 37 38	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 62	23544

(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.
EPIC RETIREMENT PLAN SERVICES 16-1450952	CUSTODIAN FEES

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

A Name of plan <u>SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SLOCUM-DICKSON MEDICAL GROUP, PLLC</u>	D Employer Identification Number (EIN) <u>20-0362623</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

c EIN-PN <u>22-2712853-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7526327</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022		
A Name of plan SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SLOCUM-DICKSON MEDICAL GROUP, PLLC	D Employer Identification Number (EIN) 20-0362623	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	139709	363725
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	814449	927510
(2) Participant contributions.....	1b(2)	0	
(3) Other	1b(3)	21322	23941
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1282649	1184212
(9) Value of interest in common/collective trusts.....	1c(9)	6812734	7526327
(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)	58438406	57964587
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	26851850	28789874

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	94361119	96780176

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	94361119	96780176
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2527511	
(B) Participants	2a(1)(B)	1749058	
(C) Others (including rollovers).....	2a(1)(C)	115591	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4392160
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	49671	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49671
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3511403	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3511403
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13502296	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11078169	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2424127
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		75919
(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)		-2940647
c Other income.....	2c		1454953
d Total income. Add all income amounts in column (b) and enter total.....	2d		8967586
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6144791	
(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)		6144791
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	65527	
(4) Other.....	2i(4)	338211	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		403738
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6548529
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2419057
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: D'ARCANGELO & CO., LLP

(2) EIN: 13-2550103

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		985000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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		X	
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 ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

A Name of plan SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 SLOCUM-DICKSON MEDICAL GROUP, PLLC	D Employer Identification Number (EIN) 20-0362623

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
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): 82-3967259	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

SLOCUM-DICKSON
MEDICAL GROUP, PLLC
RETIREMENT PLAN

For the Year Ended
March 31, 2022

FINANCIAL STATEMENTS
AND SUPPLEMENTAL
SCHEDULES

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

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D'Arcangelo & Co., LLP

Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report

Board of Directors

Slocum-Dickson Medical Group, PLLC
Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of Slocum-Dickson Medical Group, PLLC Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of March 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended March 31, 2022, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section—

- the amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit 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 Slocum-Dickson Medical Group, PLLC 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 2022 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Slocum-Dickson Medical Group, PLLC 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 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with 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 Slocum-Dickson Medical Group, PLLC Retirement 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 Slocum-Dickson Medical Group, PLLC Retirement 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 certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters—

2022 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

Auditor's Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of Slocum-Dickson Medical Group, PLLC Retirement Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated January 11, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

D'Arcangelo & Co., LLP

January 13, 2023

Utica, New York

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

March 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments at Fair Value		
Invested Cash and Cash Equivalents	\$ 363,725	\$ 139,709
Mutual Funds	57,964,587	58,438,406
Common/Collective Trust	7,526,327	6,812,734
Unit Investment Trusts	5,892,087	5,228,557
Self-Directed Brokerage Accounts	<u>22,897,787</u>	<u>21,623,293</u>
Total Investments at Fair Value	<u>94,644,513</u>	<u>92,242,699</u>
Receivables		
Employer Contributions	927,510	814,449
Notes Receivable from Participants	1,184,212	1,282,649
Accrued Interest and Dividends	<u>23,941</u>	<u>21,322</u>
Total Receivables	<u>2,135,663</u>	<u>2,118,420</u>
Net Assets Available for Benefits	<u>\$ 96,780,176</u>	<u>\$ 94,361,119</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

For the Years Ended March 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 614,441	\$ 24,438,523
Interest and Dividends	<u>3,911,314</u>	<u>2,179,094</u>
Total Investment Income	4,525,755	26,617,617
Interest Income on Notes Receivable from Participants	49,671	53,459
Employer Contributions	2,527,511	2,914,449
Employee Elective Deferral Contributions	1,749,058	1,612,064
Employee Rollover Contributions	<u>115,591</u>	<u>58,067</u>
Total Additions	<u>8,967,586</u>	<u>31,255,656</u>
Deductions		
Benefits Paid to Participants	6,144,791	7,404,763
Administrative Expenses		
Trustee and Recordkeeper Fees	338,211	253,708
Investment Manager Fees	<u>65,527</u>	<u>67,502</u>
Total Deductions	<u>6,548,529</u>	<u>7,725,973</u>
Net Increase	2,419,057	23,529,683
Net Assets Available for Benefits, Beginning of Year	<u>94,361,119</u>	<u>70,831,436</u>
Net Assets Available for Benefits, End of Year	<u>\$ 96,780,176</u>	<u>\$ 94,361,119</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Operations

Slocum-Dickson Medical Group, PLLC Retirement Plan (the Plan) is a defined contribution profit-sharing plan covering eligible employees of Slocum-Dickson Medical Group, PLLC and Affiliates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Basis of Accounting

The financial statements were reported using the accrual basis of accounting. Employer and employee contributions receivables at March 31, 2022 and 2021, are valued at cost and represent contributions for the Plan years ended March 31, 2022 and 2021, which were received subsequent to year end. Benefits are recorded when paid.

Investment Valuation and Income Recognition

Investments are recorded 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. See Note 4 for 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 the statements of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan considers the notes receivable from participants to be fully collectible at year end; accordingly, no allowance for doubtful accounts is required. Interest is recognized over the term of the loan. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN

The following brief description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

An employee is eligible to participate in the Plan if they are twenty-one years of age and have completed 3 consecutive months of service having worked at least 83.3 hours of service in each month provided, however, they become eligible no later than the completion of 1,000 hours of service within a 12 consecutive month period. In order to be eligible to receive the employer contribution, the employee must have completed 1,000 hours of service during the Plan year and be employed on the last day of the Plan year.

Financing of the Plan comes from employer and participant contributions and investment income. Rollover contributions by participants are permitted. Employer contributions are allocated using a compensation-weighted formula. Essentially, those participants whose eligible compensation is greater than the social security wage base receive a greater contribution (as a percentage of compensation) than other participants. The Board of Directors of Slocum-Dickson Medical Group, PLLC determines annually the total amount to be contributed to the plan. Participants may contribute up to 100% of eligible pre-tax compensation or of eligible after-tax compensation under a Roth option as defined in the Plan, subject to maximum annual additions allowed by law. In no event will the employer plus the employee elective deferred contributions exceed the maximum amounts permitted by law. Participants become vested in employer contributions gradually over a 3-year period being 0% vested after Year 1, 30% vested after Year 2, and 100% vested after Year 3. Participants are always fully vested in their contributions to the plan.

Forfeitures can be used for restoration of participant's forfeitures first, to offset plan expenses, and then to reduce the employer non-elective contribution. The total accumulated forfeitures available at March 31, 2022 and 2021, were \$285,689 and \$29,834, respectively. The accumulated forfeitures used to reduce the employer contributions receivable at March 31, 2022 and 2021, were \$290,199 and \$30,848, respectively.

All investments are directed by the Plan participants. Participants may choose among twenty-five fund accounts or may instruct the trustee to invest in a broad range of individual investments that are allowed under the terms of the Plan (single IDA). Self-directed brokerage account custodians are NBT Bank and Fidelity. The twenty-five fund accounts are Federated Capital Preservation Fund, T. Rowe Price Spectrum Conservative Fund, T. Rowe Price Spectrum Moderate Fund, T. Rowe Price Spectrum Moderate Growth Fund, American Euro-Pacific Growth Fund, T. Rowe Price Growth Stock Fund, T. Rowe Price Dividend Growth Fund, American Beacon Small Cap Value Fund, JP Morgan Market Expansion Enhanced Index Fund, Janus Henderson Triton Fund, Hartford Mid Cap Fund, Metropolitan West Total Return Fund, Vanguard 500 Index Fund, Vanguard Balanced Index Fund, Vanguard GNMA Fund, Vanguard Total Stock

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN (Continued)

Market Index Fund, Goldman Sachs Small Mid Cap Fund, T. Rowe Price Retirement Funds (Balanced, 2020, 2030, 2040, 2050 and 2060), Columbia Mid Cap Value Fund and Columbia Dividend Income Fund.

The Plan allows loans to participants subject to various conditions under the terms of the Plan.

The Plan also allows participants to purchase life insurance under certain conditions. All premiums are charged against the account of the participant whose life is insured.

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations pursuant thereto.

NOTE 3 RISKS AND UNCERTAINTIES

The Plan may invest in various types of investment securities. Investment securities are exposed to various market risks, such as interest rate, market, and credit risk. 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.

NOTE 4 FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board authoritative guidance on fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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 the following:

- 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.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

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

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

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

The 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 March 31, 2022 and 2021:

Invested Cash and Cash Equivalents: Valued at cost which approximates fair value.

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

Common/Collective Trust: Valued at net asset value of shares held by the Plan at year end.

Unit Investment Trusts: Invested assets in this category seek to provide current income and, as a secondary objective, the potential for capital appreciation.

Self-Directed Brokerage Accounts: These participant directed brokerage accounts include invested cash and mutual funds valued as described above. These accounts include Government and Agency Securities, Common Stocks and Exchange Traded Funds which are valued at the closing price reported in the active market in which the individual security is traded. These accounts also include Corporate Bonds/Debentures and Preferred Securities. Bonds traded in the over-the-counter market and listed securities for which no sale was reported on the last business day of the plan year are valued at the average of the last reported bid and asked prices.

All assets have been valued using a market approach, except as noted above.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of March 31, 2022 and 2021:

Investments	Total	2022		
		Fair Value Measurements at Reporting		
		Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
Invested Cash and Cash				
Equivalents	\$ 363,725	\$ 363,725	\$ 0	\$ 0
Mutual Funds	57,964,587	57,964,587	0	0
Common/Collective Trust (a)	7,526,327	0	0	0
Unit Investment Trusts (a)	5,892,087	0	0	0
Self-Directed Brokerage				
Accounts	22,897,787	20,759,936	2,137,851	0
Total	<u>\$ 94,644,513</u>	<u>\$ 79,088,248</u>	<u>\$ 2,137,851</u>	<u>\$ 0</u>

Investments	Total	2021		
		Fair Value Measurements at Reporting		
		Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
Invested Cash and Cash				
Equivalents	\$ 139,709	\$ 139,709	\$ 0	\$ 0
Mutual Funds	58,438,406	58,438,406	0	0
Common/Collective Trust (a)	6,812,734	0	0	0
Unit Investment Trusts (a)	5,228,557	0	0	0
Self-Directed Brokerage				
Accounts	21,623,293	18,977,493	2,645,800	0
Total	<u>\$ 92,242,699</u>	<u>\$ 77,555,608</u>	<u>\$ 2,645,800</u>	<u>\$ 0</u>

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of March 31, 2022 and 2021:

	Fair Value		Unfunded Commitments	Redemption Restrictions
	2022	2021		
Common/Collective Trust	\$ 7,526,327	\$ 6,812,734	\$ 0	None
Unit Investment Trusts	\$ 5,892,087	\$ 5,228,557	\$ 0	None

NOTE 5 TAX STATUS

The Plan is an adoption of a prototype plan of its recordkeeper, EPIC Advisors Inc. The Internal Revenue Service has determined and informed the recordkeeper that the Plan is qualified, and the trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code.

The prototype plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE

The Trustee, NBT Bank, has supplied the Plan's administrator with certifications as to the completeness and accuracy of information regarding investment assets, transactions, and income (including accrued interest and dividends) presented in the accompanying statements of net assets available for benefits as of March 31, 2022 and 2021, the statements of changes in net assets available for benefits for the years ended March 31, 2022 and 2021 and the supplemental schedule of assets (held at end of year) as of March 31, 2022. The certification includes the following as of March 31, 2022 and 2021 and the years then ended:

	2022	2021
Investments		
Invested Cash and Cash Equivalents	\$ 363,725	\$ 139,709
Self-Directed Brokerage Accounts	15,978,307	15,041,202
Unit Investment Trusts	5,892,087	5,228,557
Mutual Funds	57,964,587	58,438,406
Common/Collective Trust	7,526,327	6,812,734
	<u>\$ 87,725,033</u>	<u>\$ 85,660,608</u>
Accrued Interest and Dividends	\$ 23,941	\$ 21,322
Total Investment Income	<u>\$ 606,574</u>	<u>\$ 24,769,646</u>

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 7 PARTIES-IN-INTEREST

A party-in-interest is defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. Plan assets are used to pay some expenses for administration of the Plan and the remaining administrative expenses are paid by the employer. Payments to such service providers by the Plan qualify as party-in-interest transactions.

Certain Plan investments are in Fidelity government cash reserves. Fidelity is one of the custodians as defined by the Plan for some of the self-directed brokerage accounts, and therefore, these transactions qualify as party-in-interest transactions. The investments in the Fidelity government cash reserves were \$78,170 and \$388,245 at March 31, 2022 and 2021, respectively.

NOTE 8 CARES ACT PROVISIONS

The Plan has changed some provisions to comply with the requirements of the Further Consolidated Appropriations Act, 2020, including the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) provisions, the Coronavirus Aid, Relief and Economic Security (CARES) Act, and the Consolidated Appropriations Act, 2021 (CAA), and corresponding guidance. The Plan has implemented certain requirements, among others, that allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, delay the commencement date for required minimum distributions, and allow participants to take qualified COVID-19 related distributions up to \$100,000 from the Plan within the applicable time periods as defined in the relevant sections of Applicable Law. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

NOTE 9 SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 13, 2023, the date on which the financial statements were available to be issued.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

March 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 20-0362623

Plan: 002

[a]	Identity of issue, borrower, lessor or similar party [b]	Description of investment including maturity date, rate of interest, collateral, par, or maturity value [c]	Cost [d]	Current Value [e]
	NBT Core 401K Account	See Attached Detail		See Attached Detail
	Participant-Directed Brokerage Accounts	Various		\$ 22,897,787
	NBT PCRA Account	See Attached Detail		See Attached Detail
	Participant Loans	Interest rates ranging from 3.25% to 6.25%		\$ 1,184,212

See Independent Auditor's Report.

SLOCUM-DICKSON MEDICAL GROUP RET PLN

ACCOUNT NUMBER: 205561

REPORTING PERIOD: 3/31/21 TO 3/31/22

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ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
	MUTUAL FUNDS				
28,291.435	AMERICAN BEACON SMALL CAP VALUE R5 TICKER: AVFIX MONTH END PRICE 28.4500	744,889.07	804,891.33	706,240.98	98,650.35
63,059.107	COLUMBIA DIVIDEND INCOME FD CL ADV TICKER: CVIRX MONTH END PRICE 31.2300	1,791,343.39	1,969,335.91	1,644,748.33	324,587.58
50,895.194	COLUMBIA SELECT MID CAP VAL FD ADV TICKER: CFDRX MONTH END PRICE 14.2800	529,151.93	726,783.37	681,587.02	45,196.35
30,470.825	EUROPACIFIC GROWTH FUND R4 TICKER: REREX MONTH END PRICE 55.4600	2,046,142.25	1,689,911.95	1,498,545.70	191,366.25
31,885.269	GOLDMAN SACHS SML MID CAP GRWTH CL I TICKER: GSMTX MONTH END PRICE 22.4800	0.00	716,780.85	932,731.30	215,950.45-
0.000	HARTFORD MUT FDS INCMIDCAP FD R5 TICKER: HFMTX MONTH END PRICE 0.0000	1,006,998.31	0.00	0.00	0.00
21,124.589	JANUS HENDERSON TRITON FD CL T TICKER: JATTX MONTH END PRICE 30.2600	967,197.06	639,230.06	702,554.73	63,324.67-
151,321.295	JPMORGAN MKT EXPANSION ENHNCD INDX A TICKER: OMEAX MONTH END PRICE 11.4900	2,017,720.97	1,738,681.68	1,644,932.72	93,748.96
184,921.977	METROPOLITAN WEST TOTAL RETURN I TICKER: MWITX MONTH END PRICE 10.1800	2,304,497.38	1,882,505.73	2,021,750.06	139,244.33-

SLOCUM-DICKSON MEDICAL GROUP RET PLN

ACCOUNT NUMBER: 205561

REPORTING PERIOD: 3/31/21 TO 3/31/22

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ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
7,080.922	SPECTRUM CONSRV ALLOCATION TICKER: PRSIX	190,972.09	143,601.10	135,688.48	7,912.62
	MONTH END PRICE 20.2800				
41,079.641	SPECTRUM MOD ALLOCATION TICKER: TRPBX	1,048,529.15	1,032,742.17	927,929.36	104,812.81
	MONTH END PRICE 25.1400				
27,953.098	SPECTRUM MOD GWTH ALLOCATION TICKER: TRSGX	1,245,172.56	1,108,899.40	895,504.36	213,395.04
	MONTH END PRICE 39.6700				
50,850.685	T ROWE PRICE GROWTH STK ADV TICKER: TRSAX	4,557,185.25	4,455,537.02	3,267,300.73	1,188,236.29
	MONTH END PRICE 87.6200				
18,684.916	T ROWE PRICE RETIREMENT BALANCE FD TICKER: TRRIX	120,485.37	270,557.58	296,687.46	26,129.88-
	MONTH END PRICE 14.4800				
548.299	T ROWE PRICE RETIREMENT 2010 FD TICKER: TRRAX	9,519.68	9,162.08	9,678.68	516.60-
	MONTH END PRICE 16.7100				
37,366.935	T ROWE PRICE RETIREMENT 2020 FUND TICKER: TRRBX	933,378.67	788,068.66	797,556.21	9,487.55-
	MONTH END PRICE 21.0900				
200,971.704	T ROWE PRICE RETIREMENT 2030 FD TICKER: TRRCX	5,182,492.07	5,570,935.63	4,943,970.26	626,965.37
	MONTH END PRICE 27.7200				
154,604.167	T ROWE PRICE RETIREMENT 2040 FD TICKER: TRRDY	4,264,897.61	4,726,249.39	4,133,969.62	592,279.77
	MONTH END PRICE 30.5700				
192,158.747	T ROWE PRICE RETIREMENT 2050 TICKER: TRRMX	3,284,493.78	3,489,602.85	2,967,557.01	522,045.84

SLOCUM-DICKSON MEDICAL GROUP RET PLN

ACCOUNT NUMBER: 205561

REPORTING PERIOD: 3/31/21 TO 3/31/22

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ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
4,600.711	MONTH END PRICE 18.1600 T ROWE PRICE RETIREMENT 2060 FD TICKER: TRRLX	55,134.62	70,896.96	64,533.48	6,363.48
16,142.659	MONTH END PRICE 15.4100 T. ROWE PRICE DIVIDEND GROWTH ADV TICKER: TADGX	844,020.42	1,133,537.51	812,329.90	321,207.61
261,258.467	MONTH END PRICE 70.2200 VANGUARD BALANCED INDEX FD ADMIRAL TICKER: VBIAX	13,014,104.69	11,994,376.22	8,872,402.04	3,121,974.18
46,930.665	MONTH END PRICE 45.9100 VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	549,587.30	472,122.49	499,304.07	27,181.58-
4,144.263	MONTH END PRICE 10.0600 VANGUARD TOTAL STOCK MKT INDX FD ADM TICKER: VTSAX	326,500.08	459,184.34	362,450.10	96,734.24
28,866.924	MONTH END PRICE 110.8000 VANGUARD 500 INDEX F TICKER: VFIAX	11,403,992.26	12,070,992.94	5,822,627.14	6,248,365.80
	MONTH END PRICE 418.1600				
		58,438,405.96	57,964,587.22	44,642,579.74	13,322,007.48
	COLLECTIVE INVESTMENT TRUSTS				
752,632.711	FEDERATED CAPITAL PRESERVATION FD I TICKER: FIC1Z	6,812,734.17	7,526,327.11	7,526,327.11	0.00
	MONTH END PRICE 10.0000				
		6,812,734.17	7,526,327.11	7,526,327.11	0.00

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	TOTAL	65,251,140.13	65,490,914.33	52,168,906.85	13,322,007.48
	CASH	139,709.08	363,724.87		
		-----	-----		
	NET ASSETS	65,390,849.21	65,854,639.20		
		=====	=====		



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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
CASH EQUIVALENTS					
387,808.270	SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX MONTH END PRICE 1.0000	554,722.25	387,808.27	387,808.27	0.00
		554,722.25	387,808.27	387,808.27	0.00
GOV'T AND AGENCY OBLIGATIONS					
0.000	FHLB 1.12 TICKER: 6330004 MONTH END PRICE 0.0000	50,155.85	0.00	0.00	0.00
25,000.000	U S TREAS STRIP 0% 11/15/23 TICKER: 043521X MONTH END PRICE 96.5625	24,808.59	24,140.63	21,432.62	2,708.01
0.000	US TREAS NT 2.125% 8/15/21 TICKER: 184331X MONTH END PRICE 0.0000	25,195.31	0.00	0.00	0.00
100,000.000	US TREASUR NT 0.25% 9/30/23 TICKER: 8784850 MONTH END PRICE 97.2344	0.00	97,234.37	99,894.67	2,660.30-
100,000.000	US TREASUR NT 0.75% 12/31/23 TICKER: 8784876 MONTH END PRICE 97.4063	0.00	97,406.25	100,004.00	2,597.75-
		100,159.75	218,781.25	221,331.29	2,550.04-

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<u>MUNICIPAL OBLIGATIONS</u>					
0.000	NORTHBROOK IL 2% 12/01/21 TICKER: 7625666 MONTH END PRICE 0.0000	50,450.00	0.00	0.00	0.00
5,000.000	PLUM BORO PA MUN AUTH WT 3% 11/15/22 TICKER: 7739599 MONTH END PRICE 100.0820	10,137.50	5,004.10	4,996.50	7.60
		60,587.50	5,004.10	4,996.50	7.60
<u>CORPORATE OBLIGATIONS</u>					
45,000.000	BANK OF MONTREAL 2.5500% 11/06/22 TICKER: 5320899 MONTH END PRICE 100.4949	46,456.88	45,222.71	43,411.19	1,811.52
0.000	GENERAL DYNAMICS CO 3% 5/11/21 TICKER: 6357367 MONTH END PRICE 0.0000	50,136.95	0.00	0.00	0.00
0.000	NATIONAL RURAL UTILS COO 3% 8/15/21 TICKER: 7447887 MONTH END PRICE 0.0000	25,133.18	0.00	0.00	0.00
0.000	PNC FUNDING CORP 3.3% 3/08/22 TICKER: 7779855 MONTH END PRICE 0.0000	51,248.90	0.00	0.00	0.00
0.000	SAN DIEGO GAS & ELEC CO 3% 8/15/21 TICKER: SRE/21 MONTH END PRICE 0.0000	25,242.48	0.00	0.00	0.00
0.000	TJX CO 2.75% 6/15/21 TICKER: 8616988	25,021.88	0.00	0.00	0.00

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0.000	MONTH END PRICE	0.0000				
	US BANCORP	3% 3/15/22	51,186.25	0.00	0.00	0.00
	TICKER: 207848X					
	MONTH END PRICE	0.0000				
			274,426.52	45,222.71	43,411.19	1,811.52
	COMMON STOCK					
54.000	ADOBE SYSTEMS INC		0.00	24,603.48	31,911.61	7,308.13-
	TICKER: ADBE					
	MONTH END PRICE	455.6200				
12.000	ADVANSIX INC		321.84	613.08	196.92	416.16
	TICKER: ASIX					
	MONTH END PRICE	51.0900				
280.000	AIR PRODS & CHEMS INC		78,775.20	69,974.80	38,432.87	31,541.93
	TICKER: APD					
	MONTH END PRICE	249.9100				
75.000	ALPHABET INC.		155,147.25	209,474.25	101,861.69	107,612.56
	TICKER: GOOG					
	MONTH END PRICE	2,792.9900				
36.000	AMAZON COM INC		95,916.48	117,358.20	78,999.71	38,358.49
	TICKER: AMZN					
	MONTH END PRICE	3,259.9500				
380.000	AMGEN INCORPORATED		94,547.80	91,891.60	67,693.73	24,197.87
	TICKER: AMGN					
	MONTH END PRICE	241.8200				
324.000	AMPHENOL CORP CL A		22,429.80	24,413.40	9,773.73	14,639.67
	TICKER: APH					
	MONTH END PRICE	75.3500				



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1,000.000	AON PLC TICKER: AON MONTH END PRICE 325.6300	230,110.00	325,630.00	95,760.00	229,870.00
976.000	APPLE INC TICKER: AAPL MONTH END PRICE 174.6100	119,218.40	170,419.36	43,997.53	126,421.83
130.000	AUTO DATA PROCESSING TICKER: ADP MONTH END PRICE 227.5400	24,501.10	29,580.20	11,295.03	18,285.17
2,000.000	BANK OF AMERICA CORP TICKER: BAC MONTH END PRICE 41.2200	77,380.00	82,440.00	25,400.00	57,040.00
2,000.000	BANK OF NEW YORK CO NEW TICKER: BK MONTH END PRICE 49.6300	94,580.00	99,260.00	78,574.79	20,685.21
1,000.000	BARRICK GOLD CORP F TICKER: GOLD MONTH END PRICE 24.5300	19,800.00	24,530.00	18,641.91	5,888.09
500.000	BAXTER INTERNATIONAL TICKER: BAX MONTH END PRICE 77.5400	42,170.00	38,770.00	19,715.00	19,055.00
1,070.000	BECTON DICKINSON & CO TICKER: BDX MONTH END PRICE 266.0000	260,170.50	284,620.00	166,779.82	117,840.18
74.000	BERKSHIRE HATHAWAY B NEW TICKER: BRK/B MONTH END PRICE 352.9100	18,904.78	26,115.34	12,097.01	14,018.33
500.000	BRINKER INTL INC TICKER: EAT	35,530.00	19,080.00	14,875.80	4,204.20



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200.000	MONTH END PRICE BRISTOL-MYERS SQUIBB TICKER: BMY	38.1600	12,626.00	14,606.00	12,450.00	2,156.00
268.000	MONTH END PRICE CHARLES SCHWAB CORPORATION TICKER: SCHW	73.0300	19,554.00	22,595.08	7,926.19	14,668.89
500.000	MONTH END PRICE CHEESECAKE FACTORY INC TICKER: CAKE	84.3100	29,255.00	19,895.00	13,215.00	6,680.00
600.000	MONTH END PRICE CHEVRON CORPORATION TICKER: CVX	39.7900	73,353.00	97,698.00	57,372.38	40,325.62
350.000	MONTH END PRICE CIGNA CORP TICKER: CI	162.8300	84,609.00	83,863.50	49,437.50	34,426.00
60.000	MONTH END PRICE CINTAS CORP TICKER: CTAS	239.6100	34,131.00	25,523.40	7,092.64	18,430.76
300.000	MONTH END PRICE CITIGROUP INC TICKER: C	425.3900	0.00	16,020.00	21,095.97	5,075.97-
464.000	MONTH END PRICE CLOROX CO TICKER: CLX	53.4000	77,152.00	64,509.92	60,140.43	4,369.49
1,300.000	MONTH END PRICE COLGATE-PALMOLIVE CO TICKER: CL	139.0300	102,479.00	98,579.00	86,071.74	12,507.26
	MONTH END PRICE	75.8300				



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1,000.000	COMCAST CORP NEW CL A TICKER: CMCSA	54,110.00	46,820.00	44,547.30	2,272.70
	MONTH END PRICE		46.8200		
600.000	CONOCOPHILLIPS TICKER: COP	31,782.00	60,000.00	20,472.00	39,528.00
	MONTH END PRICE		100.0000		
1,000.000	CORNING INC TICKER: GLW	43,510.00	36,910.00	18,310.00	18,600.00
	MONTH END PRICE		36.9100		
2,000.000	CORTEVA INC TICKER: CTVA	93,240.00	114,960.00	49,620.00	65,340.00
	MONTH END PRICE		57.4800		
48.000	COSTCO WHSL CORP NEW TICKER: COST	26,788.48	27,640.80	8,588.94	19,051.86
	MONTH END PRICE		575.8500		
500.000	CRISPR THERAPEUTICS TICKER: CRSP	60,925.00	31,385.00	24,956.45	6,428.55
	MONTH END PRICE		62.7700		
94.000	DANAHER CORPORATION DELAWARE TICKER: DHR	21,157.52	27,573.02	7,203.68	20,369.34
	MONTH END PRICE		293.3300		
50.000	DEERE & CO TICKER: DE	0.00	20,773.00	18,260.75	2,512.25
	MONTH END PRICE		415.4600		
600.000	DOMINION RES INC VA TICKER: D	45,576.00	50,982.00	40,584.78	10,397.22
	MONTH END PRICE		84.9700		
140.000	DOVER CORP TICKER: DOV	21,940.80	21,966.00	10,508.83	11,457.17



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2,500.000	MONTH END PRICE DOW HOLDINGS INC TICKER: DOW	156.9000	159,850.00	159,300.00	134,479.12	24,820.88
0.000	MONTH END PRICE DRAFTKINGS INC TICKER: DKNQ	63.7200	61,330.00	0.00	0.00	0.00
533.000	MONTH END PRICE DUKE ENERGY CORP TICKER: DUK	0.0000	51,450.49	59,514.78	39,457.99	20,056.79
1,100.000	MONTH END PRICE DUPONT DE NEMOURS IN TICKER: DD	111.6600	102,550.56	80,938.00	195,220.17	114,282.17-
500.000	MONTH END PRICE EXACT SCIENCES CORP TICKER: EXAS	73.5800	26,356.00	34,960.00	53,224.95	18,264.95-
500.000	MONTH END PRICE EXXON MOBIL CORP TICKER: XOM	69.9200	27,915.00	41,295.00	41,141.86	153.14
1,100.000	MONTH END PRICE FMC CORPORATION TICKER: FMC	82.5900	121,671.00	144,727.00	41,866.00	102,861.00
0.000	MONTH END PRICE FORTIVE CORPORATION TICKER: FTV	131.5700	14,128.00	0.00	0.00	0.00
300.000	MONTH END PRICE GALLAGHER ARTHUR J & CO TICKER: AJG	0.0000	37,431.00	52,380.00	12,018.00	40,362.00
	MONTH END PRICE	174.6000				



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800.000	GATX CORP TICKER: GMT MONTH END PRICE 123.3300	74,192.00	98,664.00	33,320.00	65,344.00
1,000.000	GINKGO BIOWORKS HLDG TICKER: DNA MONTH END PRICE 4.0300	0.00	4,030.00	14,350.00	10,320.00-
300.000	HONEYWELL INTERNATIONAL TICKER: HON MONTH END PRICE 194.5800	65,121.00	58,374.00	34,184.17	24,189.83
339.000	INTERNATIONAL FLAVORS & FRAGRANCES TICKER: IFF MONTH END PRICE 131.3300	47,327.79	44,520.87	83,697.77	39,176.90-
70.000	INTUIT TICKER: INTU MONTH END PRICE 480.8400	26,814.20	33,658.80	7,614.00	26,044.80
200.000	IQVIA HOLDINGS INC TICKER: IQV MONTH END PRICE 231.2100	0.00	46,242.00	40,864.00	5,378.00
800.000	J P MORGAN CHASE & CO TICKER: JPM MONTH END PRICE 136.3200	121,784.00	109,056.00	57,578.91	51,477.09
1,584.000	JOHNSON & JOHNSON TICKER: JNJ MONTH END PRICE 177.2300	260,330.40	280,732.32	176,996.97	103,735.35
66.000	LENNOX INTERNATIONAL INC TICKER: LII MONTH END PRICE 257.8600	20,564.94	17,018.76	15,630.52	1,388.24
500.000	LINDE PLC F TICKER: LIN	140,070.00	159,715.00	55,812.52	103,902.48



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1,028.000	MONTH END PRICE LIVENT CORP 00 TICKER: LTHM	319.4300 17,804.96	26,799.96	12,932.24	13,867.72
600.000	MONTH END PRICE MASCO CORP TICKER: MAS	26.0700 35,940.00	30,600.00	17,244.00	13,356.00
652.000	MONTH END PRICE MCCORMICK & CO INC TICKER: MKC	51.0000 58,132.32	65,069.60	33,014.44	32,055.16
500.000	MONTH END PRICE MICROSOFT CORP TICKER: MSFT	99.8000 117,885.00	154,155.00	59,541.74	94,613.26
2,400.000	MONTH END PRICE MONDELEZ INTL INC TICKER: MDLZ	308.3100 140,472.00	150,672.00	97,628.01	53,043.99
150.000	MONTH END PRICE NESTLE S A TICKER: NSRGY	62.7800 16,726.50	19,515.00	11,756.20	7,758.80
462.000	MONTH END PRICE NEXTERA ENERGY INC TICKER: NEE	130.1000 30,244.00	39,136.02	26,680.71	12,455.31
1,000.000	MONTH END PRICE ONE GAS INC TICKER: OGS	84.7100 76,910.00	88,240.00	57,590.00	30,650.00
2,300.000	MONTH END PRICE ONEOK INC NEW TICKER: OKE	88.2400 116,518.00	162,449.00	52,923.00	109,526.00
	MONTH END PRICE	70.6300			

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130.000	PACKAGING CORP OF AMER TICKER: PKG	17,482.40	20,294.30	15,181.85	5,112.45
	MONTH END PRICE 156.1100				
1,100.000	PEPSICO INC TICKER: PEP	155,595.00	184,118.00	109,958.76	74,159.24
	MONTH END PRICE 167.3800				
1,219.000	PFIZER INCORPORATED TICKER: PFE	44,164.37	63,107.63	40,036.79	23,070.84
	MONTH END PRICE 51.7700				
600.000	PHILIP MORRIS INTL INC TICKER: PM	53,244.00	56,364.00	59,309.23	2,945.23-
	MONTH END PRICE 93.9400				
100.000	PHILLIPS 66 TICKER: PSX	8,154.00	8,639.00	8,013.26	625.74
	MONTH END PRICE 86.3900				
200.000	PNC FINANCIAL SERVICES GP INC TICKER: PNC	35,082.00	36,890.00	16,794.00	20,096.00
	MONTH END PRICE 184.4500				
52.000	POOL CORPORATION TICKER: POOL	19,333.44	21,988.20	8,135.20	13,853.00
	MONTH END PRICE 422.8500				
200.000	PROCTER & GAMBLE TICKER: PG	27,086.00	30,560.00	15,891.77	14,668.23
	MONTH END PRICE 152.8000				
210.000	R P M INCORPORATED OHIO TICKER: RPM	19,288.50	17,102.40	16,708.63	393.77
	MONTH END PRICE 81.4400				
50.000	RESIDEO TECHNOLOGIES TICKER: REZI	1,412.50	1,191.50	1,291.00	99.50-

ASSET DETAIL

SHARES/ UNITS	DESCRIPTION		BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
	MONTH END PRICE	23.8300				
675.000	ROLLINS INC TICKER: ROL		23,233.50	23,658.75	8,379.96	15,278.79
	MONTH END PRICE	35.0500				
1,000.000	S & P GLOBAL INC TICKER: SPGI		352,870.00	410,180.00	89,300.00	320,880.00
	MONTH END PRICE	410.1800				
220.000	SCHEIN HENRY INC TICKER: HSIC		15,232.80	19,181.80	17,226.99	1,954.81
	MONTH END PRICE	87.1900				
2,000.000	SEALED AIR CORP NEW TICKER: SEE		91,640.00	133,920.00	92,540.00	41,380.00
	MONTH END PRICE	66.9600				
100.000	STERIS PLC TICKER: STE		0.00	24,177.00	24,238.06	61.06-
	MONTH END PRICE	241.7700				
320.000	T J X COS INC TICKER: TJX		21,168.00	19,385.60	13,933.19	5,452.41
	MONTH END PRICE	60.5800				
372.000	TAKEDA PHARMA CO ADR F TICKER: TAK		6,792.72	5,327.04	7,116.36	1,789.32-
	MONTH END PRICE	14.3200				
500.000	TEXTRON INC TICKER: TXT		28,040.00	37,190.00	17,275.00	19,915.00
	MONTH END PRICE	74.3800				
817.000	TOOTSIE ROLL INDS INC TICKER: TR		26,305.22	28,562.32	25,427.23	3,135.09
	MONTH END PRICE	34.9600				



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110.000	TRACTOR SUPPLY CO TICKER: TSCO	30,103.60	25,670.70	7,977.87	17,692.83
	MONTH END PRICE	233.3700			
110.000	UNION PACIFIC CORP TICKER: UNP	24,245.10	30,053.10	14,229.53	15,823.57
	MONTH END PRICE	273.2100			
300.000	US BANCORP DEL NEW TICKER: USB	16,593.00	15,945.00	13,021.16	2,923.84
	MONTH END PRICE	53.1500			
70.000	VAIL RESORTS INC TICKER: MTN	20,416.20	18,218.90	16,555.27	1,663.63
	MONTH END PRICE	260.2700			
0.000	VIATRIS INC TICKER: VTRS	2,109.47	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
520.000	VISA INC CL A TICKER: V	110,099.60	115,320.40	85,656.50	29,663.90
	MONTH END PRICE	221.7700			
200.000	W E C ENERGY GROUP I TICKER: WEC	18,718.00	19,962.00	12,343.54	7,618.46
	MONTH END PRICE	99.8100			
160.000	WASTE MANAGEMENT INC DEL TICKER: WM	20,643.20	25,360.00	18,791.91	6,568.09
	MONTH END PRICE	158.5000			
500.000	WILLIAMS CO. INC. TICKER: WMB	11,845.00	16,705.00	7,820.00	8,885.00
	MONTH END PRICE	33.4100			
20.000	ZIMMER HOLDINGS INC TICKER: ZBH	3,201.60	2,558.00	1,950.60	607.40



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2.000	MONTH END PRICE ZIMVIE INC TICKER: ZIMV MONTH END PRICE	127.9000 0.00	45.68	51.06	5.38-
600.000	3M COMPANY TICKER: MMM MONTH END PRICE	22.8400 115,608.00	89,328.00	112,723.74	23,395.74-
		5,490,918.33	6,183,840.86	3,658,507.48	2,525,333.38
	UNIT INVESTMENT TRUSTS				
36,667.000	ISHARES EDG MSCI MLTFCTR INTL ETF TICKER: INTF MONTH END PRICE	27.6700 919,380.33	1,014,575.89	924,308.45	90,267.44
33,595.000	ISHARES EDGE MSCI MULTIFACTOR USA ET TICKER: LRGF MONTH END PRICE	44.4800 1,553,626.56	1,494,305.60	993,706.79	500,598.81
524.000	ISHARES EDGE MSCI USA MOMENTUM FACTO TICKER: MTUM MONTH END PRICE	168.2700 82,521.18	88,173.48	79,175.56	8,997.92
754.000	ISHARES EDGE MSCI USA VALUE FACTOR E TICKER: VLUE MONTH END PRICE	104.5700 150,821.12	78,845.78	64,196.47	14,649.31
0.000	ISHARES EXPANDED TECH SECTOR ETF TICKER: IGM MONTH END PRICE	0.0000 43,302.00	0.00	0.00	0.00
4,709.000	ISHARES INT GOV CREDIT BOND ETF TICKER: GVI MONTH END PRICE	108.5300 283,244.76	511,067.77	542,230.04	31,162.27-



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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
7,330.000	ISHARES MSCI EMERG MRKT MULTIFCT ETF TICKER: EMGF	352,763.40	354,698.70	301,585.95	53,112.75
	MONTH END PRICE 48.3900				
18,950.000	ISHARES MSCI USA MULTIFCT ETF TICKER: SMLF	935,760.45	1,034,101.50	720,397.04	313,704.46
	MONTH END PRICE 54.5700				
996.000	ISHARES TIPS BOND ETF TICKER: TIP	122,613.50	124,071.72	118,922.49	5,149.23
	MONTH END PRICE 124.5700				
6,040.000	SPDR GOLD MINISHARES ETV TICKER: GLDM	204,969.00	232,358.80	92,379.20	139,979.60
	MONTH END PRICE 38.4700				
1,067.000	SPDR S&P BIOTECH ETF IV TICKER: XBI	96,311.50	95,901.96	103,732.28	7,830.32-
	MONTH END PRICE 89.8800				
1,091.000	VANGUARD EMERGING MKT GOV BND ETF IV TICKER: VWOB	69,517.50	76,217.26	88,662.76	12,445.50-
	MONTH END PRICE 69.8600				
7,206.000	VANGUARD SHORT TERM COR BD ETF TICKER: VCSH	267,960.00	562,716.54	591,185.45	28,468.91-
	MONTH END PRICE 78.0900				
1,287.000	VANGUARD SHORT TERM TREASURY ETF TICKER: VGSH	0.00	76,267.62	79,085.56	2,817.94-
	MONTH END PRICE 59.2600				
0.000	VANGUARD US MINIMUM TICKER: VFMV	1,401.90	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
1,177.000	VANGUARD US MOMENTUM TICKER: VFMO	144,363.65	148,784.57	91,308.76	57,475.81



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	MONTH END PRICE	126.4100			
		5,228,556.85	5,892,087.19	4,790,876.80	1,101,210.39
TOTAL		11,709,371.20	12,732,744.38	9,106,931.53	3,625,812.85
CASH		8,538.29	2,961.75		
NET ASSETS		11,717,909.49	12,735,706.13		

**SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

March 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 20-0362623

Plan: 002

<u>[a]</u>	<u>Identity of issue, borrower, lessor or similar party [b]</u>	<u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value [c]</u>	<u>Cost [d]</u>	<u>Current Value [e]</u>
	NBT Core 401K Account	See Attached Detail		See Attached Detail
	Participant-Directed Brokerage Accounts	Various		\$ 22,897,787
	NBT PCRA Account	See Attached Detail		See Attached Detail
	Participant Loans	Interest rates ranging from 3.25% to 6.25%		\$ 1,184,212

See Independent Auditor's Report.

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	MUTUAL FUNDS				
28,291.435	AMERICAN BEACON SMALL CAP VALUE R5 TICKER: AVFIX MONTH END PRICE 28.4500	744,889.07	804,891.33	706,240.98	98,650.35
63,059.107	COLUMBIA DIVIDEND INCOME FD CL ADV TICKER: CVIRX MONTH END PRICE 31.2300	1,791,343.39	1,969,335.91	1,644,748.33	324,587.58
50,895.194	COLUMBIA SELECT MID CAP VAL FD ADV TICKER: CFDRX MONTH END PRICE 14.2800	529,151.93	726,783.37	681,587.02	45,196.35
30,470.825	EUROPACIFIC GROWTH FUND R4 TICKER: REREX MONTH END PRICE 55.4600	2,046,142.25	1,689,911.95	1,498,545.70	191,366.25
31,885.269	GOLDMAN SACHS SML MID CAP GRWTH CL I TICKER: GSMYX MONTH END PRICE 22.4800	0.00	716,780.85	932,731.30	215,950.45-
0.000	HARTFORD MUT FDS INCMIDCAP FD R5 TICKER: HFMTX MONTH END PRICE 0.0000	1,006,998.31	0.00	0.00	0.00
21,124.589	JANUS HENDERSON TRITON FD CL T TICKER: JATTX MONTH END PRICE 30.2600	967,197.06	639,230.06	702,554.73	63,324.67-
151,321.295	JPMORGAN MKT EXPANSION ENHNCD INDX A TICKER: OMEAX MONTH END PRICE 11.4900	2,017,720.97	1,738,681.68	1,644,932.72	93,748.96
184,921.977	METROPOLITAN WEST TOTAL RETURN I TICKER: MWITX MONTH END PRICE 10.1800	2,304,497.38	1,882,505.73	2,021,750.06	139,244.33-

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7,080.922	SPECTRUM CONSRV ALLOCATION TICKER: PRSIX	190,972.09	143,601.10	135,688.48	7,912.62
	MONTH END PRICE 20.2800				
41,079.641	SPECTRUM MOD ALLOCATION TICKER: TRPBX	1,048,529.15	1,032,742.17	927,929.36	104,812.81
	MONTH END PRICE 25.1400				
27,953.098	SPECTRUM MOD GWTH ALLOCATION TICKER: TRSGX	1,245,172.56	1,108,899.40	895,504.36	213,395.04
	MONTH END PRICE 39.6700				
50,850.685	T ROWE PRICE GROWTH STK ADV TICKER: TRSAX	4,557,185.25	4,455,537.02	3,267,300.73	1,188,236.29
	MONTH END PRICE 87.6200				
18,684.916	T ROWE PRICE RETIREMENT BALANCE FD TICKER: TRRIX	120,485.37	270,557.58	296,687.46	26,129.88-
	MONTH END PRICE 14.4800				
548.299	T ROWE PRICE RETIREMENT 2010 FD TICKER: TRRAX	9,519.68	9,162.08	9,678.68	516.60-
	MONTH END PRICE 16.7100				
37,366.935	T ROWE PRICE RETIREMENT 2020 FUND TICKER: TRRBX	933,378.67	788,068.66	797,556.21	9,487.55-
	MONTH END PRICE 21.0900				
200,971.704	T ROWE PRICE RETIREMENT 2030 FD TICKER: TRRCX	5,182,492.07	5,570,935.63	4,943,970.26	626,965.37
	MONTH END PRICE 27.7200				
154,604.167	T ROWE PRICE RETIREMENT 2040 FD TICKER: TRRDY	4,264,897.61	4,726,249.39	4,133,969.62	592,279.77
	MONTH END PRICE 30.5700				
192,158.747	T ROWE PRICE RETIREMENT 2050 TICKER: TRRMX	3,284,493.78	3,489,602.85	2,967,557.01	522,045.84

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4,600.711	MONTH END PRICE 18.1600 T ROWE PRICE RETIREMENT 2060 FD TICKER: TRRLX	55,134.62	70,896.96	64,533.48	6,363.48
16,142.659	MONTH END PRICE 15.4100 T. ROWE PRICE DIVIDEND GROWTH ADV TICKER: TADGX	844,020.42	1,133,537.51	812,329.90	321,207.61
261,258.467	MONTH END PRICE 70.2200 VANGUARD BALANCED INDEX FD ADMIRAL TICKER: VBIAX	13,014,104.69	11,994,376.22	8,872,402.04	3,121,974.18
46,930.665	MONTH END PRICE 45.9100 VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	549,587.30	472,122.49	499,304.07	27,181.58-
4,144.263	MONTH END PRICE 10.0600 VANGUARD TOTAL STOCK MKT INDX FD ADM TICKER: VTSAX	326,500.08	459,184.34	362,450.10	96,734.24
28,866.924	MONTH END PRICE 110.8000 VANGUARD 500 INDEX F TICKER: VFIAX	11,403,992.26	12,070,992.94	5,822,627.14	6,248,365.80
	MONTH END PRICE 418.1600				
		58,438,405.96	57,964,587.22	44,642,579.74	13,322,007.48
	COLLECTIVE INVESTMENT TRUSTS				
752,632.711	FEDERATED CAPITAL PRESERVATION FD I TICKER: FIC1Z	6,812,734.17	7,526,327.11	7,526,327.11	0.00
	MONTH END PRICE 10.0000				
		6,812,734.17	7,526,327.11	7,526,327.11	0.00

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	TOTAL	65,251,140.13	65,490,914.33	52,168,906.85	13,322,007.48
	CASH	139,709.08	363,724.87		
		-----	-----		
	NET ASSETS	65,390,849.21	65,854,639.20		
		=====	=====		



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CASH EQUIVALENTS					
387,808.270	SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX MONTH END PRICE 1.0000	554,722.25	387,808.27	387,808.27	0.00
		554,722.25	387,808.27	387,808.27	0.00
GOV'T AND AGENCY OBLIGATIONS					
0.000	FHLB 1.12 TICKER: 6330004 MONTH END PRICE 0.0000	50,155.85	0.00	0.00	0.00
25,000.000	U S TREAS STRIP 0% 11/15/23 TICKER: 043521X MONTH END PRICE 96.5625	24,808.59	24,140.63	21,432.62	2,708.01
0.000	US TREAS NT 2.125% 8/15/21 TICKER: 184331X MONTH END PRICE 0.0000	25,195.31	0.00	0.00	0.00
100,000.000	US TREASUR NT 0.25% 9/30/23 TICKER: 8784850 MONTH END PRICE 97.2344	0.00	97,234.37	99,894.67	2,660.30-
100,000.000	US TREASUR NT 0.75% 12/31/23 TICKER: 8784876 MONTH END PRICE 97.4063	0.00	97,406.25	100,004.00	2,597.75-
		100,159.75	218,781.25	221,331.29	2,550.04-

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<u>MUNICIPAL OBLIGATIONS</u>					
0.000	NORTHBROOK IL 2% 12/01/21 TICKER: 7625666 MONTH END PRICE 0.0000	50,450.00	0.00	0.00	0.00
5,000.000	PLUM BORO PA MUN AUTH WT 3% 11/15/22 TICKER: 7739599 MONTH END PRICE 100.0820	10,137.50	5,004.10	4,996.50	7.60
		60,587.50	5,004.10	4,996.50	7.60
<u>CORPORATE OBLIGATIONS</u>					
45,000.000	BANK OF MONTREAL 2.5500% 11/06/22 TICKER: 5320899 MONTH END PRICE 100.4949	46,456.88	45,222.71	43,411.19	1,811.52
0.000	GENERAL DYNAMICS CO 3% 5/11/21 TICKER: 6357367 MONTH END PRICE 0.0000	50,136.95	0.00	0.00	0.00
0.000	NATIONAL RURAL UTILS COO 3% 8/15/21 TICKER: 7447887 MONTH END PRICE 0.0000	25,133.18	0.00	0.00	0.00
0.000	PNC FUNDING CORP 3.3% 3/08/22 TICKER: 7779855 MONTH END PRICE 0.0000	51,248.90	0.00	0.00	0.00
0.000	SAN DIEGO GAS & ELEC CO 3% 8/15/21 TICKER: SRE/21 MONTH END PRICE 0.0000	25,242.48	0.00	0.00	0.00
0.000	TJX CO 2.75% 6/15/21 TICKER: 8616988	25,021.88	0.00	0.00	0.00



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0.000	MONTH END PRICE	0.0000				
	US BANCORP	3% 3/15/22	51,186.25	0.00	0.00	0.00
	TICKER: 207848X					
	MONTH END PRICE	0.0000				
			274,426.52	45,222.71	43,411.19	1,811.52
	COMMON STOCK					
54.000	ADOBE SYSTEMS INC		0.00	24,603.48	31,911.61	7,308.13-
	TICKER: ADBE					
	MONTH END PRICE	455.6200				
12.000	ADVANSIX INC		321.84	613.08	196.92	416.16
	TICKER: ASIX					
	MONTH END PRICE	51.0900				
280.000	AIR PRODS & CHEMS INC		78,775.20	69,974.80	38,432.87	31,541.93
	TICKER: APD					
	MONTH END PRICE	249.9100				
75.000	ALPHABET INC.		155,147.25	209,474.25	101,861.69	107,612.56
	TICKER: GOOG					
	MONTH END PRICE	2,792.9900				
36.000	AMAZON COM INC		95,916.48	117,358.20	78,999.71	38,358.49
	TICKER: AMZN					
	MONTH END PRICE	3,259.9500				
380.000	AMGEN INCORPORATED		94,547.80	91,891.60	67,693.73	24,197.87
	TICKER: AMGN					
	MONTH END PRICE	241.8200				
324.000	AMPHENOL CORP CL A		22,429.80	24,413.40	9,773.73	14,639.67
	TICKER: APH					
	MONTH END PRICE	75.3500				



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1,000.000	AON PLC TICKER: AON	230,110.00	325,630.00	95,760.00	229,870.00
	MONTH END PRICE	325.6300			
976.000	APPLE INC TICKER: AAPL	119,218.40	170,419.36	43,997.53	126,421.83
	MONTH END PRICE	174.6100			
130.000	AUTO DATA PROCESSING TICKER: ADP	24,501.10	29,580.20	11,295.03	18,285.17
	MONTH END PRICE	227.5400			
2,000.000	BANK OF AMERICA CORP TICKER: BAC	77,380.00	82,440.00	25,400.00	57,040.00
	MONTH END PRICE	41.2200			
2,000.000	BANK OF NEW YORK CO NEW TICKER: BK	94,580.00	99,260.00	78,574.79	20,685.21
	MONTH END PRICE	49.6300			
1,000.000	BARRICK GOLD CORP F TICKER: GOLD	19,800.00	24,530.00	18,641.91	5,888.09
	MONTH END PRICE	24.5300			
500.000	BAXTER INTERNATIONAL TICKER: BAX	42,170.00	38,770.00	19,715.00	19,055.00
	MONTH END PRICE	77.5400			
1,070.000	BECTON DICKINSON & CO TICKER: BDX	260,170.50	284,620.00	166,779.82	117,840.18
	MONTH END PRICE	266.0000			
74.000	BERKSHIRE HATHAWAY B NEW TICKER: BRK/B	18,904.78	26,115.34	12,097.01	14,018.33
	MONTH END PRICE	352.9100			
500.000	BRINKER INTL INC TICKER: EAT	35,530.00	19,080.00	14,875.80	4,204.20



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200.000	MONTH END PRICE BRISTOL-MYERS SQUIBB TICKER: BMY	38.1600	12,626.00	14,606.00	12,450.00	2,156.00
268.000	MONTH END PRICE CHARLES SCHWAB CORPORATION TICKER: SCHW	73.0300	19,554.00	22,595.08	7,926.19	14,668.89
500.000	MONTH END PRICE CHEESECAKE FACTORY INC TICKER: CAKE	84.3100	29,255.00	19,895.00	13,215.00	6,680.00
600.000	MONTH END PRICE CHEVRON CORPORATION TICKER: CVX	39.7900	73,353.00	97,698.00	57,372.38	40,325.62
350.000	MONTH END PRICE CIGNA CORP TICKER: CI	162.8300	84,609.00	83,863.50	49,437.50	34,426.00
60.000	MONTH END PRICE CINTAS CORP TICKER: CTAS	239.6100	34,131.00	25,523.40	7,092.64	18,430.76
300.000	MONTH END PRICE CITIGROUP INC TICKER: C	425.3900	0.00	16,020.00	21,095.97	5,075.97-
464.000	MONTH END PRICE CLOROX CO TICKER: CLX	53.4000	77,152.00	64,509.92	60,140.43	4,369.49
1,300.000	MONTH END PRICE COLGATE-PALMOLIVE CO TICKER: CL	139.0300	102,479.00	98,579.00	86,071.74	12,507.26
	MONTH END PRICE	75.8300				



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1,000.000	COMCAST CORP NEW CL A TICKER: CMCSA	54,110.00	46,820.00	44,547.30	2,272.70
	MONTH END PRICE		46.8200		
600.000	CONOCOPHILLIPS TICKER: COP	31,782.00	60,000.00	20,472.00	39,528.00
	MONTH END PRICE		100.0000		
1,000.000	CORNING INC TICKER: GLW	43,510.00	36,910.00	18,310.00	18,600.00
	MONTH END PRICE		36.9100		
2,000.000	CORTEVA INC TICKER: CTVA	93,240.00	114,960.00	49,620.00	65,340.00
	MONTH END PRICE		57.4800		
48.000	COSTCO WHSL CORP NEW TICKER: COST	26,788.48	27,640.80	8,588.94	19,051.86
	MONTH END PRICE		575.8500		
500.000	CRISPR THERAPEUTICS TICKER: CRSP	60,925.00	31,385.00	24,956.45	6,428.55
	MONTH END PRICE		62.7700		
94.000	DANAHER CORPORATION DELAWARE TICKER: DHR	21,157.52	27,573.02	7,203.68	20,369.34
	MONTH END PRICE		293.3300		
50.000	DEERE & CO TICKER: DE	0.00	20,773.00	18,260.75	2,512.25
	MONTH END PRICE		415.4600		
600.000	DOMINION RES INC VA TICKER: D	45,576.00	50,982.00	40,584.78	10,397.22
	MONTH END PRICE		84.9700		
140.000	DOVER CORP TICKER: DOV	21,940.80	21,966.00	10,508.83	11,457.17



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2,500.000	MONTH END PRICE DOW HOLDINGS INC TICKER: DOW	156.9000 159,850.00	159,300.00	134,479.12	24,820.88
0.000	MONTH END PRICE DRAFTKINGS INC TICKER: DKNQ	63.7200 61,330.00	0.00	0.00	0.00
533.000	MONTH END PRICE DUKE ENERGY CORP TICKER: DUK	0.0000 51,450.49	59,514.78	39,457.99	20,056.79
1,100.000	MONTH END PRICE DUPONT DE NEMOURS IN TICKER: DD	111.6600 102,550.56	80,938.00	195,220.17	114,282.17-
500.000	MONTH END PRICE EXACT SCIENCES CORP TICKER: EXAS	73.5800 26,356.00	34,960.00	53,224.95	18,264.95-
500.000	MONTH END PRICE EXXON MOBIL CORP TICKER: XOM	69.9200 27,915.00	41,295.00	41,141.86	153.14
1,100.000	MONTH END PRICE FMC CORPORATION TICKER: FMC	82.5900 121,671.00	144,727.00	41,866.00	102,861.00
0.000	MONTH END PRICE FORTIVE CORPORATION TICKER: FTV	131.5700 14,128.00	0.00	0.00	0.00
300.000	MONTH END PRICE GALLAGHER ARTHUR J & CO TICKER: AJG	0.0000 37,431.00	52,380.00	12,018.00	40,362.00
	MONTH END PRICE	174.6000			



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800.000	GATX CORP TICKER: GMT MONTH END PRICE 123.3300	74,192.00	98,664.00	33,320.00	65,344.00
1,000.000	GINKGO BIOWORKS HLDG TICKER: DNA MONTH END PRICE 4.0300	0.00	4,030.00	14,350.00	10,320.00-
300.000	HONEYWELL INTERNATIONAL TICKER: HON MONTH END PRICE 194.5800	65,121.00	58,374.00	34,184.17	24,189.83
339.000	INTERNATIONAL FLAVORS & FRAGRANCES TICKER: IFF MONTH END PRICE 131.3300	47,327.79	44,520.87	83,697.77	39,176.90-
70.000	INTUIT TICKER: INTU MONTH END PRICE 480.8400	26,814.20	33,658.80	7,614.00	26,044.80
200.000	IQVIA HOLDINGS INC TICKER: IQV MONTH END PRICE 231.2100	0.00	46,242.00	40,864.00	5,378.00
800.000	J P MORGAN CHASE & CO TICKER: JPM MONTH END PRICE 136.3200	121,784.00	109,056.00	57,578.91	51,477.09
1,584.000	JOHNSON & JOHNSON TICKER: JNJ MONTH END PRICE 177.2300	260,330.40	280,732.32	176,996.97	103,735.35
66.000	LENNOX INTERNATIONAL INC TICKER: LII MONTH END PRICE 257.8600	20,564.94	17,018.76	15,630.52	1,388.24
500.000	LINDE PLC F TICKER: LIN	140,070.00	159,715.00	55,812.52	103,902.48



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1,028.000	MONTH END PRICE LIVENT CORP 00 TICKER: LTHM	319.4300 17,804.96	26,799.96	12,932.24	13,867.72
600.000	MONTH END PRICE MASCO CORP TICKER: MAS	26.0700 35,940.00	30,600.00	17,244.00	13,356.00
652.000	MONTH END PRICE MCCORMICK & CO INC TICKER: MKC	51.0000 58,132.32	65,069.60	33,014.44	32,055.16
500.000	MONTH END PRICE MICROSOFT CORP TICKER: MSFT	99.8000 117,885.00	154,155.00	59,541.74	94,613.26
2,400.000	MONTH END PRICE MONDELEZ INTL INC TICKER: MDLZ	308.3100 140,472.00	150,672.00	97,628.01	53,043.99
150.000	MONTH END PRICE NESTLE S A TICKER: NSRGY	62.7800 16,726.50	19,515.00	11,756.20	7,758.80
462.000	MONTH END PRICE NEXTERA ENERGY INC TICKER: NEE	130.1000 30,244.00	39,136.02	26,680.71	12,455.31
1,000.000	MONTH END PRICE ONE GAS INC TICKER: OGS	84.7100 76,910.00	88,240.00	57,590.00	30,650.00
2,300.000	MONTH END PRICE ONEOK INC NEW TICKER: OKE	88.2400 116,518.00	162,449.00	52,923.00	109,526.00
	MONTH END PRICE	70.6300			

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130.000	PACKAGING CORP OF AMER TICKER: PKG	17,482.40	20,294.30	15,181.85	5,112.45
	MONTH END PRICE 156.1100				
1,100.000	PEPSICO INC TICKER: PEP	155,595.00	184,118.00	109,958.76	74,159.24
	MONTH END PRICE 167.3800				
1,219.000	PFIZER INCORPORATED TICKER: PFE	44,164.37	63,107.63	40,036.79	23,070.84
	MONTH END PRICE 51.7700				
600.000	PHILIP MORRIS INTL INC TICKER: PM	53,244.00	56,364.00	59,309.23	2,945.23-
	MONTH END PRICE 93.9400				
100.000	PHILLIPS 66 TICKER: PSX	8,154.00	8,639.00	8,013.26	625.74
	MONTH END PRICE 86.3900				
200.000	PNC FINANCIAL SERVICES GP INC TICKER: PNC	35,082.00	36,890.00	16,794.00	20,096.00
	MONTH END PRICE 184.4500				
52.000	POOL CORPORATION TICKER: POOL	19,333.44	21,988.20	8,135.20	13,853.00
	MONTH END PRICE 422.8500				
200.000	PROCTER & GAMBLE TICKER: PG	27,086.00	30,560.00	15,891.77	14,668.23
	MONTH END PRICE 152.8000				
210.000	R P M INCORPORATED OHIO TICKER: RPM	19,288.50	17,102.40	16,708.63	393.77
	MONTH END PRICE 81.4400				
50.000	RESIDEO TECHNOLOGIES TICKER: REZI	1,412.50	1,191.50	1,291.00	99.50-

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	MONTH END PRICE	23.8300				
675.000	ROLLINS INC TICKER: ROL		23,233.50	23,658.75	8,379.96	15,278.79
	MONTH END PRICE	35.0500				
1,000.000	S & P GLOBAL INC TICKER: SPGI		352,870.00	410,180.00	89,300.00	320,880.00
	MONTH END PRICE	410.1800				
220.000	SCHEIN HENRY INC TICKER: HSIC		15,232.80	19,181.80	17,226.99	1,954.81
	MONTH END PRICE	87.1900				
2,000.000	SEALED AIR CORP NEW TICKER: SEE		91,640.00	133,920.00	92,540.00	41,380.00
	MONTH END PRICE	66.9600				
100.000	STERIS PLC TICKER: STE		0.00	24,177.00	24,238.06	61.06-
	MONTH END PRICE	241.7700				
320.000	T J X COS INC TICKER: TJX		21,168.00	19,385.60	13,933.19	5,452.41
	MONTH END PRICE	60.5800				
372.000	TAKEDA PHARMA CO ADR F TICKER: TAK		6,792.72	5,327.04	7,116.36	1,789.32-
	MONTH END PRICE	14.3200				
500.000	TEXTRON INC TICKER: TXT		28,040.00	37,190.00	17,275.00	19,915.00
	MONTH END PRICE	74.3800				
817.000	TOOTSIE ROLL INDS INC TICKER: TR		26,305.22	28,562.32	25,427.23	3,135.09
	MONTH END PRICE	34.9600				

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110.000	TRACTOR SUPPLY CO TICKER: TSCO	30,103.60	25,670.70	7,977.87	17,692.83
	MONTH END PRICE 233.3700				
110.000	UNION PACIFIC CORP TICKER: UNP	24,245.10	30,053.10	14,229.53	15,823.57
	MONTH END PRICE 273.2100				
300.000	US BANCORP DEL NEW TICKER: USB	16,593.00	15,945.00	13,021.16	2,923.84
	MONTH END PRICE 53.1500				
70.000	VAIL RESORTS INC TICKER: MTN	20,416.20	18,218.90	16,555.27	1,663.63
	MONTH END PRICE 260.2700				
0.000	VIATRIS INC TICKER: VTRS	2,109.47	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
520.000	VISA INC CL A TICKER: V	110,099.60	115,320.40	85,656.50	29,663.90
	MONTH END PRICE 221.7700				
200.000	W E C ENERGY GROUP I TICKER: WEC	18,718.00	19,962.00	12,343.54	7,618.46
	MONTH END PRICE 99.8100				
160.000	WASTE MANAGEMENT INC DEL TICKER: WM	20,643.20	25,360.00	18,791.91	6,568.09
	MONTH END PRICE 158.5000				
500.000	WILLIAMS CO. INC. TICKER: WMB	11,845.00	16,705.00	7,820.00	8,885.00
	MONTH END PRICE 33.4100				
20.000	ZIMMER HOLDINGS INC TICKER: ZBH	3,201.60	2,558.00	1,950.60	607.40



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2.000	MONTH END PRICE ZIMVIE INC TICKER: ZIMV MONTH END PRICE	127.9000 0.00	45.68	51.06	5.38-
600.000	3M COMPANY TICKER: MMM MONTH END PRICE	22.8400 115,608.00	89,328.00	112,723.74	23,395.74-
		5,490,918.33	6,183,840.86	3,658,507.48	2,525,333.38
	UNIT INVESTMENT TRUSTS				
36,667.000	ISHARES EDG MSCI MLTFCTR INTL ETF TICKER: INTF MONTH END PRICE	27.6700 919,380.33	1,014,575.89	924,308.45	90,267.44
33,595.000	ISHARES EDGE MSCI MULTIFACTOR USA ET TICKER: LRGF MONTH END PRICE	44.4800 1,553,626.56	1,494,305.60	993,706.79	500,598.81
524.000	ISHARES EDGE MSCI USA MOMENTUM FACTO TICKER: MTUM MONTH END PRICE	168.2700 82,521.18	88,173.48	79,175.56	8,997.92
754.000	ISHARES EDGE MSCI USA VALUE FACTOR E TICKER: VLUE MONTH END PRICE	104.5700 150,821.12	78,845.78	64,196.47	14,649.31
0.000	ISHARES EXPANDED TECH SECTOR ETF TICKER: IGM MONTH END PRICE	0.0000 43,302.00	0.00	0.00	0.00
4,709.000	ISHARES INT GOV CREDIT BOND ETF TICKER: GVI MONTH END PRICE	108.5300 283,244.76	511,067.77	542,230.04	31,162.27-



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7,330.000	ISHARES MSCI EMERG MRKT MULTIFCT ETF TICKER: EMGF	352,763.40	354,698.70	301,585.95	53,112.75
	MONTH END PRICE 48.3900				
18,950.000	ISHARES MSCI USA MULTIFCT ETF TICKER: SMLF	935,760.45	1,034,101.50	720,397.04	313,704.46
	MONTH END PRICE 54.5700				
996.000	ISHARES TIPS BOND ETF TICKER: TIP	122,613.50	124,071.72	118,922.49	5,149.23
	MONTH END PRICE 124.5700				
6,040.000	SPDR GOLD MINISHARES ETV TICKER: GLDM	204,969.00	232,358.80	92,379.20	139,979.60
	MONTH END PRICE 38.4700				
1,067.000	SPDR S&P BIOTECH ETF IV TICKER: XBI	96,311.50	95,901.96	103,732.28	7,830.32-
	MONTH END PRICE 89.8800				
1,091.000	VANGUARD EMERGING MKT GOV BND ETF IV TICKER: VWOB	69,517.50	76,217.26	88,662.76	12,445.50-
	MONTH END PRICE 69.8600				
7,206.000	VANGUARD SHORT TERM COR BD ETF TICKER: VCSH	267,960.00	562,716.54	591,185.45	28,468.91-
	MONTH END PRICE 78.0900				
1,287.000	VANGUARD SHORT TERM TREASURY ETF TICKER: VGSH	0.00	76,267.62	79,085.56	2,817.94-
	MONTH END PRICE 59.2600				
0.000	VANGUARD US MINIMUM TICKER: VFMV	1,401.90	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
1,177.000	VANGUARD US MOMENTUM TICKER: VFMO	144,363.65	148,784.57	91,308.76	57,475.81



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	MONTH END PRICE	126.4100			
		5,228,556.85	5,892,087.19	4,790,876.80	1,101,210.39
TOTAL		11,709,371.20	12,732,744.38	9,106,931.53	3,625,812.85
CASH		8,538.29	2,961.75		
NET ASSETS		11,717,909.49	12,735,706.13		