

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PHYSICIANS EAST PA 1850 W ARLINGTON BLVD GREENVILLE, NC 27834
2b	Employer Identification Number (EIN) 56-1968491
2c	Plan Sponsor's telephone number 252-752-6101
2d	Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	KIMBERLY SUGG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 779
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 483 6a(2) 503 6b 1 6c 302 6d 806 6e 1 6f 807 6g(1) 770 6g(2) 781 6h 1
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:

2E 2F 2G 2J 2K 2R 2T 3D 3F

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA	D Employer Identification Number (EIN) 56-1968491	

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

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA-31574	100	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3968850

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

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

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

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

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

0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA	D Employer Identification Number (EIN) 56-1968491	

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
FIDELITY INVESTMENTS INSTIUTIONAL
04-2647786

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65	RECORDKEEPER	-50858	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS INC

04-2654524

(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	ADVISOR	11369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAP FINANCIAL PARTNERS LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	72500	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)

SULLIVAN, SHEARIN & COMPANY

56-1350306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	16000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
AB SM CAP GRTH I - ALLIANCEBERNSTEIN 18, RUE EUGNE RUPPERT LUXEMBOURG, LU L-245 LU	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
F EUROPAC GROWTH RK - AMERICAN FUND 95-2566717	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
HARBOR CAPP APP INV- HARBOR SERVICE 34-1953399	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
JH DSCPL VAL MDCP I-JOHN HANCOCK 01-0233346	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
JPM EQUITY INCOME R3-DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
NYL ANCHOR ACCOUNT 51 MADISON AVENUE NEW YORK, NY 10010	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
PIF REAL EST SEC IS-PRINCIPAL SH 620 COOLIDGE DR FOLSOM, CA 95630	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
VICTORY S SM CO OP I - FIS INVESTO 14785 PRESTON ROAD SUITE 1000 DALLAS, TX 75254	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY GLOBAL LEADERS INST 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY SUSTAINABLE BD INST 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY MID CAP GROWTH INST 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BEUTEL GOODMAN LARGE CAP VALUE CL I 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY EMRG MRKTS SELECT I 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY SMALL CAP FNDMTL VA 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY SMALL CAP GROWTH IN 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY FLEXIBLE EQUITY INV 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
ALLSPRING DIVRSFD CAP BUILDER FD A 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.40%	
(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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA				D Employer Identification Number (EIN) 56-1968491	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA NO 25 (STABLE VALUE ACCOUNT)					
b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY					
c EIN-PN 13-5582869-125		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3968850	
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)	
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)	
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	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>		
A Name of plan <u>PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PHYSICIANS EAST PA</u>		
D Employer Identification Number (EIN) <u>56-1968491</u>		

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	<u>2</u>	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>247768</u>	<u>329523</u>
(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)	<u>1328006</u>	<u>1944947</u>
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	<u>3841981</u>	<u>3968850</u>
(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)	<u>83130258</u>	<u>100224204</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	88548015	106467524
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		199
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		199
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	88548015	106467325

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)	3890402	
(B) Participants	2a(1)(B)	2492145	
(C) Others (including rollovers)	2a(1)(C)	177463	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		6560010
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12628	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12628
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	34479	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2157589	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		2192068
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	82594	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	74308	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	284137	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		129088
(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)		14839279
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		24025496

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6057175	
(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)		6057175
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	16000	
(5) Investment advisory and investment management fees	2i(5)	83869	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-50858	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		49011
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6106186

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17919310
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: **SULLIVAN SHEARIN & COMPANY**

(2) EIN: **56-1350306**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA	D Employer Identification Number (EIN) 56-1968491

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): 04-6568107 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
----------	------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) 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) 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)	14a 14b 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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☒ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .	

**PHYSICIANS EAST, P.A.
PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

**AS OF DECEMBER 31, 2023 AND 2022
and YEAR ENDED DECEMBER 31, 2023**

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**SULLIVAN, SHEARIN
& COMPANY**
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Physicians East, P.A. Profit Sharing Plan & Trust
Profit-Sharing Retirement Plan and Trust

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

We have performed audits of the accompanying financial statements of Physicians East, P.A. Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) {ERISA Section 103(a)(3)(C) audit} The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Physicians East, P.A. Profit Sharing Plan and Trust'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 Physicians East, P.A. Profit Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, line 4i-Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investments 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 generally accepted auditing standards. 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA.

In our opinion—

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



Sullivan, Shearin & Company
Certified Public Accountants
Greenville, North Carolina
October 14, 2024

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2023 and 2022

ASSETS	<u>2023</u>	<u>2022</u>
Investments at fair value	\$ 102,498,677	\$ 84,706,033
Investment at contract value	3,968,850	3,841,981
Non-interest bearing cash	0	0
Receivables		
Employer profit sharing contribution receivable	2,339,017	2,484,295
Other employer contributions receivable	0	0
Employer 401k match receivable	0	0
Employee 401k receivable	0	0
Total receivables	<u>2,339,017</u>	<u>2,484,295</u>
TOTAL ASSETS	108,806,544	91,032,309
LIABILITIES		
Accounts payable	-	-
Pooled separate account interest adjustment	<u>199</u>	<u>-</u>
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 108,806,345</u>	<u>\$ 91,032,309</u>

SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2023

ADDITIONS

Additions to net assets attributed to:

Investment income

Dividends	2,192,068	
Interest	141,716	
Net realized and unrealized depreciation in fair value of investments	15,131,706	
Total Investment Income (Loss)		\$ 17,465,490

Contributions

Employer's profit sharing contribution	2,339,017	
Employer's 401k match	1,406,107	
Employees' 401k contributions	2,492,145	
Employees' rollover contributions	177,463	
Total contributions	<u>6,414,732</u>	

TOTAL ADDITIONS		23,880,222
-----------------	--	------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	6,057,175
Investment management fees	<u>49,011</u>

TOTAL DEDUCTIONS		<u>6,106,186</u>
------------------	--	------------------

NET INCREASE (DECREASE) IN ASSETS AVAILABLE FOR BENEFITS		17,774,036
--	--	------------

NET ASSETS AVAILABLE FOR PLAN BENEFITS

BEGINNING OF YEAR		<u>91,032,309</u>
-------------------	--	-------------------

END OF YEAR		<u>\$ 108,806,345</u>
-------------	--	-----------------------

SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023

1) DESCRIPTION OF PLAN

The following description of the Physicians East, P.A. Profit-Sharing Plan & Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a 401k and defined contribution plan covering all employees of the company who have one year of service and are age twenty one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - 401k. The Company allows each eligible employee to withhold up to 15% of their salary as a 401k contribution by the employee. The company will match the first 3% of wages, and will contribute 50% of the next 3% contributed by the employee.

Contributions - Profit Sharing. In addition to the employee 401k contribution and the company match, the Company may contribute to the Plan a portion of its current profits before profit-sharing costs and income taxes. Amounts are contributed at the option of the Company's board of directors. Contributions are subject to certain limitations. The profit sharing contribution is allocated to the eligible employees based on their compensation, as adjusted by the Plan to recognize extra funding for those employees over the social security withholding limitation.

Funding of Contributions. Employee contributions to the 401k and the employer's matching contribution are funded by the employer directly to the Plan trustee, Fidelity Investments, immediately after each pay-day. The employer's contribution toward profit sharing is made at the employer's discretion. The full contribution for 2023 was contributed in 2024.

Participant Accounts. Each participant's account is credited with the participant's contribution, the company match, an allocation of the Company's profit sharing contribution to the Plan, Plan earnings, and the self-directed accounts are charged with administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

The Plan also allows a participant to rollover funds from a previous employer's retirement plan into this Plan.

Vesting. Participants are immediately 100% vested in their 401k contributions, the company match to their 401k contribution, and rollover contributions into the Plan. Likewise all earnings attributable to these categories are also immediately vested.

Vesting in the company profit sharing contribution portion of the employees' accounts plus earnings thereon is based on years of continuous service. The current Plan provides that a participant has no vesting until three years of service with the employer. After completing three years, the employee is 100% vested. An employee is also considered to be 100% vested at death, at their disability, and at early or normal retirement as described by the Plan.

Forfeitures. Upon termination of employment, a participant's balance in the profit sharing Plan above the amount that they are vested remains in the Plan and is applied to administrative fees or to reduce employer contributions.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant will become 100% vested and may elect to receive an amount equal to the value of the participant's interest in his or her account in either a lump-sum amount, or in installments. For termination of service due to other reasons, a participant may receive the value of the interest in his or her account as a lump-sum distribution, but only if vested.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023

1) DESCRIPTION OF PLAN - (Continued)

Payment of Expenses. The Plan absorbs management fees charged by the brokerage account for self-directed accounts and administrative fees such as fund accounting. All other expenses such as accounting, and professional fees, etc. are paid if directed by the employer from the plan. Otherwise, the employer pays these fees. Certain administrative fees are charged directly to the participant's account.

2) SUMMARY OF SIGNIFICANT ACCOUNTING PROCEDURES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Estimates

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

Subsequent Events

Subsequent events were evaluated through October 14, 2024, the date the financial statements were available to be issued.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023

3) FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds and money market 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 SEC. 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.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023

3) FAIR VALUE MEASUREMENTS - (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

<u>Description</u>	<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Fair Value Measurements Using:</u>	
			<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Mutual Funds		\$ 100,553,730	\$ 100,553,730	\$ -
Common Stocks		1,944,947	1,944,947	
Total		<u>\$ 102,498,677</u>	<u>\$ 102,498,677</u>	<u>\$ -</u>

<u>Description</u>	<u>December 31, 2022</u>	<u>Fair Value</u>	<u>Fair Value Measurements Using:</u>	
			<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Mutual Funds		\$ 83,378,027	\$ 83,378,027	\$ -
Common Stocks		1,328,006	1,328,006	
Total		<u>\$ 84,706,033</u>	<u>\$ 84,706,033</u>	<u>\$ -</u>

4) PARTICIPANT DIRECTED INVESTMENT PLAN

The Plan is a participant directed investment plan with Fidelity Management Trust Company in which each participant has various funds to select among. In addition, the participants are allowed to self-direct their investments through Fidelity Brokerage instead of selecting from the list of mutual funds of Fidelity Investments.

Participants' accounts at December 31, 2023 and 2022 respectively totaling \$7,975,256 and \$6,443,214 were self-directed by the participants. These investments were being held in the Fidelity Brokerage accounts as directed by the participant.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023

5) INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information, which is included in the accompanying financial statements and supplemental schedules as of December 31, 2023 and December 31, 2022 and for the years then ended, was obtained from data that has been prepared and certified to be complete and accurate by Fidelity Management Trust Company, trustee of the Plan investments in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income and Security Act of 1974.

	<u>2023</u>	<u>2022</u>
Investments - at Market Value		
Cash in Money Market Funds	\$ 329,523	\$ 247,768
PSA Interest Adjustment	(199)	0
Guaranteed Investment Contract (PSA)	3,968,850	3,841,981
Corporate Stocks & Debt	1,944,947	1,328,006
Mutual Funds	100,224,207	83,130,259
Total Investments	<u>106,467,328</u>	<u>88,548,014</u>
Investment Income (Loss)	<u>\$ 17,465,490</u>	<u>\$ (20,672,056)</u>
Contributions to Plan		
Participant Rollovers	\$ 177,463	\$ 89,114
Employee & Employer Contributions	6,254,552	6,249,222
Total Contributions	<u>6,432,015</u>	<u>6,338,336</u>
Administrative Fees	\$ 49,011	\$ 42,583
Participant Withdrawals	<u>\$ 6,057,175</u>	<u>\$ 11,323,801</u>

6) CASH AND CASH EQUIVALENTS

As of December 31, 2023, all money was invested. Any money not otherwise invested, was invested in Fidelity money market mutual accounts.

7) EMPLOYER CONTRIBUTIONS

The employer elected to contribute \$2,339,017 as a discretionary contribution to the profit sharing Plan for the year. This was fully funded in September, 2024.

As required by the Plan, the company matched 401k contributions of the employees. For this purpose, the company contributed an additional \$1,423,390, which was fully funded at year-end. As discussed in Note 9, this was reduced by forfeitures of \$17,283.

8) EMPLOYEE ROLLOVERS

The Plan allows the participants to "roll over" retirement funds from previous employment into this Plan. During this year, funds totaling \$177,463 were transferred into the Plan from employee rollovers.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023

9) FORFEITURES

Account balances of terminated employees are paid to them or held in the fund if the employee has vested. If the employee is not vested in any portion, the accounts will be forfeited in the year in which their employment terminates. Forfeitures may be used to reduce employer contributions or to pay administrative expenses of the Plan, as determined by the Company at its sole discretion. For the year ended December 31, 2023, no forfeitures were used to pay administrative fees and \$17,283 was used to reduce employer contributions.

As of December 31, 2023 and 2022 respectively, there was a balance of \$89 and \$2,519 in forfeitures related to the profit sharing contributions.

10) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If this were to happen, all participants' accounts would immediately become 100% vested.

11) RISKS AND UNCERTAINTIES

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

12) RELATED -PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity, the trustee and record keeper for the Plan, and therefore, these transactions qualify as party in interest transactions. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Fidelity provides certain administrative services to the Plan pursuant to a Retirement Plan Service Agreement between the Company and Fidelity. Fidelity receives revenue from mutual fund service providers for the services Fidelity provides to the funds. This revenue is used to offset certain amounts owed to Fidelity for its administrative services to the Plan. If the revenue received by Fidelity from such mutual fund service providers exceeds the amount owed under the agreement Fidelity remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2023, the excess amount credited was \$58,600.

13) INCOME TAXES

The Plan has adopted a prototype plan that has received an opinion letter from the Internal Revenue Service. The Plan administrator believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize any uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023

14) GUARANTEED INVESTMENT CONTRACT WITH NEW YORK LIFE

In 2012, the Plan entered into a fully benefit-responsive guaranteed investment contract with New York Life (NYL). NYL maintains the contributions in a pooled separate account. In addition to the contributions, the account includes interest credited, plus dividends, if any, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

As described above in note #2, because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. The interest crediting rate may be reset not more frequently than daily and not less frequently than quarterly. The interest crediting rate reflects the book yield on the separate account, adjusted to reflect amortization of any realized gains and losses.

Certain events could limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) total or partial Plan termination; (c) mergers; (d) lay-offs; (f) early retirement incentive programs; (g) sale or closing of all or part of the Plan sponsor's operations; (h) bankruptcy; or (i) receivership. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

	<u>2023</u>	<u>2022</u>
Average Yields		
Based on Actual Earnings	3.75%	3.25%
Based on Interest Rate Credited to Participants	3.30%	2.80%

15) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Those differences between the Form 5500 and this financial report are as follows:

For Form 5500 reporting, contributions to the Plan are reported on a cash basis. Accordingly, the 5500 does not reflect the money owed to the Plan at the end of 2023 and 2022 as does the financial statement.

<u>Contributions & Other Receivables</u>	<u>Financial Rpt.</u>	<u>Form 5500</u>
Receivables due as of December 31, 2023		
Employer for 2023 Profit Share	\$ 2,339,017	\$ 0
Other Receivable	0	0
Employer 401k Match for 2023	0	0
Employee 401k for 2023	0	0
Receivables due as of December 31, 2022		
Employer for 2022 Profit Share	2,484,295	0
Other Receivable		2
Employer 401k Match for 2022	0	0
Employee 401k for 2022	0	0

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023

15) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

<u>Contributions Income</u>	<u>Employer</u>	<u>Employees</u>
Income Per Financial Report		
Profit Share Contributions	\$ 2,339,017	\$ 0
Qualified Discretionary Contributions	0	0
401K Contributions	1,406,107	2,492,145
Rollovers	0	177,463
December 31, 2023 Receivable		
Profit Share Contributions	(2,339,017)	0
Other Employer Contributions	0	0
401k Contributions	0	0
December 31, 2022 Receivable		
Profit Share Contributions	2,484,295	0
Other Employer Contributions	0	0
401k Contributions	0	0
Rounding	0	0
Income Reported Per 5500	<u>\$ 3,890,402</u>	<u>\$ 2,669,608</u>

Different Income Reporting Requirements

As required by IRS Form 5500, the income reported on that form was reallocated and shown in a different manner than the attached statement of changes in net assets available for benefits.

Investment Income		
Dividends & Interest	\$ 2,333,784	\$
Realized and Unrealized Losses on Investments		
Registered Investment Companies & Corporate Stocks	15,131,706	
Interest on Interest Bearing Cash		\$ 12,628
Net Gain/(Loss) from Pooled Separate Accounts		129,088
Dividends on Common Stocks		34,479
Dividends on Registered Investment Companies		2,157,589
Net Gain/(Loss) on Sales of Investments		8,286
Other Unrealized Appreciation (Depreciation)		284,137
Mutual Fund Income (Loss)		14,839,279
Rounding	0	4
Total Investment Income (Loss)	<u>\$ 17,465,490</u>	<u>\$ 17,465,490</u>

SUPPLEMENTAL INFORMATION

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN
 EIN: 56-1986491 PLAN NUMBER: 001
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2023

(a) (b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	# of Shares	Cost
Interest bearing cash (including money market mutual funds)			Current Value
FIDELITY CASH RESERVES	Mutual Fund Shares		329,523
CORPORATE STOCKS			
ALECTOR INC	Common Stock	600	4,788
AMAZON.COM	Common Stock	278	42,239
ALTERYX INC COM	Common Stock	200	9,432
ADOBE SYS INC	Common Stock	40	23,884
ADVANCED MICRO DEVICES	Common Stock	11	1,622
APPLE INC	Common Stock	40	7,701
APPLIED MATERIALS INC	Common Stock	502	81,393
ARVINAS INC COM	Common Stock	250	10,290
DEVON ENERGY CORP NEW	Common Stock	6,047	273,910
BLACKSTONE GROUP	Common Stock	341	44,603
BLUEBIRD BIO INC COM	Common Stock	145	200
BRISTOL MYERS SQUIBB NFS	Common Stock	881	44,181
ELDORADO GOLD CORP	Common Stock	97	1,259
NEW YORK COMMUNITY BANCORP	Common Stock	521	5,332
CHERNIE ENERGY	Common Stock	20	3,414
CISCO SYS INC	Common Stock	297	15,003
CORTEVA INC COM	Common Stock	89	4,276
CARRIER GLOBAL CORPORATION	Common Stock	108	6,185
CRISPR THERAPEUTICS	Common Stock	400	25,040
CROWDSTRIKE HLDGS INC	Common Stock	200	51,064
DXC TECHNOLOGY	Common Stock	103	2,356
DEXCOM	Common Stock	140	17,373
DISNEY CORP	Common Stock	100	9,029
DOMINOS PIZZA INC	Common Stock	73	30,295
DOWINC COM	Common Stock	108	5,940
DUKE ENERGY CORP	Common Stock	326	31,636
DUPONT DE NEMOURS INC	Common Stock	92	7,064
ETSY INC	Common Stock	17	1,388
FACEBOOK INC	Common Stock	113	40,045
FORD MOTOR COMPANY	Common Stock	1,912	23,306
FREEPORT MCMORAN COPPER & GOLD	Common Stock	1,601	68,145
FULGENT GENETICS INC	Common Stock	57	1,648
FEDL AGRIC MTG CORP	Common Stock	45	8,605
INMODE LTD	Common Stock	400	8,896
INSULET CORP	Common Stock	3	651
KB HOME	Common Stock	314	19,630
LILLY ELI & CO	Common Stock	14	8,310
LIVE OAK BANCSHARES	Common Stock	592	26,931
LYFT	Common Stock	300	4,497
MATCH GROUP INC	Common Stock	150	5,475
MAXLINEAR	Common Stock	200	4,754
MERCADOLIBRE INC	Common Stock	5	7,858
MCDONALDS CORP	Common Stock	104	30,875
FIRST BANCORP	Common Stock	306	11,340
MOTOROLA SOLUTIONS	Common Stock	15	4,696
FIRST CITIZENS BANC	Common Stock	110	158,265
NOVO NORDISK A/S	Common Stock	2120	219,328
NVIDIA CORP	Common Stock	223	110,631
OTIS WORLDWIDE	Common Stock	54	4,802
PEPSICO INC	Common Stock	107	18,172
PRECISION BIOSCIENCES INC COM	Common Stock	800	292
PALANTIR TECHNOLOGIES	Common Stock	75	1,288
RAYTHEON	Common Stock	114	9,583
REGENERON PHARMACEUTICALS	Common Stock	31	27,227
SNOWFLAKE INC	Common Stock	88	17,114
SALESFORCE.COM INC	Common Stock	250	65,785
SAREPTA THERAPEUTICS INC COM	Common Stock	250	24,107
SIX FLAGS ENTMT	Common Stock	301	7,544
SPIRIT AEROSYSTEMS HLDGS INC	Common Stock	201	6,389
SPLUNK INC COM	Common Stock	100	15,235
SQUARE INC	Common Stock	100	7,735
NOMAD HOLDINGS LTD	Common Stock	66	1,119
TANDEM DIABETES CARE INC	Common Stock	132	3,905
TAKE-TWO INTERACTIVE SOFTWARE	Common Stock	100	16,095
ONEOK	Common Stock	60	4,213
TARGET	Common Stock	109	15,574
PFIZER	Common Stock	712	20,482
THERMO ELECTRON CORP	Common Stock	50	28,688
2SEVENTY BIO INC	Common Stock	48	205
PRUDENTIAL FINANCIAL	Common Stock	40	4,148
RYDER SYSTEM	Common Stock	50	5,753
VERIZON COMMUNICATIONS	Common Stock	455	17,167
SHOPIFY	Common Stock	50	3,895
YETI HOLDINGS	Common Stock	200	10,356
ABBVIE INC COM	Common Stock	536	83,008
ZOOM VIDEO	Common Stock	60	4,315

Total Common Stock

PHYSICIANS EAST, PA PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER:001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2023

		(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
(a)	(b) Identity of issue, borrower, lessor, or similar party			
<u>INTEREST IN POOLED SEPARATE ACCOUNTS</u>			<u>Contract Value</u>	
	NEW YORK LIFE INS CO - ANCHOR ACCOUNT	Units		3,968,850
				3,968,850
<u>REGISTERED INVESTMENT COMPANIES</u>			<u># of Shares</u>	
	ALLIANCE BERNSTEIN SMALL CAP GROWTH	Mutual Fund Shares	15,073	927,738
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND	Mutual Fund Shares	31,725	1,733,131
	ARTISAN INTL VALUE FUND ADVISOR	Mutual Fund Shares	12,058	554,174
	ARTISAN HIGH INCOME CL INST	Mutual Fund Shares	33,160	299,437
	BEUTEL GOODMAN LARGE CAP VALUE	Mutual Fund Shares	26,721	379,439
	BLACKROCK MID CAP GROWTH	Mutual Fund Shares	57,469	2,225,211
	BROWN ADVISTORY GLOBAL LEADERS	Mutual Fund Shares	14,292	337,571
	BROWN ADVISORY MID CAP GROWTH	Mutual Fund Shares	13,424	196,668
	BROWN ADVISORY SMALL CAP FNDMTL VALUE	Mutual Fund Shares	9,094	267,358
	BROWN ADVISORY FLEXIBLE VALUE	Mutual Fund Shares	16,235	563,688
	BROWN ADVISORY SUSTAINABLE BD INSTL	Mutual Fund Shares	211,708	1,831,274
	BROWN ADVISORY SOMERSET EMGMKT INST	Mutual Fund Shares	32,378	349,354
	BROWN ADVISORY WMC STRAT EUROPN EQ	Mutual Fund Shares	26,419	327,859
	BROWN ADVISORY SMALL CAP GROWTH INV	Mutual Fund Shares	11,651	263,538
	FIDELITY CAPITAL & INCOME	Mutual Fund Shares	182,722	1,763,271
	FIDELITY 500 INDEX INST	Mutual Fund Shares	83,656	13,844,293
	FIDELITY CONTRAFUND K6	Mutual Fund Shares	390,264	8,995,580
	FIDELITY DIVERSIFIED INTL K	Mutual Fund Shares	91,402	3,744,749
	FIDELITY EXTENDED MARKET	Mutual Fund Shares	8,718	680,539
	FIDELITY FREEDOM 2010 K	Mutual Fund Shares	42,951	584,994
	FIDELITY FREEDOM 2015 K	Mutual Fund Shares	39,472	440,504
	FIDELITY FREEDOM 2020 K	Mutual Fund Shares	263,433	3,693,332
	FIDELITY FREEDOM 2025 K	Mutual Fund Shares	208,999	2,731,615
	FIDELITY FREEDOM 2030 K	Mutual Fund Shares	433,012	7,166,354
	FIDELITY FREEDOM 2035 K	Mutual Fund Shares	363,859	5,279,601
	FIDELITY FREEDOM 2040 K	Mutual Fund Shares	443,806	4,655,530
	FIDELITY FREEDOM 2045 K	Mutual Fund Shares	287,269	3,464,462
	FIDELITY FREEDOM 2050 K	Mutual Fund Shares	252,278	3,080,327
	FIDELITY FREEDOM 2055 K	Mutual Fund Shares	167,600	2,369,867
	FIDELITY FREEDOM 2060 K	Mutual Fund Shares	67,143	872,182
	FIDELITY FREEDOM 2065 K	Mutual Fund Shares	6,083	72,391
	FIDELITY FREEDOM INCOME K	Mutual Fund Shares	54,557	568,486

PHYSICIANS EAST, PA PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER: 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
REGISTERED INVESTMENT COMPANIES		# of Shares		
	FIDELITY GLOBAL EX US INDEX FUND	Mutual Fund Shares	43,672	614,895
	FIDELITY NASDAQ COMPOSITE INDEX	Mutual Fund Shares	914	173,716
	FIDELITY FREEDOM 2005K	Mutual Fund Shares	117	1,294
	FIDELITY LOW PRICED STOCK K	Mutual Fund Shares	21,366	939,892
	FIDELITY US BOND INDEX FUND	Mutual Fund Shares	93,152	971,573
	HARBOR CAP APPR INV	Mutual Fund Shares	95,144	8,455,465
	EQUITY LIFESTYLE PPTYS INC COM	Units	60	4,232
	ETFIS SER TR I INFRAC ACT MLP	Units	170	6,004
	JOHN HANCOCK DISCIPLINED VALUE MIDCAP	Mutual Fund Shares	54,522	1,492,262
	JP MORGAN EQUITY INCOME R3	Mutual Fund Shares	299,505	6,735,864
	METWEST TOT RTN BD P	Mutual Fund Shares	493,103	4,250,551
	PIF REAL EST SEC IS	Mutual Fund Shares	11,100	308,470
	PIMCO COM REAL RET I	Mutual Fund Shares	49,063	635,369
	NATIONAL STORAGE AFFILIATES TR COM	Units	175	7,257
	SECTOR SPDR TR SHS BEN INT	Units	10	1,788
	SPDR SER TR KBW REGL BKG ETF	Units	351	18,405
	LAZARD LTD SHS - A	Units	110	3,828
	VICTORY SM CO OPP I	Mutual Fund Shares	25,198	1,219,839
	WELLS FARGO DIVERSIFIED CAPITAL BUILDER	Mutual Fund Shares	1,134	13,353
	SIMON PPTY GRP INC	Units	40	5,706
	VANGUARD SCOTTSDALE FDS SHORT	Units	1,256	73,262
	STARWOOD PPTY TR INC	Units	140	2,943
	NEW RESIDENTIAL INVT CORP	Units	280	2,990
	MAIN STR CAP CORP COM	Units	90	3,891
	HERCULES TECH GROWTH CAP	Units	390	6,501
	GRAYSCALE ETHEREUM TR	Units	187	3,635
	PERMIAN BASIN TRY TR	Units	480	6,702
Total Registered Investment Companies				100,224,204
TOTAL			\$	106,467,524

PHYSICIANS EAST, PA. PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER: 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2023

(a) (b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	# of Shares	Cost
Current Value			
INTEREST BEARING CASH (INCLUDING MONEY MARKET MUTUAL FUNDS)			
FIDELITY CASH RESERVES	Mutual Fund Shares		329,523
CORPORATE STOCKS			
ALECTOR INC	Common Stock	600	4,788
AMAZON.COM	Common Stock	278	42,239
ALTERYX INC COM	Common Stock	200	9,432
ADOBE SYS INC	Common Stock	40	23,864
ADVANCED MICRO DEVICES	Common Stock	11	1,622
APPLE INC	Common Stock	40	7,701
APPLIED MATERIALS INC	Common Stock	502	81,393
ARVINAS INC COM	Common Stock	250	10,290
DEVON ENERGY CORP NEW	Common Stock	6,047	273,910
BLACKSTONE GROUP	Common Stock	341	44,603
BLUEBIRD BIO INC COM	Common Stock	145	200
BRISTOL MYERS SQUIBB NFS	Common Stock	861	44,181
ELDORADO GOLD CORP	Common Stock	97	1,259
NEW YORK COMMUNITY BANCORP	Common Stock	521	5,332
CHERNIE ENERGY	Common Stock	20	3,414
CISCO SYS INC	Common Stock	297	15,003
CORTEVA INC COM	Common Stock	89	4,276
CARRIER GLOBAL CORPORATION	Common Stock	108	6,185
CRISPR THERAPEUTICS	Common Stock	400	25,040
CROWDSTRIKE HLDGS INC	Common Stock	200	51,064
DXC TECHNOLOGY	Common Stock	103	2,356
DEXCOM	Common Stock	140	17,373
DISNEY CORP	Common Stock	100	9,029
DOMINOS PIZZA INC	Common Stock	73	30,295
DOWINC COM	Common Stock	108	5,940
DUKE ENERGY CORP	Common Stock	326	31,636
DUPONT DE NEMOURS INC	Common Stock	92	7,064
ETSY INC	Common Stock	17	1,386
FACEBOOK INC	Common Stock	113	40,045
FORD MOTOR COMPANY	Common Stock	1,912	23,306
FREEPORT MCMORAN COPPER & GOLD	Common Stock	1,601	68,145
FULGENT GENETICS INC	Common Stock	57	1,648
FEDL AGRIC MTG CORP	Common Stock	45	8,605
INMODE LTD	Common Stock	400	8,896
INSULET CORP	Common Stock	3	651
KB HOME	Common Stock	314	19,630
LILLY ELJ & CO	Common Stock	14	8,310
LIVE OAK BANCSHARES	Common Stock	592	28,931
LYFT	Common Stock	300	4,497
MATCH GROUP INC	Common Stock	150	5,475
MAXLINEAR	Common Stock	200	4,754
MERCADOLIBRE INC	Common Stock	5	7,858
MCDONALDS CORP	Common Stock	104	30,875
FIRST BANCORP	Common Stock	306	11,340
MOTOROLA SOLUTIONS	Common Stock	15	4,696
FIRST CITIZENS BANC	Common Stock	110	156,265
NOVO NORDISK A/S	Common Stock	2120	219,328
NVIDIA CORP	Common Stock	223	110,631
OTIS WORLDWIDE	Common Stock	54	4,802
PEPSICO INC	Common Stock	107	18,172
PRECISION BIOSCIENCES INC COM	Common Stock	800	292
PALANTIR TECHNOLOGIES	Common Stock	75	1,288
RAYTHEON	Common Stock	114	9,583
REGENERON PHARMACEUTICALS	Common Stock	31	27,227
SNOWFLAKE INC	Common Stock	86	17,114
SALESFORCE.COM INC	Common Stock	250	65,785
SAREPTA THERAPEUTICS INC COM	Common Stock	250	24,107
SIX FLAGS ENTMT	Common Stock	301	7,544
SPIRIT AEROSYSTEMS HLDGS INC	Common Stock	201	6,389
SPLUNK INC COM	Common Stock	100	15,235
SQUARE INC	Common Stock	100	7,735
NOMAD HOLDINGS LTD	Common Stock	66	1,119
TANDEM DIABETES CARE INC	Common Stock	132	3,905
TAKE-TWO INTERACTIVE SOFTWARE	Common Stock	100	16,095
ONEOK	Common Stock	60	4,213
TARGET	Common Stock	109	15,574
PFIZER	Common Stock	712	20,492
THERMO ELECTRON CORP	Common Stock	50	26,688
2SEVENTY BIO INC	Common Stock	48	205
PRUDENTIAL FINANCIAL	Common Stock	40	4,148
RYDER SYSTEM	Common Stock	50	5,753
VERIZON COMMUNICATIONS	Common Stock	455	17,167
SHOPIFY	Common Stock	50	3,895
YETI HOLDINGS	Common Stock	200	10,356
ABBVIE INC COM	Common Stock	536	83,008
ZOOM VIDEO	Common Stock	60	4,315

Total Common Stock

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(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>INTEREST IN POOLED SEPARATE ACCOUNTS</u>		<u>Contract Value</u>	
NEW YORK LIFE INS CO - ANCHOR ACCOUNT	Units		3,968,850 3,968,850
<u>REGISTERED INVESTMENT COMPANIES</u>		<u># of Shares</u>	
ALLIANCE BERNSTEIN SMALL CAP GROWTH	Mutual Fund Shares	15,073	927,738
AMERICAN FUNDS EUROPACIFIC GROWTH FUND	Mutual Fund Shares	31,725	1,733,131
ARTISAN INTL VALUE FUND ADVISOR	Mutual Fund Shares	12,058	554,174
ARTISAN HIGH INCOME CL INST	Mutual Fund Shares	33,160	299,437
BEUTEL GOODMAN LARGE CAP VALUE	Mutual Fund Shares	26,721	379,439
BLACKROCK MID CAP GROWTH	Mutual Fund Shares	57,469	2,225,211
BROWN ADVISTORY GLOBAL LEADERS	Mutual Fund Shares	14,292	337,571
BROWN ADVISORY MID CAP GROWTH	Mutual Fund Shares	13,424	196,668
BROWN ADVISORY SMALL CAP FNDMTL VALUE	Mutual Fund Shares	9,094	267,358
BROWN ADVISORY FLEXIBLE VALUE	Mutual Fund Shares	16,235	563,688
BROWN ADVISORY SUSTAINABLE BD INSTL	Mutual Fund Shares	211,708	1,831,274
BROWN ADVISORY SOMERSET EMGMKT INST	Mutual Fund Shares	32,378	349,354
BROWN ADVISORY WMC STRAT EUROPN EQ	Mutual Fund Shares	26,419	327,859
BROWN ADVISORY SMALL CAP GROWTH INV	Mutual Fund Shares	11,651	263,538
FIDELITY CAPITAL & INCOME	Mutual Fund Shares	182,722	1,763,271
FIDELITY 500 INDEX INST	Mutual Fund Shares	83,656	13,844,293
FIDELITY CONTRAFUND K6	Mutual Fund Shares	390,264	8,995,580
FIDELITY DIVERSIFIED INTL K	Mutual Fund Shares	91,402	3,744,749
FIDELITY EXTENDED MARKET	Mutual Fund Shares	8,718	680,539
FIDELITY FREEDOM 2010 K	Mutual Fund Shares	42,951	584,994
FIDELITY FREEDOM 2015 K	Mutual Fund Shares	39,472	440,504
FIDELITY FREEDOM 2020 K	Mutual Fund Shares	263,433	3,693,332
FIDELITY FREEDOM 2025 K	Mutual Fund Shares	208,999	2,731,615
FIDELITY FREEDOM 2030 K	Mutual Fund Shares	433,012	7,166,354
FIDELITY FREEDOM 2035 K	Mutual Fund Shares	363,859	5,279,601
FIDELITY FREEDOM 2040 K	Mutual Fund Shares	443,806	4,655,530
FIDELITY FREEDOM 2045 K	Mutual Fund Shares	287,269	3,464,462
FIDELITY FREEDOM 2050 K	Mutual Fund Shares	252,278	3,080,327
FIDELITY FREEDOM 2055 K	Mutual Fund Shares	167,600	2,369,867
FIDELITY FREEDOM 2060 K	Mutual Fund Shares	67,143	872,182
FIDELITY FREEDOM 2065 K	Mutual Fund Shares	6,083	72,391
FIDELITY FREEDOM INCOME K	Mutual Fund Shares	54,557	568,486

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REGISTERED INVESTMENT COMPANIES		# of Shares	
FIDELITY GLOBAL EX US INDEX FUND	Mutual Fund Shares	43,672	614,895
FIDELITY NASDAQ COMPOSITE INDEX	Mutual Fund Shares	914	173,716
FIDELITY FREEDOM 2005K	Mutual Fund Shares	117	1,294
FIDELITY LOW PRICED STOCK K	Mutual Fund Shares	21,366	939,892
FIDELITY US BOND INDEX FUND	Mutual Fund Shares	93,152	971,573
HARBOR CAP APPR INV	Mutual Fund Shares	95,144	8,455,465
EQUITY LIFESTYLE PPTYS INC COM	Units	60	4,232
ETFIS SER TR I INFRAC ACT MLP	Units	170	6,004
JOHN HANCOCK DISCIPLINED VALUE MIDCAP	Mutual Fund Shares	54,522	1,492,262
JP MORGAN EQUITY INCOME R3	Mutual Fund Shares	299,505	6,735,864
METWEST TOT RTN BD P	Mutual Fund Shares	493,103	4,250,551
PIF REAL EST SEC IS	Mutual Fund Shares	11,100	308,470
PIMCO COM REAL RET I	Mutual Fund Shares	49,063	635,369
NATIONAL STORAGE AFFILIATES TR COM	Units	175	7,257
SECTOR SPDR TR SHS BEN INT	Units	10	1,788
SPDR SER TR KBW REGL BKG ETF	Units	351	18,405
LAZARD LTD SHS - A	Units	110	3,828
VICTORY SM CO OPP I	Mutual Fund Shares	25,198	1,219,839
WELLS FARGO DIVERSIFIED CAPITAL BUILDER	Mutual Fund Shares	1,134	13,353
SIMON PPTY GRP INC	Units	40	5,706
VANGUARD SCOTTSDALE FDS SHORT	Units	1,256	73,262
STARWOOD PPTY TR INC	Units	140	2,943
NEW RESIDENTIAL INVT CORP	Units	280	2,990
MAIN STR CAP CORP COM	Units	90	3,891
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