

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 04/01/2023 and ending 03/31/2024	
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 SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 10/02/1978
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) SLOCUM-DICKSON MEDICAL GROUP, PLLC 1729 BURRSTONE ROAD NEW HARTFORD, NY 13413	2b Employer Identification Number (EIN) 20-0362623 2c Plan Sponsor's telephone number 315-798-1500 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.	01/15/2025	DONALD SLEEZER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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	5 736
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) 514 6a(2) 444 6b 0 6c 204 6d 648 6e 1 6f 649 6g(1) 639 6g(2) 605 6h 29
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 _____
- (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 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 04/01/2023 and ending 03/31/2024		
A Name of plan SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SLOCUM-DICKSON MEDICAL GROUP, PLLC	D Employer Identification Number (EIN) 20-0362623	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

NBT BANCORP, N.A.

16-1268674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	286725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASCENT WEALTH PARTNERS, LLC

122 BUSINESS PARK DR.
STE 5
UTICA, NY 13502

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	22793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC FINANCIAL SERVICES

16-1334685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	44495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MAKROD INVESTMENT ASSOCIATES

22-2034385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	42850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HFR WEALTH MANAGEMENT LLC

86-3584492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	9820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59	NONE	5	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	14784	Yes ☐ No ☒

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

EPIC RETIREMENT PLAN SERVICES

16-1450952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 62	14784

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EPIC RETIREMENT PLAN SERVICES 16-1450952	CUSTODIAN FEES

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024					
A Name of plan SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SLOCUM-DICKSON MEDICAL GROUP, PLLC				D Employer Identification Number (EIN) 20-0362623	
Part I 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: CAPITAL PRESERVATION FUND					
b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY					
c EIN-PN 22-2712853-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5391447	
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,	

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

Part II **Information on Participating Plans (to be completed by DFEs, 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 04/01/2023 and ending 03/31/2024		
A Name of plan SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SLOCUM-DICKSON MEDICAL GROUP, PLLC		
		D Employer Identification Number (EIN) 20-0362623

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	94	209138
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1123340	790002
(2) Participant contributions	1b(2)		66474
(3) Other	1b(3)	20638	208
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1115740	1214931
(9) Value of interest in common/collective trusts	1c(9)	5330428	5391447
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	48604008	55748680
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	25233005	24237560

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	81427253	87658440
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	81427253	87658440

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)	1990452	
(B) Participants	2a(1)(B)	1716497	
(C) Others (including rollovers)	2a(1)(C)	315609	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4022558
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	55817	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		55817
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1982442	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1982442
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11598205	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10411288	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1186917
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		167479
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7181184
c Other income	2c		3647099
d Total income. Add all income amounts in column (b) and enter total	2d		18243496

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11702266	
(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)		11702266
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)	25482	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	22793	
(6) Bank or trust company trustee/custodial fees	2i(6)	261245	
(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)	523	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		310043
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12012309

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6231187
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

(2) EIN: **13-2550103**

d The opinion of an independent qualified public accountant is **not attached** 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?	☒		985000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 04/01/2023 and ending 03/31/2024		
A Name of plan SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SLOCUM-DICKSON MEDICAL GROUP, PLLC		D Employer Identification Number (EIN) 20-0362623
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
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)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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
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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>Q703383A</u> .	

SLOCUM-DICKSON
MEDICAL GROUP, PLLC
RETIREMENT PLAN

For the Year Ended
March 31, 2024

FINANCIAL STATEMENTS
AND SUPPLEMENTAL
SCHEDULE

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

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D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

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

Independent Auditor's Report

Board of Directors
Slocum-Dickson Medical Group, PLLC
Retirement Plan

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

We have performed an audit of the financial statements of Slocum-Dickson Medical Group, PLLC Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 audits 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 March 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our 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.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of March 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

D'Arcangelo + Co., LLP

January 14, 2025

Utica, New York

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

March 31, 2024 and 2023

Assets	2024	2023
Investments at Fair Value		
Invested Cash and Cash Equivalents	\$ 209,138	\$ 94
Mutual Funds	55,748,680	48,604,008
Common/Collective Trust	5,391,447	5,330,428
Unit Investment Trusts	4,795,613	5,469,494
Self-Directed Brokerage Accounts	19,441,947	19,763,511
Total Investments at Fair Value	<u>85,586,825</u>	<u>79,167,535</u>
Receivables		
Employer Contributions	790,002	1,123,340
Employee Elective Deferral Contributions	66,474	0
Notes Receivable from Participants	1,214,931	1,115,740
Accrued Interest and Dividends	208	20,638
Total Receivables	<u>2,071,615</u>	<u>2,259,718</u>
Net Assets Available for Benefits	<u>\$ 87,658,440</u>	<u>\$ 81,427,253</u>

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

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

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

For the Years Ended March 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment Income (Loss)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 11,782,410	\$ (9,141,173)
Interest and Dividends	<u>2,382,711</u>	<u>2,771,015</u>
Total Investment Income (Loss)	14,165,121	(6,370,158)
Interest Income on Notes Receivable from Participants	55,817	47,245
Employer Contributions	1,990,452	2,323,340
Employee Elective Deferral Contributions	1,716,497	1,769,723
Employee Rollover Contributions	<u>315,609</u>	<u>230,151</u>
Total Additions	<u>18,243,496</u>	<u>(1,999,699)</u>
Deductions		
Benefits Paid to Participants	11,702,266	13,029,448
Administrative Expenses		
Trustee and Recordkeeper Fees	287,250	265,973
Investment Manager Fees	<u>22,793</u>	<u>57,803</u>
Total Deductions	<u>12,012,309</u>	<u>13,353,224</u>
Net Increase (Decrease)	6,231,187	(15,352,923)
Net Assets Available for Benefits, Beginning of Year	<u>81,427,253</u>	<u>96,780,176</u>
Net Assets Available for Benefits, End of Year	<u>\$ 87,658,440</u>	<u>\$ 81,427,253</u>

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

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

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Operations

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

Basis of Accounting

The financial statements were reported using the accrual basis of accounting. Employer and employee contributions receivables at March 31, 2024 and 2023, are valued at cost and represent contributions for the Plan years ended March 31, 2024 and 2023, which were received subsequent to year end. Benefits are recorded when paid.

Investment Valuation and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

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

Use of Estimates

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

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

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN

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

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

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

Forfeitures can be used for restoration of participant's forfeitures first, to offset plan expenses, and then to reduce the employer non-elective contribution. The total accumulated forfeitures available at March 31, 2024 and 2023, were \$98,158 and \$47,891, respectively. The accumulated forfeitures used to reduce the employer contributions receivable at March 31, 2024 and 2023, were \$103,883 and \$53,159, respectively.

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

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

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN (Continued)

Market Index Fund, Vanguard Small Cap Index Fund, Goldman Sachs Small Mid Cap Fund, T. Rowe Price Retirement Funds (Balanced, 2010, 2020, 2030, 2040, 2050 and 2060), Columbia Mid Cap Value Fund and Columbia Dividend Income Fund.

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

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

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

NOTE 3 RISKS AND UNCERTAINTIES

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

NOTE 4 FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include the following:

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

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

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2024 and 2023:

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

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

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

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

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

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

SLOCUM-DICKSON MEDICAL GROUP, PLLC
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of March 31, 2024 and 2023:

Investments	Total	2024		
		Fair Value Measurements at Reporting		
		Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
Invested Cash and Cash				
Equivalents	\$ 209,138	\$ 209,138	\$ 0	\$ 0
Mutual Funds	55,748,680	55,748,680	0	0
Common/Collective Trust (a)	5,391,447	0	0	0
Unit Investment Trusts (a)	4,795,613	0	0	0
Self-Directed Brokerage				
Accounts	<u>19,441,947</u>	<u>17,977,552</u>	<u>1,464,395</u>	<u>0</u>
Total	<u>\$ 85,586,825</u>	<u>\$73,935,370</u>	<u>\$ 1,464,395</u>	<u>\$ 0</u>

Investments	Total	2023		
		Fair Value Measurements at Reporting		
		Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
Invested Cash and Cash				
Equivalents	\$ 94	\$ 94	\$ 0	\$ 0
Mutual Funds	48,604,008	48,604,008	0	0
Common/Collective Trust (a)	5,330,428	0	0	0
Unit Investment Trusts (a)	5,469,494	0	0	0
Self-Directed Brokerage				
Accounts	<u>19,763,511</u>	<u>17,578,979</u>	<u>2,184,532</u>	<u>0</u>
Total	<u>\$ 79,167,535</u>	<u>\$66,183,081</u>	<u>\$ 2,184,532</u>	<u>\$ 0</u>

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

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

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of March 31, 2024 and 2023:

	Fair Value		Unfunded Commitments	Redemption Restrictions
	2024	2023		
Common/Collective Trust	\$ 5,391,447	\$ 5,330,428	\$ 0	None
Unit Investment Trusts	\$ 4,795,613	\$ 5,469,494	\$ 0	None

NOTE 5 TAX STATUS

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

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

NOTE 6 SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE

The Trustee, NBT Bank, has supplied the Plan's administrator with certifications as to the completeness and accuracy of information regarding investment assets, transactions, and income (including accrued interest and dividends) presented in the accompanying statements of net assets available for benefits as of March 31, 2024 and 2023, the statements of changes in net assets available for benefits for the years ended March 31, 2024 and 2023 and the supplemental schedule of assets (held at end of year) as of March 31, 2024. The certification includes the following as of March 31, 2024 and 2023 and the years then ended:

	2024	2023
Investments		
Invested Cash and Cash Equivalents	\$ 209,138	\$ 94
Self-Directed Brokerage Accounts	11,463,698	13,617,215
Unit Investment Trusts	4,795,613	5,469,494
Mutual Funds	55,748,680	48,604,008
Common/Collective Trust	5,391,447	5,330,428
	<u>\$ 77,608,576</u>	<u>\$ 73,021,239</u>
Accrued Interest and Dividends	<u>\$ 208</u>	<u>\$ 20,638</u>
Total Investment Income (Loss)	<u>\$ 12,296,250</u>	<u>\$ (5,502,208)</u>

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

NOTES TO FINANCIAL STATEMENTS

NOTE 7 PARTIES-IN-INTEREST

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

Certain Plan investments are in Fidelity government cash reserves. Fidelity is one of the custodians as defined by the Plan for some of the self-directed brokerage accounts, and therefore, these transactions qualify as party-in-interest transactions. The investments in the Fidelity government cash reserves were \$509,195 and \$175,294 at March 31, 2024 and 2023, respectively.

NOTE 8 CARES ACT PROVISIONS

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

NOTE 9 SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 14, 2025, the date on which the financial statements were available to be issued.

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

March 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 20-0362623

Plan: 002

<u>[a]</u>	<u>Identity of issue, borrower, lessor or similar party [b]</u>	<u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value [c]</u>	<u>Cost [d]</u>	<u>Current Value [e]</u>
	NBT Core 401K Account	See Attached Detail		See Attached Detail
	Participant Self-Directed Brokerage Accounts	Various		\$ 19,441,947
	NBT PCRA Account	See Attached Detail		See Attached Detail
	Participant Loans	Interest rates ranging from 3.25% to 8.50%		\$ 1,214,931

See Independent Auditor's Report.

SLOCUM-DICKSON MEDICAL GROUP RET PLN
ACCOUNT NUMBER: 205561
REPORTING PERIOD: 3/31/23 TO 3/31/24
PAGE : 624

ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
MUTUAL FUNDS					
35,011,979	AMERICAN BEACON SMALL CAP VALUE R5 TICKER: AVFIX MONTH END PRICE 26.0600	725,136.16	912,412.17	857,816.65	54,595.52
16,222,760	COLUMBIA DIVIDEND INCOME FD CL ADV TICKER: CVIRX MONTH END PRICE 33.4700	460,661.27	542,975.78	439,052.18	103,923.60
16,140,183	COLUMBIA SELECT MID CAP VAL FD ADV TICKER: CFDRX MONTH END PRICE 14.8400	284,650.08	239,520.32	214,719.84	24,800.48
22,936,771	EUROPACIFIC GROWTH FUND R4 TICKER: REREX MONTH END PRICE 57.2600	1,417,439.63	1,313,359.51	1,132,285.42	181,074.09
15,103,684	GOLDMAN SACHS SML MID CAP GRWTH CL I TICKER: GSMYX MONTH END PRICE 24.9600	348,777.49	376,987.95	407,047.96	30,060.01-
21,084,789	JANUS HENDERSON TRITON FD CL T TICKER: JATTX MONTH END PRICE 27.0100	501,391.36	569,500.15	650,541.52	81,041.37-
134,526,286	METROPOLITAN WEST TOTAL RETURN I TICKER: MWTIX MONTH END PRICE 9.0200	1,430,160.93	1,213,427.10	1,427,213.26	213,786.16-
7,112,177	SPECTRUM CONSRV ALLOCATION TICKER: PRSIX MONTH END PRICE 19.4400	115,003.38	138,260.72	133,323.68	4,937.04
51,048,755	SPECTRUM MOD ALLOCATION TICKER: TRPBX MONTH END PRICE 24.1900	1,009,001.18	1,234,869.38	1,144,561.36	90,308.02
27,052,010	SPECTRUM MOD GWTH ALLOCATION TICKER: TRSGX MONTH END PRICE 39.4200	962,056.85	1,066,390.23	873,518.05	192,872.18
42,341,719	T ROWE PRICE GROWTH STK ADV TICKER: TRSAX MONTH END PRICE 93.5300	3,353,368.60	3,960,220.98	2,784,609.94	1,175,611.04
4,112,512	T ROWE PRICE RETIREMENT BALANCE FD TICKER: TRRIX MONTH END PRICE 13.1500	242,510.94	54,079.53	61,777.51	7,697.98-
213,930	T ROWE PRICE RETIREMENT 2010 FD TICKER: TRRAX MONTH END PRICE 15.1200	9,079.91	3,234.62	3,617.65	383.03-
46,831,071	T ROWE PRICE RETIREMENT 2020 FUND TICKER: TRRBX MONTH END PRICE 18.5700	835,233.83	869,652.99	938,830.05	69,177.06-
252,469,243	T ROWE PRICE RETIREMENT 2030 FD TICKER: TRRCX MONTH END PRICE 25.3200	5,358,926.63	6,392,521.23	6,116,154.38	276,366.85
188,007,595	T ROWE PRICE RETIREMENT 2040 FD TICKER: TRRDY MONTH END PRICE 29.7500	4,783,597.99	5,593,225.95	5,001,075.04	592,150.91
248,428,368	T ROWE PRICE RETIREMENT 2050 TICKER: TRRMX MONTH END PRICE 18.3100	3,418,654.05	4,548,723.42	3,888,059.77	660,663.65
3,879,390	T ROWE PRICE RETIREMENT 2060 FD TICKER: TRRLX MONTH END PRICE 16.0100	73,263.74	62,109.03	54,562.94	7,546.09
10,346,826	T. ROWE PRICE DIVIDEND GROWTH ADV TICKER: TADGX	1,015,962.90	788,945.48	551,635.67	237,309.81

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229,766.194	MONTH END PRICE 76.2500 VANGUARD BALANCED INDEX FD ADMIRAL TICKER: VBIAX	9,765,865.74	10,727,783.60	8,142,946.62	2,584,836.98
38,263.157	MONTH END PRICE 46.6900 VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	353,458.69	350,873.15	395,729.40	44,856.25-
17,493.527	MONTH END PRICE 9.1700 VANGUARD SMALL CAP I TICKER: VSMAX	1,477,926.09	1,916,240.95	1,695,482.02	220,758.93
6,374.841	MONTH END PRICE 109.5400 VANGUARD TOTAL STOCK MKT INDX FD ADM TICKER: VTSAX	492,884.64	807,054.87	598,123.95	208,930.92
24,887.716	MONTH END PRICE 126.6000 VANGUARD 500 INDEX F TICKER: VFIAX	10,168,996.26	12,066,311.35	6,128,666.13	5,937,645.22
	MONTH END PRICE 484.8300				
		48,604,008.34	55,748,680.46	43,641,350.99	12,107,329.47
	COLLECTIVE INVESTMENT TRUSTS				
539,144.700	FEDERATED CAPITAL PRESERVATION FD I TICKER: FIC1Z	5,330,427.89	5,391,447.00	5,391,447.00	0.00
	MONTH END PRICE 10.0000				
		5,330,427.89	5,391,447.00	5,391,447.00	0.00
	TOTAL	53,934,436.23	61,140,127.46	49,032,797.99	12,107,329.47
	CASH	93.50	209,138.40		
	NET ASSETS	53,934,529.73	61,349,265.86		



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CASH EQUIVALENTS					
59,177.940	SCHWAB GOVERNMENT MONEY FD INV SHS TICKER: SNVXX MONTH END PRICE 1.0000	0.00	59,177.94	59,177.94	0.00
130,303.830	SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX MONTH END PRICE 1.0000	191,952.15	130,303.83	130,303.83	0.00
62,548.870	SCHWAB VALUE ADVANTAGE MONEY FUND TICKER: SWVXX MONTH END PRICE 1.0000	0.00	62,548.87	62,548.87	0.00
		191,952.15	252,030.64	252,030.64	0.00
CASH EQUIVALENTS - DISCOUNTED					
0.000	US TREASURY BI 4/06/23 TICKER: 8784935 MONTH END PRICE 0.0000	49,980.17	0.00	0.00	0.00
		49,980.17	0.00	0.00	0.00
GOV'T AND AGENCY OBLIGATIONS					
0.000	U S TREAS STRIP 0% 11/15/23 TICKER: 043521X MONTH END PRICE 0.0000	24,332.03	0.00	0.00	0.00
0.000	US TREAS NT 2.75% 7/31/23 TICKER: 8833172 MONTH END PRICE 0.0000	124,160.15	0.00	0.00	0.00
100,000.000	US TREAS N NT 5% 8/31/25 TICKER: 8785001 MONTH END PRICE 100.2031	0.00	100,203.12	100,155.91	47.21
100,000.000	US TREASU NT 4.625% 2/28/25 TICKER: 8784970 MONTH END PRICE 99.5938	100,968.75	99,593.75	99,526.14	67.61
15,000.000	US TREASUR NT 4.5% 11/30/24 TICKER: 8784948 MONTH END PRICE 99.5156	0.00	14,927.34	14,911.50	15.84
0.000	US TREASUR NT 0.75% 12/31/23 TICKER: 8784876 MONTH END PRICE 0.0000	97,062.50	0.00	0.00	0.00
175,000.000	US TREASUR NT 2.25% 3/31/24 TICKER: 8784895 MONTH END PRICE 100.0000	122,070.31	175,000.00	173,004.86	1,995.14
150,000.000	US TREASUR NT 3.25% 8/31/24 TICKER: 8772070 MONTH END PRICE 99.1563	147,703.13	148,734.38	149,625.17	890.79-
15,000.000	US TREASUR NT 4.25% 5/31/25 TICKER: 8784986 MONTH END PRICE 99.1719	0.00	14,875.78	14,898.90	23.12-
150,000.000	US TREASUR NT 4.25% 10/15/25 TICKER: 8784936 MONTH END PRICE 99.1719	151,171.88	148,757.81	149,390.07	632.26-
		767,468.75	702,092.18	701,512.55	579.63

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<u>COMMON STOCK</u>					
200.000	ABBVIE INC TICKER: ABBV	31,874.00	36,420.00	32,760.00	3,660.00
	MONTH END PRICE	182.1000			
0.000	ACTIVISION BLIZZARD INC TICKER: ATVI	17,118.00	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
12.000	ADVANSIX INC TICKER: ASIX	459.24	343.20	196.92	146.28
	MONTH END PRICE	28.6000			
430.000	AIR PRODS & CHEMS INC TICKER: APD	123,500.30	104,176.10	76,078.00	28,098.10
	MONTH END PRICE	242.2700			
1,500.000	ALPHABET INC. TICKER: GOOG	156,000.00	228,390.00	101,861.69	126,528.31
	MONTH END PRICE	152.2600			
860.000	AMAZON COM INC TICKER: AMZN	88,829.40	155,126.80	92,438.86	62,687.94
	MONTH END PRICE	180.3800			
380.000	AMGEN INCORPORATED TICKER: AMGN	91,865.00	108,041.60	67,693.73	40,347.87
	MONTH END PRICE	284.3200			
324.000	AMPHENOL CORP CL A TICKER: APH	26,477.28	37,373.40	9,773.73	27,599.67
	MONTH END PRICE	115.3500			
1,000.000	AON PLC TICKER: AON	315,290.00	333,720.00	95,760.00	237,960.00
	MONTH END PRICE	333.7200			
976.000	APPLE INC TICKER: AAPL	160,942.40	167,364.48	43,997.53	123,366.95
	MONTH END PRICE	171.4800			
2,473.000	ARCADIUM LITHIUM PLC TICKER: ALTM	0.00	10,658.63	12,932.24	2,273.61-
	MONTH END PRICE	4.3100			
130.000	AUTO DATA PROCESSING TICKER: ADP	28,941.90	32,466.20	11,295.03	21,171.17
	MONTH END PRICE	249.7400			
2,000.000	BANK OF AMERICA CORP TICKER: BAC	57,200.00	75,840.00	25,400.00	50,440.00
	MONTH END PRICE	37.9200			
2,000.000	BANK OF NEW YORK CO NEW TICKER: BK	90,880.00	115,240.00	78,574.79	36,665.21
	MONTH END PRICE	57.6200			
1,000.000	BARRICK GOLD CORP F TICKER: GOLD	18,570.00	16,640.00	18,641.91	2,001.91-
	MONTH END PRICE	16.6400			
0.000	BAXTER INTERNATIONAL TICKER: BAX	20,280.00	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
1,070.000	BECTON DICKINSON & CO TICKER: BDX	264,867.80	264,771.50	166,779.82	97,991.68
	MONTH END PRICE	247.4500			
74.000	BERKSHIRE HATHAWAY B NEW TICKER: BRK/B	22,848.98	31,118.48	12,097.01	19,021.47
	MONTH END PRICE	420.5200			
500.000	BRINKER INTL INC TICKER: EAT	19,000.00	24,840.00	14,875.80	9,964.20

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200.000	MONTH END PRICE BRISTOL-MYERS SQUIBB TICKER: BMY	49.6800	13,862.00	10,846.00	12,450.00	1,604.00-
1,200.000	MONTH END PRICE CHARLES SCHWAB CORPORATION TICKER: SCHW	54.2300	23,571.00	86,808.00	61,381.70	25,426.30
500.000	MONTH END PRICE CHEESECAKE FACTORY INC TICKER: CAKE	72.3400	17,525.00	18,075.00	13,215.00	4,860.00
600.000	MONTH END PRICE CHEVRON CORPORATION TICKER: CVX	36.1500	97,896.00	94,644.00	57,372.38	37,271.62
350.000	MONTH END PRICE CIGNA CORP TICKER: CI	157.7400	89,435.50	127,116.50	49,437.50	77,679.00
60.000	MONTH END PRICE CINTAS CORP TICKER: CTAS	363.1900	27,760.80	41,221.80	7,092.64	34,129.16
300.000	MONTH END PRICE CITIGROUP INC TICKER: C	687.0300	14,067.00	18,972.00	21,095.97	2,123.97-
300.000	MONTH END PRICE CLOROX CO TICKER: CLX	63.2400	73,423.36	45,933.00	38,883.90	7,049.10
1,100.000	MONTH END PRICE COLGATE-PALMOLIVE CO TICKER: CL	153.1100	82,665.00	99,055.00	72,829.93	26,225.07
	MONTH END PRICE	90.0500				
0.000	COMCAST CORP NEW CL A TICKER: CMCSA		37,910.00	0.00	0.00	0.00
500.000	MONTH END PRICE CONOCOPHILLIPS TICKER: COP	0.0000	49,605.00	63,640.00	17,060.00	46,580.00
1,000.000	MONTH END PRICE CORNING INC TICKER: GLW	127.2800	35,280.00	32,960.00	18,310.00	14,650.00
2,000.000	MONTH END PRICE CORTEVA INC TICKER: CTVA	32.9600	120,620.00	115,340.00	49,620.00	65,720.00
48.000	MONTH END PRICE COSTCO WHSL CORP NEW TICKER: COST	57.6700	23,849.76	35,166.24	8,588.94	26,577.30
500.000	MONTH END PRICE CRISPR THERAPEUTICS TICKER: CRSP	732.6300	22,615.00	34,080.00	24,956.45	9,123.55
94.000	MONTH END PRICE DANAHER CORPORATION DELAWARE TICKER: DHR	68.1600	23,691.76	23,473.68	7,203.68	16,270.00
50.000	MONTH END PRICE DEERE & CO TICKER: DE	249.7200	20,644.00	20,537.00	18,260.75	2,276.25
600.000	MONTH END PRICE DOMINION RES INC VA TICKER: D	410.7400	33,546.00	29,514.00	40,584.78	11,070.78-
140.000	MONTH END PRICE DOVER CORP TICKER: DOV	49.1900	21,271.60	24,806.60	10,508.83	14,297.77



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2,300.000	MONTH END PRICE DOW HOLDINGS INC TICKER: DOW	177.1900	126,086.00	133,239.00	123,720.79	9,518.21
533.000	MONTH END PRICE DUKE ENERGY CORP TICKER: DUK	57.9300	51,418.51	51,546.43	39,457.99	12,088.44
1,100.000	MONTH END PRICE DUPONT DE NEMOURS IN TICKER: DD	96.7100	78,947.00	84,337.00	195,220.17	110,883.17-
50.000	MONTH END PRICE ELI LILLY & COMPANY TICKER: LLY	76.6700	0.00	38,898.00	29,821.80	9,076.20
0.000	MONTH END PRICE EMBECTA CORP TICKER: EMBE	777.9600	5,624.00	0.00	0.00	0.00
500.000	MONTH END PRICE EXACT SCIENCES CORP TICKER: EXAS	0.0000	33,905.00	34,530.00	53,224.95	18,694.95-
500.000	MONTH END PRICE EXXON MOBIL CORP TICKER: XOM	69.0600	54,830.00	58,120.00	41,141.86	16,978.14
1,000.000	MONTH END PRICE FMC CORPORATION TICKER: FMC	116.2400	122,130.00	63,700.00	38,060.00	25,640.00
300.000	MONTH END PRICE GALLAGHER ARTHUR J & CO TICKER: AJG	63.7000	57,393.00	75,012.00	12,018.00	62,994.00
	MONTH END PRICE	250.0400				
800.000	GATX CORP TICKER: GMT		88,016.00	107,224.00	33,320.00	73,904.00
1,000.000	MONTH END PRICE GINKGO BIOWORKS HLDG TICKER: DNA	134.0300	1,330.00	1,160.00	14,350.00	13,190.00-
300.000	MONTH END PRICE HONEYWELL INTERNATIONAL TICKER: HON	1.1600	57,336.00	61,575.00	34,184.17	27,390.83
500.000	MONTH END PRICE INTERNATIONAL FLAVORS & FRAGRANCES TICKER: IFF	205.2500	45,980.00	42,995.00	101,765.48	58,770.48-
70.000	MONTH END PRICE INTUIT TICKER: INTU	85.9900	31,208.10	45,500.00	7,614.00	37,886.00
200.000	MONTH END PRICE IQVIA HOLDINGS INC TICKER: IQV	650.0000	39,778.00	50,578.00	40,864.00	9,714.00
800.000	MONTH END PRICE J P MORGAN CHASE & CO TICKER: JPM	252.8900	104,248.00	160,240.00	57,578.91	102,661.09
1,584.000	MONTH END PRICE JOHNSON & JOHNSON TICKER: JNJ	200.3000	245,520.00	250,572.96	176,996.97	73,575.99
66.000	MONTH END PRICE LENNOX INTERNATIONAL INC TICKER: LI	158.1900	16,584.48	32,258.16	15,630.52	16,627.64
500.000	MONTH END PRICE LINDE PLC TICKER: LIN	488.7600	177,720.00	232,160.00	55,812.52	176,347.48

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0.000	MONTH END PRICE LIVENT CORP TICKER: 2472596	464.3200	22,328.16	0.00	0.00	0.00
600.000	MONTH END PRICE MASCO CORP TICKER: MAS	0.0000	29,832.00	47,328.00	17,244.00	30,084.00
720.000	MONTH END PRICE MCCORMICK & CO INC TICKER: MKC	78.8800	59,911.20	55,303.20	38,162.67	17,140.53
550.000	MONTH END PRICE MICROSOFT CORP TICKER: MSFT	76.8100	144,150.00	231,396.00	78,135.36	153,260.64
2,400.000	MONTH END PRICE MONDELEZ INTL INC TICKER: MDLZ	420.7200	167,328.00	168,000.00	97,628.01	70,371.99
150.000	MONTH END PRICE NESTLE S A TICKER: NSRGY	70.0000	18,253.50	15,930.00	11,756.20	4,173.80
462.000	MONTH END PRICE NEXTERA ENERGY INC TICKER: NEE	106.2000	35,610.96	29,526.42	26,680.71	2,845.71
1,000.000	MONTH END PRICE ONE GAS INC TICKER: OGS	63.9100	79,230.00	64,530.00	57,590.00	6,940.00
2,300.000	MONTH END PRICE ONEOK INC NEW TICKER: OKE	64.5300	146,142.00	184,391.00	52,923.00	131,468.00
	MONTH END PRICE	80.1700				
130.000	PACKAGING CORP OF AMER TICKER: PKG		18,047.90	24,671.40	15,181.85	9,489.55
1,100.000	MONTH END PRICE PEPSICO INC TICKER: PEP	189.7800	200,530.00	192,511.00	109,958.76	82,552.24
1,219.000	MONTH END PRICE PFIZER INCORPORATED TICKER: PFE	175.0100	49,735.20	33,827.25	40,036.79	6,209.54-
600.000	MONTH END PRICE PHILIP MORRIS INTL INC TICKER: PM	27.7500	58,350.00	54,972.00	59,309.23	4,337.23-
100.000	MONTH END PRICE PHILLIPS 66 TICKER: PSX	91.6200	10,138.00	16,334.00	8,013.26	8,320.74
200.000	MONTH END PRICE PNC FINANCIAL SERVICES GP INC TICKER: PNC	163.3400	25,420.00	32,320.00	16,794.00	15,526.00
52.000	MONTH END PRICE POOL CORPORATION TICKER: POOL	161.6000	17,806.88	20,982.00	8,135.20	12,846.80
200.000	MONTH END PRICE PROCTER & GAMBLE TICKER: PG	403.5000	29,738.00	32,450.00	15,891.77	16,558.23
210.000	MONTH END PRICE R P M INCORPORATED OHIO TICKER: RPM	162.2500	18,320.40	24,979.50	16,708.63	8,270.87
50.000	MONTH END PRICE RESIDEO TECHNOLOGIES TICKER: REZI	118.9500	914.00	1,121.00	1,291.00	170.00-

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675.000	MONTH END PRICE ROLLINS INC TICKER: ROL	22.4200	25,332.75	31,232.25	8,379.96	22,852.29
1,000.000	MONTH END PRICE S & P GLOBAL INC TICKER: SPGI	46.2700	344,770.00	425,450.00	89,300.00	336,150.00
220.000	MONTH END PRICE SCHEIN HENRY INC TICKER: HSIC	425.4500	17,938.80	16,614.40	17,226.99	612.59-
2,000.000	MONTH END PRICE SEALED AIR CORP NEW TICKER: SEE	75.5200	91,820.00	74,400.00	92,540.00	18,140.00-
100.000	MONTH END PRICE STERIS PLC TICKER: STE	37.2000	19,128.00	22,482.00	24,238.06	1,756.06-
400.000	MONTH END PRICE T J X COS INC TICKER: TJX	224.8200	31,344.00	40,568.00	18,813.91	21,754.09
500.000	MONTH END PRICE TEXTRON INC TICKER: TXT	101.4200	35,315.00	47,965.00	17,275.00	30,690.00
566.000	MONTH END PRICE TOOTSIE ROLL INDS INC TICKER: TR	95.9300	37,769.31	18,128.98	16,618.72	1,510.26
110.000	MONTH END PRICE TRACTOR SUPPLY CO TICKER: TSCO	32.0300	25,854.40	28,789.20	7,977.87	20,811.33
110.000	MONTH END PRICE UNION PACIFIC CORP TICKER: UNP	261.7200	22,138.60	27,052.30	14,229.53	12,822.77
300.000	MONTH END PRICE US BANCORP DEL NEW TICKER: USB	245.9300	10,815.00	13,410.00	13,021.16	388.84
70.000	MONTH END PRICE VAIL RESORTS INC TICKER: MTN	44.7000	16,357.60	15,598.10	16,555.27	957.17-
31.000	MONTH END PRICE VERALTO CORP TICKER: VLTO	222.8300	0.00	2,748.46	2,638.72	109.74
50.000	MONTH END PRICE VERTEX PHARMACEUTICALS TICKER: VRTX	88.6600	0.00	20,900.50	18,560.75	2,339.75
520.000	MONTH END PRICE VISA INC CL A TICKER: V	418.0100	117,239.20	145,121.60	85,656.50	59,465.10
200.000	MONTH END PRICE W E C ENERGY GROUP I TICKER: WEC	279.0800	18,958.00	16,424.00	12,343.54	4,080.46
160.000	MONTH END PRICE WASTE MANAGEMENT INC DEL TICKER: WM	82.1200	26,107.20	34,104.00	18,791.91	15,312.09
500.000	MONTH END PRICE WILLIAMS CO. INC. TICKER: WMB	213.1500	14,930.00	19,485.00	7,820.00	11,665.00
20.000	MONTH END PRICE ZIMMER HOLDINGS INC TICKER: ZBH	38.9700	2,584.00	2,639.60	1,950.60	689.00

ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
2.000	MONTH END PRICE	131.9800			
	ZIMVIE INC TICKER: ZIMV	14.46	32.98	51.06	18.08-
600.000	MONTH END PRICE	16.4900			
	3M COMPANY TICKER: MMM	63,066.00	63,642.00	112,723.74	49,081.74-
	MONTH END PRICE	106.0700			
		5,755,505.69	6,485,725.90	3,728,945.37	2,756,780.53
	UNIT INVESTMENT TRUSTS				
2,190.000	DIMENSIONAL INTERNATIONAL VAL ETF TICKER: DFIV	116,865.98	80,482.50	71,969.45	8,513.05
1,928.000	MONTH END PRICE	36.7500			
	INNOVATOR ETFS TR TICKER: PJUN	0.00	66,554.56	61,840.61	4,713.95
529.000	MONTH END PRICE	34.5200			
	INNOVATOR S AND P 50 TICKER: PAUG	0.00	18,716.02	16,591.43	2,124.59
0.000	MONTH END PRICE	35.3800			
	INNOVATOR S P 500 PO TICKER: POCT	52,347.65	0.00	0.00	0.00
444.000	MONTH END PRICE	0.0000			
	ISHARES CORE MSCI EMERGING ETF TICKER: IEMG	9,611.63	22,910.40	22,556.59	353.81
685.000	MONTH END PRICE	51.6000			
	ISHARES CORE S&P MID-CAP ETF TICKER: IJH	8,005.12	41,606.90	36,376.55	5,230.35
	MONTH END PRICE	60.7400			
376.000	ISHARES EDGE MSCI USA MOMENTUM FACTO TICKER: MTUM	86,343.84	70,443.60	56,002.83	14,440.77
	MONTH END PRICE	187.3500			
968.000	ISHARES EDGE MSCI USA VALUE FACTOR E TICKER: VLUE	199,253.68	104,844.08	83,037.17	21,806.91
	MONTH END PRICE	108.3100			
5,274.000	ISHARES EMERGING MKTS EQ FACTOR ETF TICKER: EMGF	347,854.56	234,903.96	217,421.48	17,482.48
	MONTH END PRICE	44.5400			
3,804.000	ISHARES INT GOV CREDIT BOND ETF TICKER: GVI	310,126.32	395,539.92	427,005.63	31,465.71-
	MONTH END PRICE	103.9800			
23,201.000	ISHARES INTERNATIONAL EQ FACTOR ETF TICKER: INTF	971,096.91	692,317.84	584,821.34	107,496.50
	MONTH END PRICE	29.8400			
302.000	ISHARES MSCI EAFE SMALL CAP ETF TICKER: SCZ	3,570.60	19,125.66	17,608.55	1,517.11
	MONTH END PRICE	63.3300			
538.000	ISHARES SHORT TERM CORPORAT BD ETF TICKER: IGSB	0.00	27,588.64	26,975.32	613.32
	MONTH END PRICE	51.2800			
15,807.000	ISHARES U.S. EQUITY FACTOR ETF TICKER: LRGF	1,275,688.96	850,574.67	470,624.43	379,950.24
	MONTH END PRICE	53.8100			
11,973.000	ISHARES US SM CAP EQUITY FACTOR ETF TICKER: SMLF	1,010,385.86	761,243.34	467,623.59	293,619.75
	MONTH END PRICE	63.5800			
0.000	SCHWAB US TIPS ETF TICKER: SCHP	52,323.36	0.00	0.00	0.00

ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
126.000	MONTH END PRICE 0.0000 SPDR BLOOMBERG 1-3 MONTH T-BILL ETF TICKER: BIL	0.00	11,566.80	11,520.18	46.62
6,307.000	MONTH END PRICE 91.8000 SPDR GOLD MINISHARES ETV TICKER: GLDM	160,781.21	277,823.35	152,726.38	125,096.97
483.000	MONTH END PRICE 44.0500 SPDR RUSSELL 1000 YI TICKER: ONEY	11,976.80	52,481.57	48,200.99	4,280.58
693.000	MONTH END PRICE 108.6575 SPDR S&P BIOTECH ETF IV TICKER: XBI	90,308.85	65,758.77	59,056.13	6,702.64
671.000	MONTH END PRICE 94.8900 SPDR SHORT TERM TREASURY ETF TICKER: SPTS	0.00	19,405.32	19,257.70	147.62
361.000	MONTH END PRICE 28.9200 VANGUARD DIVIDEND APPRECIATION ETF TICKER: VIG	16,787.09	65,922.21	58,678.88	7,243.33
919.000	MONTH END PRICE 182.6100 VANGUARD EMERGING MKT GOV BND ETF IV TICKER: VWOB	52,527.33	58,678.15	71,926.93	13,248.78-
384.000	MONTH END PRICE 63.8500 VANGUARD GROWTH ETF TICKER: VUG	0.00	132,172.80	109,910.51	22,262.29
2,234.000	MONTH END PRICE 344.2000 VANGUARD INTERMEDIATE TERM COR ETF TICKER: VCIT	173,034.54	179,859.34	174,365.89	5,493.45
1,487.000	MONTH END PRICE 80.5100 VANGUARD LONG TERM TREASURY ETF TICKER: VGLT	0.00	88,089.88	95,185.27	7,095.39-
4,223.000	MONTH END PRICE 59.2400 VANGUARD SHORT TERM COR BD ETF TICKER: VCSH	329,084.91	326,480.13	341,019.26	14,539.13-
0.000	MONTH END PRICE 77.3100 VANGUARD SHORT TERM TREASURY ETF TICKER: VGSH	878.10	0.00	0.00	0.00
470.000	MONTH END PRICE 0.0000 VANGUARD SHRT INF PROT SEC INDEX ETF TICKER: VTIP	0.00	22,508.30	22,398.07	110.23
714.000	MONTH END PRICE 47.8900 VANGUARD US MOMENTUM TICKER: VFMO	190,640.90	108,013.92	65,360.67	42,653.25
	MONTH END PRICE 151.2800				
		5,469,494.20	4,795,612.63	3,790,061.83	1,005,550.80
	TOTAL	12,234,400.96	12,235,461.35	8,472,550.39	3,762,910.96
	CASH	131,230.45	5,423.36		
	NET ASSETS	12,365,631.41	12,240,884.71		

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

March 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 20-0362623

Plan: 002

<u>[a]</u>	<u>Identity of issue, borrower, lessor or similar party [b]</u>	<u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value [c]</u>	<u>Cost [d]</u>	<u>Current Value [e]</u>
	NBT Core 401K Account	See Attached Detail		See Attached Detail
	Participant Self-Directed Brokerage Accounts	Various		\$ 19,441,947
	NBT PCRA Account	See Attached Detail		See Attached Detail
	Participant Loans	Interest rates ranging from 3.25% to 8.50%		\$ 1,214,931

See Independent Auditor's Report.

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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
MUTUAL FUNDS					
35,011.979	AMERICAN BEACON SMALL CAP VALUE R5 TICKER: AVFIX MONTH END PRICE 26.0600	725,136.16	912,412.17	857,816.65	54,595.52
16,222.760	COLUMBIA DIVIDEND INCOME FD CL ADV TICKER: CVIRX MONTH END PRICE 33.4700	460,661.27	542,975.78	439,052.18	103,923.60
16,140.183	COLUMBIA SELECT MID CAP VAL FD ADV TICKER: CFDRX MONTH END PRICE 14.8400	284,650.08	239,520.32	214,719.84	24,800.48
22,936.771	EUROPACIFIC GROWTH FUND R4 TICKER: REREX MONTH END PRICE 57.2600	1,417,439.63	1,313,359.51	1,132,285.42	181,074.09
15,103.684	GOLDMAN SACHS SML MID CAP GRWTH CL I TICKER: GSMYX MONTH END PRICE 24.9600	348,777.49	376,987.95	407,047.96	30,060.01-
21,084.789	JANUS HENDERSON TRITON FD CL T TICKER: JATTX MONTH END PRICE 27.0100	501,391.36	569,500.15	650,541.52	81,041.37-
134,526.286	METROPOLITAN WEST TOTAL RETURN I TICKER: MWTIX MONTH END PRICE 9.0200	1,430,160.93	1,213,427.10	1,427,213.26	213,786.16-
7,112.177	SPECTRUM CONSRV ALLOCATION TICKER: PRSIX MONTH END PRICE 19.4400	115,003.38	138,260.72	133,323.68	4,937.04
51,048.755	SPECTRUM MOD ALLOCATION TICKER: TRPBX MONTH END PRICE 24.1900	1,009,001.18	1,234,869.38	1,144,561.36	90,308.02
27,052.010	SPECTRUM MOD GWTH ALLOCATION TICKER: TRSGX MONTH END PRICE 39.4200	962,056.85	1,066,390.23	873,518.05	192,872.18
42,341.719	T ROWE PRICE GROWTH STK ADV TICKER: TRSAX MONTH END PRICE 93.5300	3,353,368.60	3,960,220.98	2,784,609.94	1,175,611.04
4,112.512	T ROWE PRICE RETIREMENT BALANCE FD TICKER: TRRIX MONTH END PRICE 13.1500	242,510.94	54,079.53	61,777.51	7,697.98-
213.930	T ROWE PRICE RETIREMENT 2010 FD TICKER: TRRAX MONTH END PRICE 15.1200	9,079.91	3,234.62	3,617.65	383.03-
46,831.071	T ROWE PRICE RETIREMENT 2020 FUND TICKER: TRRBX MONTH END PRICE 18.5700	835,233.83	869,652.99	938,830.05	69,177.06-
252,469.243	T ROWE PRICE RETIREMENT 2030 FD TICKER: TRRCX MONTH END PRICE 25.3200	5,358,926.63	6,392,521.23	6,116,154.38	276,366.85
188,007.595	T ROWE PRICE RETIREMENT 2040 FD TICKER: TRRDY MONTH END PRICE 29.7500	4,783,597.99	5,593,225.95	5,001,075.04	592,150.91
248,428.368	T ROWE PRICE RETIREMENT 2050 TICKER: TRRMX MONTH END PRICE 18.3100	3,418,654.05	4,548,723.42	3,888,059.77	660,663.65
3,879.390	T ROWE PRICE RETIREMENT 2060 FD TICKER: TRRLX MONTH END PRICE 16.0100	73,263.74	62,109.03	54,562.94	7,546.09
10,346.826	T. ROWE PRICE DIVIDEND GROWTH ADV TICKER: TADGX	1,015,962.90	788,945.48	551,635.67	237,309.81

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229,766.194	MONTH END PRICE 76.2500 VANGUARD BALANCED INDEX FD ADMIRAL TICKER: VBIAX	9,765,865.74	10,727,783.60	8,142,946.62	2,584,836.98
38,263.157	MONTH END PRICE 46.6900 VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	353,458.69	350,873.15	395,729.40	44,856.25-
17,493.527	MONTH END PRICE 9.1700 VANGUARD SMALL CAP I TICKER: VSMAX	1,477,926.09	1,916,240.95	1,695,482.02	220,758.93
6,374.841	MONTH END PRICE 109.5400 VANGUARD TOTAL STOCK MKT INDX FD ADM TICKER: VTSAX	492,884.64	807,054.87	598,123.95	208,930.92
24,887.716	MONTH END PRICE 126.6000 VANGUARD 500 INDEX F TICKER: VFIAX	10,168,996.26	12,066,311.35	6,128,666.13	5,937,645.22
	MONTH END PRICE 484.8300				
		48,604,008.34	55,748,680.46	43,641,350.99	12,107,329.47
	COLLECTIVE INVESTMENT TRUSTS				
539,144.700	FEDERATED CAPITAL PRESERVATION FD I TICKER: FIC1Z	5,330,427.89	5,391,447.00	5,391,447.00	0.00
	MONTH END PRICE 10.0000				
		5,330,427.89	5,391,447.00	5,391,447.00	0.00
	TOTAL	53,934,436.23	61,140,127.46	49,032,797.99	12,107,329.47
	CASH	93.50	209,138.40		
	NET ASSETS	53,934,529.73	61,349,265.86		

ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
<u>CASH EQUIVALENTS</u>					
59,177.940	SCHWAB GOVERNMENT MONEY FD INV SHS TICKER: SNVXX MONTH END PRICE 1.0000	0.00	59,177.94	59,177.94	0.00
130,303.830	SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX MONTH END PRICE 1.0000	191,952.15	130,303.83	130,303.83	0.00
62,548.870	SCHWAB VALUE ADVANTAGE MONEY FUND TICKER: SWVXX MONTH END PRICE 1.0000	0.00	62,548.87	62,548.87	0.00
		191,952.15	252,030.64	252,030.64	0.00
<u>CASH EQUIVALENTS - DISCOUNTED</u>					
0.000	US TREASURY BI 4/06/23 TICKER: 8784935 MONTH END PRICE 0.0000	49,980.17	0.00	0.00	0.00
		49,980.17	0.00	0.00	0.00
<u>GOV'T AND AGENCY OBLIGATIONS</u>					
0.000	U S TREAS STRIP 0% 11/15/23 TICKER: 043521X MONTH END PRICE 0.0000	24,332.03	0.00	0.00	0.00
0.000	US TREAS NT 2.75% 7/31/23 TICKER: 8833172 MONTH END PRICE 0.0000	124,160.15	0.00	0.00	0.00
100,000.000	US TREAS N NT 5% 8/31/25 TICKER: 8785001 MONTH END PRICE 100.2031	0.00	100,203.12	100,155.91	47.21
100,000.000	US TREASU NT 4.625% 2/28/25 TICKER: 8784970 MONTH END PRICE 99.5938	100,968.75	99,593.75	99,526.14	67.61
15,000.000	US TREASUR NT 4.5% 11/30/24 TICKER: 8784948 MONTH END PRICE 99.5156	0.00	14,927.34	14,911.50	15.84
0.000	US TREASUR NT 0.75% 12/31/23 TICKER: 8784876 MONTH END PRICE 0.0000	97,062.50	0.00	0.00	0.00
175,000.000	US TREASUR NT 2.25% 3/31/24 TICKER: 8784895 MONTH END PRICE 100.0000	122,070.31	175,000.00	173,004.86	1,995.14
150,000.000	US TREASUR NT 3.25% 8/31/24 TICKER: 8772070 MONTH END PRICE 99.1563	147,703.13	148,734.38	149,625.17	890.79
15,000.000	US TREASUR NT 4.25% 5/31/25 TICKER: 8784986 MONTH END PRICE 99.1719	0.00	14,875.78	14,898.90	23.12
150,000.000	US TREASUR NT 4.25% 10/15/25 TICKER: 8784936 MONTH END PRICE 99.1719	151,171.88	148,757.81	149,390.07	632.26
		767,468.75	702,092.18	701,512.55	579.63

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COMMON STOCK					
200.000	ABBVIE INC TICKER: ABBV	31,874.00	36,420.00	32,760.00	3,660.00
	MONTH END PRICE	182.1000			
0.000	ACTIVISION BLIZZARD INC TICKER: ATVI	17,118.00	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
12.000	ADVANSIX INC TICKER: ASIX	459.24	343.20	196.92	146.28
	MONTH END PRICE	28.6000			
430.000	AIR PRODS & CHEMS INC TICKER: APD	123,500.30	104,176.10	76,078.00	28,098.10
	MONTH END PRICE	242.2700			
1,500.000	ALPHABET INC. TICKER: GOOG	156,000.00	228,390.00	101,861.69	126,528.31
	MONTH END PRICE	152.2600			
860.000	AMAZON COM INC TICKER: AMZN	88,829.40	155,126.80	92,438.86	62,687.94
	MONTH END PRICE	180.3800			
380.000	AMGEN INCORPORATED TICKER: AMGN	91,865.00	108,041.60	67,693.73	40,347.87
	MONTH END PRICE	284.3200			
324.000	AMPHENOL CORP CL A TICKER: APH	26,477.28	37,373.40	9,773.73	27,599.67
	MONTH END PRICE	115.3500			
1,000.000	AON PLC TICKER: AON	315,290.00	333,720.00	95,760.00	237,960.00
	MONTH END PRICE	333.7200			
976.000	APPLE INC TICKER: AAPL	160,942.40	167,364.48	43,997.53	123,366.95
	MONTH END PRICE	171.4800			
2,473.000	ARCADIUM LITHIUM PLC TICKER: ALTM	0.00	10,658.63	12,932.24	2,273.61-
	MONTH END PRICE	4.3100			
130.000	AUTO DATA PROCESSING TICKER: ADP	28,941.90	32,466.20	11,295.03	21,171.17
	MONTH END PRICE	249.7400			
2,000.000	BANK OF AMERICA CORP TICKER: BAC	57,200.00	75,840.00	25,400.00	50,440.00
	MONTH END PRICE	37.9200			
2,000.000	BANK OF NEW YORK CO NEW TICKER: BK	90,880.00	115,240.00	78,574.79	36,665.21
	MONTH END PRICE	57.6200			
1,000.000	BARRICK GOLD CORP F TICKER: GOLD	18,570.00	16,640.00	18,641.91	2,001.91-
	MONTH END PRICE	16.6400			
0.000	BAXTER INTERNATIONAL TICKER: BAX	20,280.00	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
1,070.000	BECTON DICKINSON & CO TICKER: BDX	264,867.80	264,771.50	166,779.82	97,991.68
	MONTH END PRICE	247.4500			
74.000	BERKSHIRE HATHAWAY B NEW TICKER: BRK/B	22,848.98	31,118.48	12,097.01	19,021.47
	MONTH END PRICE	420.5200			
500.000	BRINKER INTL INC TICKER: EAT	19,000.00	24,840.00	14,875.80	9,964.20

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	MONTH END PRICE	49.6800				
200.000	BRISTOL-MYERS SQUIBB TICKER: BMY		13,862.00	10,846.00	12,450.00	1,604.00-
	MONTH END PRICE	54.2300				
1,200.000	CHARLES SCHWAB CORPORATION TICKER: SCHW		23,571.00	86,808.00	61,381.70	25,426.30
	MONTH END PRICE	72.3400				
500.000	CHEESECAKE FACTORY INC TICKER: CAKE		17,525.00	18,075.00	13,215.00	4,860.00
	MONTH END PRICE	36.1500				
600.000	CHEVRON CORPORATION TICKER: CVX		97,896.00	94,644.00	57,372.38	37,271.62
	MONTH END PRICE	157.7400				
350.000	CIGNA CORP TICKER: CI		89,435.50	127,116.50	49,437.50	77,679.00
	MONTH END PRICE	363.1900				
60.000	CINTAS CORP TICKER: CTAS		27,760.80	41,221.80	7,092.64	34,129.16
	MONTH END PRICE	687.0300				
300.000	CITIGROUP INC TICKER: C		14,067.00	18,972.00	21,095.97	2,123.97-
	MONTH END PRICE	63.2400				
300.000	CLOROX CO TICKER: CLX		73,423.36	45,933.00	38,883.90	7,049.10
	MONTH END PRICE	153.1100				
1,100.000	COLGATE-PALMOLIVE CO TICKER: CL		82,665.00	99,055.00	72,829.93	26,225.07
	MONTH END PRICE	90.0500				
0.000	COMCAST CORP NEW CL A TICKER: CMCSA		37,910.00	0.00	0.00	0.00
	MONTH END PRICE	0.0000				
500.000	CONOCOPHILLIPS TICKER: COP		49,605.00	63,640.00	17,060.00	46,580.00
	MONTH END PRICE	127.2800				
1,000.000	CORNING INC TICKER: GLW		35,280.00	32,960.00	18,310.00	14,650.00
	MONTH END PRICE	32.9600				
2,000.000	CORTEVA INC TICKER: CTVA		120,620.00	115,340.00	49,620.00	65,720.00
	MONTH END PRICE	57.6700				
48.000	COSTCO WHSL CORP NEW TICKER: COST		23,849.76	35,166.24	8,588.94	26,577.30
	MONTH END PRICE	732.6300				
500.000	CRISPR THERAPEUTICS TICKER: CRSP		22,615.00	34,080.00	24,956.45	9,123.55
	MONTH END PRICE	68.1600				
94.000	DANAHER CORPORATION DELAWARE TICKER: DHR		23,691.76	23,473.68	7,203.68	16,270.00
	MONTH END PRICE	249.7200				
50.000	DEERE & CO TICKER: DE		20,644.00	20,537.00	18,260.75	2,276.25
	MONTH END PRICE	410.7400				
600.000	DOMINION RES INC VA TICKER: D		33,546.00	29,514.00	40,584.78	11,070.78-
	MONTH END PRICE	49.1900				
140.000	DOVER CORP TICKER: DOV		21,271.60	24,806.60	10,508.83	14,297.77



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SHARES/ UNITS	DESCRIPTION		BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
2,300.000	MONTH END PRICE DOW HOLDINGS INC TICKER: DOW	177.1900	126,086.00	133,239.00	123,720.79	9,518.21
533.000	MONTH END PRICE DUKE ENERGY CORP TICKER: DUK	57.9300	51,418.51	51,546.43	39,457.99	12,088.44
1,100.000	MONTH END PRICE DUPONT DE NEMOURS IN TICKER: DD	96.7100	78,947.00	84,337.00	195,220.17	110,883.17-
50.000	MONTH END PRICE ELI LILLY & COMPANY TICKER: LLY	76.6700	0.00	38,898.00	29,821.80	9,076.20
0.000	MONTH END PRICE EMBECTA CORP TICKER: EMBE	777.9600	5,624.00	0.00	0.00	0.00
500.000	MONTH END PRICE EXACT SCIENCES CORP TICKER: EXAS	0.0000	33,905.00	34,530.00	53,224.95	18,694.95-
500.000	MONTH END PRICE EXXON MOBIL CORP TICKER: XOM	69.0600	54,830.00	58,120.00	41,141.86	16,978.14
1,000.000	MONTH END PRICE FMC CORPORATION TICKER: FMC	116.2400	122,130.00	63,700.00	38,060.00	25,640.00
300.000	MONTH END PRICE GALLAGHER ARTHUR J & CO TICKER: AJG	63.7000	57,393.00	75,012.00	12,018.00	62,994.00
800.000	MONTH END PRICE GATX CORP TICKER: GMT	250.0400	88,016.00	107,224.00	33,320.00	73,904.00
1,000.000	MONTH END PRICE GINKGO BIOWORKS HLDG TICKER: DNA	134.0300	1,330.00	1,160.00	14,350.00	13,190.00-
300.000	MONTH END PRICE HONEYWELL INTERNATIONAL TICKER: HON	1.1600	57,336.00	61,575.00	34,184.17	27,390.83
500.000	MONTH END PRICE INTERNATIONAL FLAVORS & FRAGRANCES TICKER: IFF	205.2500	45,980.00	42,995.00	101,765.48	58,770.48-
70.000	MONTH END PRICE INTUIT TICKER: INTU	85.9900	31,208.10	45,500.00	7,614.00	37,886.00
200.000	MONTH END PRICE IQVIA HOLDINGS INC TICKER: IQV	650.0000	39,778.00	50,578.00	40,864.00	9,714.00
800.000	MONTH END PRICE J P MORGAN CHASE & CO TICKER: JPM	252.8900	104,248.00	160,240.00	57,578.91	102,661.09
1,584.000	MONTH END PRICE JOHNSON & JOHNSON TICKER: JNJ	200.3000	245,520.00	250,572.96	176,996.97	73,575.99
66.000	MONTH END PRICE LENNOX INTERNATIONAL INC TICKER: LI	158.1900	16,584.48	32,258.16	15,630.52	16,627.64
500.000	MONTH END PRICE LINDE PLC TICKER: LIN	488.7600	177,720.00	232,160.00	55,812.52	176,347.48

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0.000	MONTH END PRICE	464.3200				
	LIVENT CORP		22,328.16	0.00	0.00	0.00
	TICKER: 2472596					
	MONTH END PRICE	0.0000				
600.000	MASCO CORP		29,832.00	47,328.00	17,244.00	30,084.00
	TICKER: MAS					
	MONTH END PRICE	78.8800				
720.000	MCCORMICK & CO INC		59,911.20	55,303.20	38,162.67	17,140.53
	TICKER: MKC					
	MONTH END PRICE	76.8100				
550.000	MICROSOFT CORP		144,150.00	231,396.00	78,135.36	153,260.64
	TICKER: MSFT					
	MONTH END PRICE	420.7200				
2,400.000	MONDELEZ INTL INC		167,328.00	168,000.00	97,628.01	70,371.99
	TICKER: MDLZ					
	MONTH END PRICE	70.0000				
150.000	NESTLE S A		18,253.50	15,930.00	11,756.20	4,173.80
	TICKER: NSRGY					
	MONTH END PRICE	106.2000				
462.000	NEXTERA ENERGY INC		35,610.96	29,526.42	26,680.71	2,845.71
	TICKER: NEE					
	MONTH END PRICE	63.9100				
1,000.000	ONE GAS INC		79,230.00	64,530.00	57,590.00	6,940.00
	TICKER: OGS					
	MONTH END PRICE	64.5300				
2,300.000	ONEOK INC NEW		146,142.00	184,391.00	52,923.00	131,468.00
	TICKER: OKE					
	MONTH END PRICE	80.1700				
130.000	PACKAGING CORP OF AMER		18,047.90	24,671.40	15,181.85	9,489.55
	TICKER: PKG					
	MONTH END PRICE	189.7800				
1,100.000	PEPSICO INC		200,530.00	192,511.00	109,958.76	82,552.24
	TICKER: PEP					
	MONTH END PRICE	175.0100				
1,219.000	PFIZER INCORPORATED		49,735.20	33,827.25	40,036.79	6,209.54
	TICKER: PFE					
	MONTH END PRICE	27.7500				
600.000	PHILIP MORRIS INTL INC		58,350.00	54,972.00	59,309.23	4,337.23
	TICKER: PM					
	MONTH END PRICE	91.6200				
100.000	PHILLIPS 66		10,138.00	16,334.00	8,013.26	8,320.74
	TICKER: PSX					
	MONTH END PRICE	163.3400				
200.000	PNC FINANCIAL SERVICES GP INC		25,420.00	32,320.00	16,794.00	15,526.00
	TICKER: PNC					
	MONTH END PRICE	161.6000				
52.000	POOL CORPORATION		17,806.88	20,982.00	8,135.20	12,846.80
	TICKER: POOL					
	MONTH END PRICE	403.5000				
200.000	PROCTER & GAMBLE		29,738.00	32,450.00	15,891.77	16,558.23
	TICKER: PG					
	MONTH END PRICE	162.2500				
210.000	R P M INCORPORATED OHIO		18,320.40	24,979.50	16,708.63	8,270.87
	TICKER: RPM					
	MONTH END PRICE	118.9500				
50.000	RESIDEO TECHNOLOGIES		914.00	1,121.00	1,291.00	170.00
	TICKER: REZI					

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675.000	MONTH END PRICE ROLLINS INC TICKER: ROL	22.4200	25,332.75	31,232.25	8,379.96	22,852.29
1,000.000	MONTH END PRICE S & P GLOBAL INC TICKER: SPGI	46.2700	344,770.00	425,450.00	89,300.00	336,150.00
220.000	MONTH END PRICE SCHEIN HENRY INC TICKER: HSIC	425.4500	17,938.80	16,614.40	17,226.99	612.59-
2,000.000	MONTH END PRICE SEALED AIR CORP NEW TICKER: SEE	75.5200	91,820.00	74,400.00	92,540.00	18,140.00-
100.000	MONTH END PRICE STERIS PLC TICKER: STE	37.2000	19,128.00	22,482.00	24,238.06	1,756.06-
400.000	MONTH END PRICE T J X COS INC TICKER: TJX	224.8200	31,344.00	40,568.00	18,813.91	21,754.09
500.000	MONTH END PRICE TEXTRON INC TICKER: TXT	101.4200	35,315.00	47,965.00	17,275.00	30,690.00
566.000	MONTH END PRICE TOOTSIE ROLL INDS INC TICKER: TR	95.9300	37,769.31	18,128.98	16,618.72	1,510.26
110.000	MONTH END PRICE TRACTOR SUPPLY CO TICKER: TSCO	32.0300	25,854.40	28,789.20	7,977.87	20,811.33
	MONTH END PRICE	261.7200				
110.000	UNION PACIFIC CORP TICKER: UNP		22,138.60	27,052.30	14,229.53	12,822.77
300.000	MONTH END PRICE US BANCORP DEL NEW TICKER: USB	245.9300	10,815.00	13,410.00	13,021.16	388.84
70.000	MONTH END PRICE VAIL RESORTS INC TICKER: MTN	44.7000	16,357.60	15,598.10	16,555.27	957.17-
31.000	MONTH END PRICE VERALTO CORP TICKER: VLTO	222.8300	0.00	2,748.46	2,638.72	109.74
50.000	MONTH END PRICE VERTEX PHARMACEUTICALS TICKER: VRTX	88.6600	0.00	20,900.50	18,560.75	2,339.75
520.000	MONTH END PRICE VISA INC CL A TICKER: V	418.0100	117,239.20	145,121.60	85,656.50	59,465.10
200.000	MONTH END PRICE W E C ENERGY GROUP I TICKER: WEC	279.0800	18,958.00	16,424.00	12,343.54	4,080.46
160.000	MONTH END PRICE WASTE MANAGEMENT INC DEL TICKER: WM	82.1200	26,107.20	34,104.00	18,791.91	15,312.09
500.000	MONTH END PRICE WILLIAMS CO. INC. TICKER: WMB	213.1500	14,930.00	19,485.00	7,820.00	11,665.00
20.000	MONTH END PRICE ZIMMER HOLDINGS INC TICKER: ZBH	38.9700	2,584.00	2,639.60	1,950.60	689.00

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2.000	MONTH END PRICE	131.9800			
	ZIMVIE INC	14.46	32.98	51.06	18.08-
	TICKER: ZIMV				
600.000	MONTH END PRICE	16.4900			
	3M COMPANY	63,066.00	63,642.00	112,723.74	49,081.74-
	TICKER: MMM				
	MONTH END PRICE	106.0700			
		5,755,505.69	6,485,725.90	3,728,945.37	2,756,780.53
	UNIT INVESTMENT TRUSTS				
2,190.000	DIMENSIONAL INTERNATIONAL VAL ETF	116,865.98	80,482.50	71,969.45	8,513.05
	TICKER: DFIV				
1,928.000	MONTH END PRICE	36.7500			
	INNOVATOR ETFS TR	0.00	66,554.56	61,840.61	4,713.95
	TICKER: PJUN				
529.000	MONTH END PRICE	34.5200			
	INNOVATOR S AND P 50	0.00	18,716.02	16,591.43	2,124.59
	TICKER: PAUG				
0.000	MONTH END PRICE	35.3800			
	INNOVATOR S P 500 PO	52,347.65	0.00	0.00	0.00
	TICKER: POCT				
444.000	MONTH END PRICE	0.0000			
	ISHARES CORE MSCI EMERGING ETF	9,611.63	22,910.40	22,556.59	353.81
	TICKER: IEMG				
685.000	MONTH END PRICE	51.6000			
	ISHARES CORE S&P MID-CAP ETF	8,005.12	41,606.90	36,376.55	5,230.35
	TICKER: IJH				
	MONTH END PRICE	60.7400			
376.000	ISHARES EDGE MSCI USA MOMENTUM FACTO	86,343.84	70,443.60	56,002.83	14,440.77
	TICKER: MTUM				
	MONTH END PRICE	187.3500			
968.000	ISHARES EDGE MSCI USA VALUE FACTOR E	199,253.68	104,844.08	83,037.17	21,806.91
	TICKER: VLUE				
	MONTH END PRICE	108.3100			
5,274.000	ISHARES EMERGING MKTS EQ FACTOR ETF	347,854.56	234,903.96	217,421.48	17,482.48
	TICKER: EMGF				
	MONTH END PRICE	44.5400			
3,804.000	ISHARES INT GOV CREDIT BOND ETF	310,126.32	395,539.92	427,005.63	31,465.71-
	TICKER: GVI				
	MONTH END PRICE	103.9800			
23,201.000	ISHARES INTERNATIONAL EQ FACTOR ETF	971,096.91	692,317.84	584,821.34	107,496.50
	TICKER: INTF				
	MONTH END PRICE	29.8400			
302.000	ISHARES MSCI EAFE SMALL CAP ETF	3,570.60	19,125.66	17,608.55	1,517.11
	TICKER: SCZ				
	MONTH END PRICE	63.3300			
538.000	ISHARES SHORT TERM CORPORAT BD ETF	0.00	27,588.64	26,975.32	613.32
	TICKER: IGSB				
	MONTH END PRICE	51.2800			
15,807.000	ISHARES U.S. EQUITY FACTOR ETF	1,275,688.96	850,574.67	470,624.43	379,950.24
	TICKER: LRGF				
	MONTH END PRICE	53.8100			
11,973.000	ISHARES US SM CAP EQUITY FACTOR ETF	1,010,385.86	761,243.34	467,623.59	293,619.75
	TICKER: SMLF				
	MONTH END PRICE	63.5800			
0.000	SCHWAB US TIPS ETF	52,323.36	0.00	0.00	0.00
	TICKER: SCHP				



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126,000	MONTH END PRICE 0.0000 SPDR BLOOMBERG 1-3 MONTH T-BILL ETF TICKER: BIL	0.00	11,566.80	11,520.18	46.62
6,307,000	MONTH END PRICE 91.8000 SPDR GOLD MINISHARES ETV TICKER: GLDM	160,781.21	277,823.35	152,726.38	125,096.97
483,000	MONTH END PRICE 44.0500 SPDR RUSSELL 1000 YI TICKER: ONEY	11,976.80	52,481.57	48,200.99	4,280.58
693,000	MONTH END PRICE 108.6575 SPDR S&P BIOTECH ETF IV TICKER: XBI	90,308.85	65,758.77	59,056.13	6,702.64
671,000	MONTH END PRICE 94.8900 SPDR SHORT TERM TREASURY ETF TICKER: SPTS	0.00	19,405.32	19,257.70	147.62
361,000	MONTH END PRICE 28.9200 VANGUARD DIVIDEND APPRECIATION ETF TICKER: VIG	16,787.09	65,922.21	58,678.88	7,243.33
919,000	MONTH END PRICE 182.6100 VANGUARD EMERGING MKT GOV BND ETF IV TICKER: VWOB	52,527.33	58,678.15	71,926.93	13,248.78-
384,000	MONTH END PRICE 63.8500 VANGUARD GROWTH ETF TICKER: VUG	0.00	132,172.80	109,910.51	22,262.29
2,234,000	MONTH END PRICE 344.2000 VANGUARD INTERMEDIATE TERM COR ETF TICKER: VCIT	173,034.54	179,859.34	174,365.89	5,493.45
	MONTH END PRICE 80.5100				
1,487,000	VANGUARD LONG TERM TREASURY ETF TICKER: VGLT	0.00	88,089.88	95,185.27	7,095.39-
4,223,000	MONTH END PRICE 59.2400 VANGUARD SHORT TERM COR BD ETF TICKER: VCSH	329,084.91	326,480.13	341,019.26	14,539.13-
0,000	MONTH END PRICE 77.3100 VANGUARD SHORT TERM TREASURY ETF TICKER: VGSH	878.10	0.00	0.00	0.00
470,000	MONTH END PRICE 0.0000 VANGUARD SHRT INF PROT SEC INDEX ETF TICKER: VTIP	0.00	22,508.30	22,398.07	110.23
714,000	MONTH END PRICE 47.8900 VANGUARD US MOMENTUM TICKER: VFMO	190,640.90	108,013.92	65,360.67	42,653.25
	MONTH END PRICE 151.2800				
		5,469,494.20	4,795,612.63	3,790,061.83	1,005,550.80
	TOTAL	12,234,400.96	12,235,461.35	8,472,550.39	3,762,910.96
	CASH	131,230.45	5,423.36		
	NET ASSETS	12,365,631.41	12,240,884.71		