

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] 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) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [] 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: DOCTORS COUNCIL BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES DOCTORS COUNCIL BENEFIT PLAN
2b Employer Identification Number (EIN): 13-3387038
2c Plan Sponsor's telephone number: 212-532-7690
2d Business code (see instructions): 525100
50 BROADWAY 11TH FLOOR
1101
NEW YORK, NY 10004

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 | 1575 |
| 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) | 1561 |
| | 6a(2) | 1641 |
| | 6b | 17 |
| | 6c | |
| | 6d | 1658 |
| | 6e | |
| | 6f | 1658 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 3 |

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 4F 4G 4Q 4U

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

| | |
|--|---|
| a Pension Schedules | b General Schedules |
| (1) <input type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|--|------------|
| A Name of plan DOCTORS COUNCIL BENEFIT PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES DOCTORS COUNCIL BENEFIT PLAN | D Employer Identification Number (EIN) 13-3387038 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

DOCTORS COUNCIL WELFARE PLAN

50 BROADWAY
NEW YORK, NY 10004

13-2938751

| (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 | RELATED BENEFIT PLAN | 126188 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ADMINISTRATIVE SERVICES ONLY INC.

303 MERRICK ROAD
LYNBROOK, NY 11563

11-2995970

| (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? |
|------------------------|---|--|--|--|---|--|
| 12 13 | NONE | 90091 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GOULD KOBRICK & SCHLAPP PC

192 LEXINGTON AVENUE
7TH FLOOR
NEW YORK, NY 10016

13-3082707

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | UNION'S AUDITOR | 21000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

THE SEGAL COMPANY

333 WEST 34TH STREET
NEW YORK, NY 10001

13-1835864

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 16 | NONE | 46189 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

STACEY BRAUN ASSOCIATES INC.

377 BROADWAY
NEW YORK, NY 10013

13-2889432

| (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 | 43209 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

PRYOR CASHMAN LLP

7 TIMES SQUARE
NEW YORK, NY 10036

13-1859294

| (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? |
|------------------------|---|--|--|--|---|--|
| 29 | UNION'S ATTORNEY | 152788 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

DOCTORS COUNCIL

50 BROADWAY
NEW YORK, NY 10004

13-2934154

| (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 | RELATED LABOR UNION | 207542 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

DANIEL JELINSKY

50 BROADWAY
NEW YORK, NY 10004

| (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 | UNION'S ACCOUNTANT | 7597 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

| (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? |
|------------------------|---|--|--|--|---|--|
| 53 | NONE | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 5605 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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)

KOBGO ASSOCIATES, INC.

13-2751089

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 5520 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 |
|---|--------------------------------------|---|
| SEGAL SELECT INSURANCE SERVICES INC | 53 | 5091 |

| (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. | |
|---|--|--|
| ULLICO/MARKEL 13-2988846 8403 COLESVILLE ROAD SILVER SPRIN, MD 20910 | INSURANCE BROKERAGE COMMISSIONS AND 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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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 2024 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan DOCTORS COUNCIL BENEFIT PLAN | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES DOCTORS COUNCIL BENEFIT PLAN | D Employer Identification Number (EIN) 13-3387038 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 688874 | 783518 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 231908 | 4583 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 21812 | 36730 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 359358 | 44648 |
| (2) U.S. Government securities | 1c(2) | 4707167 | 6242433 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 383221 | 546190 |
| (B) All other | 1c(3)(B) | 360098 | 399045 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | 0 |
| (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) | 1284890 | 1809959 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | 8128 | 5395 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 8045456 | 9872501 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 692899 | 718538 |
| h Operating payables..... | 1h | 45700 | 83580 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 56886 | 67172 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 795485 | 869290 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 7249971 | 9003211 |

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) | 4319289 | |
| (B) Participants..... | 2a(1)(B) | 13550 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 4332839 |
| 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) | 203762 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 203762 |
| (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) | 21501 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 21501 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 3645000 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 3621747 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 23253 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 6460 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 6460 |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 310109 |
| c Other income | 2c | | 1868 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 4899792 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 850185 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | 1710365 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 2560550 |
| 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) | 90091 | |
| (3) Recordkeeping fees | 2i(3) | 13117 | |
| (4) IQPA audit fees | 2i(4) | 21000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 43209 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 46189 | |
| (8) Legal fees | 2i(8) | 11077 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 361319 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 586002 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 3146552 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1753240 |
| 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: **GOULD KOBRICK & SCHLAPP, PC**

(2) EIN: **13-3082707**

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.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 1000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| 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.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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 _____.

DOCTORS COUNCIL BENEFIT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

DOCTORS COUNCIL BENEFIT PLAN

**FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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D. ROBERT GOULD, C.P.A. (1933-2015)
STUART L. KOBRICK, C.P.A. (RETIRED)
STEVEN T. SCHLAPP, C.P.A.
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.
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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Doctors Council Benefit Plan

Opinion

We have audited the financial statements of Doctors Council Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in benefit obligations and in net assets available for benefits for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the statements of benefit obligations and net assets available for benefits of Doctors Council Benefit Plan as of December 31, 2024 and 2023, and the changes in benefit obligations and in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Doctors Council Benefit 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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.

INDEPENDENT AUDITORS' REPORT (continued)

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with GAAS, we:

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

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 Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and reportable transactions attached to Schedule H of Form 5500 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

Gould, Kobrick & Schlapp, P.C.

New York, NY
May 13, 2025

GKS
GOULD, KOBRICK & SCHLAPP, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

DOCTORS COUNCIL BENEFIT PLAN

**STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS
AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

| | 2024 | 2023 |
|---|---------------------|---------------------|
| BENEFIT OBLIGATIONS | | |
| Benefits currently payable and incurred but not reported | \$ 718,538 | \$ 692,899 |
| ASSETS | | |
| Investments, at fair value | 9,042,275 | 7,094,734 |
| Receivables: | | |
| Accrued investment income | 36,730 | 21,812 |
| Employer contributions | 4,583 | 231,908 |
| Total Receivables | 41,313 | 253,720 |
| Other assets: | | |
| Cash, operating accounts | 783,518 | 688,874 |
| Prepaid expense | 4,748 | 6,833 |
| Fixed assets, net of depreciation | 647 | 1,295 |
| Total Other Assets | 788,913 | 697,002 |
| Total Assets | 9,872,501 | 8,045,456 |
| LIABILITIES | | |
| Accrued administrative expenses | 83,580 | 45,700 |
| Due to related organizations | 65,907 | 3,627 |
| Deferred employer contributions | 1,265 | 633 |
| Due to/from broker | 0 | 52,626 |
| Total Liabilities | 150,752 | 102,586 |
| NET ASSETS AVAILABLE FOR BENEFITS | 9,721,749 | 7,942,870 |
| EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS | \$ 9,003,211 | \$ 7,249,971 |

The accompanying notes are an integral part of the financial statements.

DOCTORS COUNCIL BENEFIT PLAN

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND
IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

| | 2024 | 2023 |
|---|---------------------|--------------|
| NET INCREASE IN BENEFIT OBLIGATIONS | | |
| Benefits currently payable and incurred but not reported | \$ 25,639 | \$ 83,149 |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO | | |
| Employer contributions | 4,319,289 | 4,361,506 |
| COBRA contributions | 13,550 | 18,481 |
| Total Contributions | 4,332,839 | 4,379,987 |
| Investment income: | | |
| Net appreciation in fair value of investments | 339,822 | 352,383 |
| Interest and dividends | 225,263 | 47,345 |
| | 565,085 | 399,728 |
| Less - Investment fees | 43,209 | 30,373 |
| Net Investment Income | 521,876 | 369,355 |
| Miscellaneous income | 1,868 | 2,009 |
| Total Additions | 4,856,583 | 4,751,351 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO | | |
| Benefits paid | 2,534,911 | 2,231,441 |
| Administrative expenses | 542,793 | 448,823 |
| Total Deductions | 3,077,704 | 2,680,264 |
| Net increase in net assets available for benefits | 1,778,879 | 2,071,087 |
| Net increase in excess of net assets available for benefits over benefit obligations | 1,753,240 | 1,987,938 |
| Excess of net assets available for benefits over benefit obligations | | |
| Beginning | 7,249,971 | 5,262,033 |
| Ending | \$ 9,003,211 | \$ 7,249,971 |

The accompanying notes are an integral part of the financial statements.

DOCTORS COUNCIL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

The following brief description is provided for general information purposes only. Participants should refer to the Summary Plan Description and Plan Agreement for more complete information.

General: The Doctors Council Benefit Plan (the “Plan”) is a multi-employer plan that was established for the purpose of providing health care and other benefits to eligible employees covered by collective bargaining agreements between the Doctors Council (the “Union”) and individual employers signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan provides benefits to the eligible employees of the following three employers:

1. New York University of Medicine at:
 - I. Goldwater/Henry J. Carter
 - II. Woodhull Hospital
2. Correctional Dental Associates, P.C.
3. Physician Affiliate Group of New York, PC (“PAGNY”) at:
 - I. Coney Island Hospital
 - II. Harlem Hospital
 - III. Metropolitan Hospital
 - IV. Lincoln Hospital
 - V. Jacobi Medical Center and North Central Bronx Hospital.
 - VI. Correctional Health Services at Rikers Island
 - VII. Kings County
 - VIII. Gotham

Employee eligibility varies among the employers and is based on hours worked and job classification. The Plan also provides health benefits to employees’ beneficiaries and covered dependents.

Plan Administration: The administration of the Plan is the responsibility of a Board of Trustees composed of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment advisers and maintained by separate Plan custodians.

Benefits: The Plan provides health benefits as enumerated in Note 10 to active participants of the Plan and to their covered dependents. The benefit that a participant is entitled to is based upon the collective bargaining agreement signed by the participant’s employer and the number of hours worked in covered employment.

The Plan provides prepaid legal benefits to all eligible participants and their spouses of the Plan through the law firm of Pryor Cashman. All other benefits are self-insured.

During the year, the following benefit administrative contract was in effect:

| Third Party Administrator | Benefits |
|------------------------------------|----------------------------------|
| Administrative Services Only (ASO) | Dental and medical reimbursement |

Funding: Contributions under the various contracts are made by employers at a fixed rate per covered participant. The contribution rates are determined by the collective bargaining agreements in effect at the time.

As a result of negotiations with the employers, effective July 1, 2019 the Plan received additional contributions at a fixed rate of \$136,781 per month, referred to as the “additional compensation fund” per the 2020 memorandum of agreement. The additional compensation fund contributions are in addition to the contributions per covered participants noted above. The additional compensation fund contributions by PAGNY ceased November 30, 2024. Contributions from the additional compensation fund were \$1,504,148 and \$1,638,524 for the years ended December 31, 2024 and 2023 and are included in employer contributions.

DOCTORS COUNCIL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (continued)

Plan Termination: The Plan document provides that upon the termination of the Plan, any monies remaining after the payment of all expenses and obligations shall be paid or used for the participants in such manner as will, in the Trustees' opinion, best effectuate the purpose of the Plan.

Other: Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA. The Plan may be terminated completely or partially at any time by the Board of Trustees, subject to the provisions set forth in ERISA.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements were prepared on the accrual basis of accounting.

Payment of Benefits: The benefit payments to or for participants are recorded when paid.

Valuation of Investments: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold for financial reporting purposes, whereas the revalued cost (fair value at the beginning of the year) is used for determining the realized gain or loss for Form 5500 purposes.

Fixed Assets and Amortization: Fixed assets are stated at cost less amortization accumulated since their acquisition and do not purport to represent replacement or realizable value. All assets are depreciated over their estimated useful lives using the straight-line method. Expenditures for normal repairs of equipment are charged to current operations. All other expenditures for fixed assets are capitalized.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan 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.

Other Plan Benefits: Plan obligations on December 31 for health claims incurred by active participants but not reported at that date are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrator. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value.

Employer Contributions: Employer contributions receivable and employer contribution income does includes estimates of amounts due from employers where reports were not received by the Plan office, or amounts due but unpaid as a result of payroll audits.

DOCTORS COUNCIL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Current Expected Credit Losses: The Plan has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the “ASU”) significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financials assets held by the Plan that are subject to the ASU are accounts receivables.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan’s financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

NOTE 3 – RISKS AND UNCERTAINTIES

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

The balance of claims incurred but not reported is reported based on certain assumptions, which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 4 – TAX STATUS

The Trust established under the Plan to hold the Plan’s assets is intended to be qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), as amended and, accordingly, the trust’s net income is exempt from income taxes. The Plan has obtained a favorable tax determination letter dated March 25, 1999 from the Internal Revenue Service, and Plan management believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

NOTE 5 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

Contributions from two employers constituted 99% of total employer contributions for the years ended December 31, 2024 and 2023. Contributions receivable from these employers represented 100% of total employers’ contributions receivable at December 31, 2024 and 2023, respectively.

NOTE 6 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through May 13, 2025, the date the financial statements were available to be issued.

DOCTORS COUNCIL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 7 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the 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 under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest bearing cash: Interest bearing cash is reported at cost, which approximates fair value.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

Exchange traded funds: Valued at the closing price reported on the New York Stock Exchange and other exchanges.

The preceding methods 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.

DOCTORS COUNCIL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by Level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| December 31, 2024 | | | | |
|----------------------------|--------------|--------------|---------|--------------|
| Investment | Level 1 | Level 2 | Level 3 | Total |
| Interest bearing cash | \$ 44,648 | \$ 0 | \$ 0 | \$ 44,648 |
| U.S. government securities | 0 | 6,242,433 | 0 | 6,242,433 |
| Corporate debt instruments | 0 | 945,235 | 0 | 945,235 |
| Exchange traded funds | 1,809,959 | 0 | 0 | 1,809,959 |
| Total | \$ 1,854,607 | \$ 7,187,668 | \$ 0 | \$ 9,042,275 |
| December 31, 2023 | | | | |
| Investment | Level 1 | Level 2 | Level 3 | Total |
| Interest bearing cash | \$ 359,358 | \$ 0 | \$ 0 | \$ 359,358 |
| U.S. government securities | 0 | 4,707,167 | 0 | 4,707,167 |
| Corporate debt instruments | 0 | 743,319 | 0 | 743,319 |
| Exchange traded funds | 1,284,890 | 0 | 0 | 1,284,890 |
| Total | \$ 1,644,248 | \$ 5,450,486 | \$ 0 | \$ 7,094,734 |

NOTE 8 – TRANSACTIONS WITH PARTIES IN INTEREST

The Union and the Doctors Council Retiree Fund, Welfare Fund, Annuity Fund 1, Annuity Fund 2 and the Plan (the "Funds"), share facilities, personnel and other overhead expenses (telephone, postage, etc.). These shared expenses are allocated by the Union to the Funds, based on estimated time and space usage. The Union initially paid these expenses and provided the Funds with a detailed bill showing the total amounts due, which is then allocated among the Funds based on an administrative services cost allocation study prepared by the Plan's actuary.

The Plan, Retiree Fund, Welfare Fund, Annuity Fund 1, and Annuity Fund 2 (the "Other Benefit Plans"), share personnel and other overhead expenses (supplies, stationery, etc.). These shared expenses are allocated based on an administrative services cost allocation study prepared by the Plan's actuary. The Doctors Council Welfare Fund initially paid these expenses, which are then allocated to the Other Benefit Plans.

Total expenses allocated to the Plan for the years ended December 31, 2024 and 2023 were \$333,730 and \$289,660, respectively. The Plan's related party transactions are summarized as follows:

| | Totals | Doctors Council Union | Doctors Council Welfare Fund |
|--------------------------|-------------|--------------------------|---------------------------------|
| Beginning balances | \$ (3,627) | \$ (27,101) | \$ 23,474 |
| Current period activity: | | | |
| Payments | 271,450 | 187,803 | 83,647 |
| Expense allocations | (333,730) | (207,542) | (126,188) |
| Total Current Activity | (62,280) | (19,739) | (42,541) |
| Ending balances | \$ (65,907) | \$ (46,840) | \$ (19,067) |

DOCTORS COUNCIL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

| | December 31, | |
|--|---------------------|---------------------|
| | 2024 | 2023 |
| Net assets available for benefits per the financial statements | \$ 9,721,749 | \$ 7,942,870 |
| Less: Benefits currently payable and incurred but not reported | 718,538 | 692,899 |
| Net assets available for benefits per Form 5500 | <u>\$ 9,003,211</u> | <u>\$ 7,249,971</u> |

The following is a reconciliation of benefits paid per the financial statements to the Form 5500:

| | Year Ended December 31, | |
|--|-------------------------|---------------------|
| | 2024 | 2023 |
| Benefits paid per the financial statements | \$ 2,534,911 | \$ 2,231,441 |
| Less: benefit obligations currently payable, beginning | (692,899) | (609,750) |
| Add: benefit obligations currently payable, ending | 718,538 | 692,899 |
| Benefits paid per Form 5500 | <u>\$ 2,560,550</u> | <u>\$ 2,314,590</u> |

NOTE 10 – BENEFITS PAID

| | 2024 | 2023 |
|----------------------------------|---------------------|---------------------|
| Insured: | | |
| Prepaid legal services | <u>\$ 141,711</u> | <u>\$ 102,921</u> |
| Self-Insured: | | |
| Dental | 1,483,375 | 1,423,864 |
| Health cost reimbursements | 383,562 | 314,329 |
| Optical | 204,847 | 204,976 |
| Maternity | 110,000 | 68,000 |
| Disability | 91,826 | 50,737 |
| Psychiatric | 66,457 | 32,451 |
| Hearing aid | 17,806 | 7,000 |
| Physical exams | 17,575 | 11,305 |
| ACA fees | 12,465 | 11,583 |
| Other | 2,887 | 1,875 |
| Legal services | 2,400 | 2,400 |
| Total Self-Insured Benefits Paid | <u>2,393,200</u> | <u>2,128,520</u> |
| Total Benefits Paid | <u>\$ 2,534,911</u> | <u>\$ 2,231,441</u> |

DOCTORS COUNCIL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 11 – ADMINISTRATIVE EXPENSES

| | <u>2024</u> | <u>2023</u> |
|------------------------------------|-------------------|-------------------|
| Professional fees: | | |
| Third party administration | \$ 90,091 | \$ 84,700 |
| Actuary and consultant | 46,189 | 14,338 |
| Auditing | 21,000 | 21,000 |
| Legal | 11,077 | 10,754 |
| Computer | 9,200 | 875 |
| Accounting | 7,597 | 7,295 |
| Payroll auditing | 5,520 | 2,540 |
| Administrative expense allocations | 333,730 | 289,660 |
| Insurance | 17,488 | 17,013 |
| Amortization | 648 | 648 |
| Stationery, postage and office | 256 | 0 |
| Total Administrative Expenses | <u>\$ 542,796</u> | <u>\$ 448,823</u> |

NOTE 12 – FIXED ASSETS

Fixed assets at December 31, 2024 and 2023 by classification are summarized as follows:

| | <u>2024</u> | <u>2023</u> |
|---------------------------------|---------------|-----------------|
| Software development | \$ 87,715 | \$ 87,715 |
| Office equipment | 3,239 | 3,239 |
| | <u>90,954</u> | <u>90,954</u> |
| Less - Accumulated amortization | 90,307 | 89,659 |
| Net Fixed Assets | <u>\$ 647</u> | <u>\$ 1,295</u> |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

Investment Objectives (in order of priority): Capital Appreciation, Income
Inform us if your investment objectives, as defined in the Expanded Disclosures, change.

Brokerage Account

HOLDINGS

This section reflects positions purchased/sold on a trade date basis. "Market Value" and "Unrealized Gain/(Loss)" may not reflect the value that could be obtained in the market. Your actual investment return may differ from the unrealized gain/(loss) displayed. Fixed Income securities are sorted by maturity or pre-refunding date, and alphabetically within date. Estimated Annual Income a) is calculated on a pre-tax basis, b) does not include any reduction for applicable non-US withholding taxes, c) may include return of principal or capital gains which could overstate such estimates, and d) for holdings that have a defined maturity date within the next 12 months, is reflected only through maturity date. Actual income or yield may be lower or higher than the estimates. Current Yield is an estimate for informational purposes only. It reflects the income generated by an investment, and is calculated by dividing the total estimated annual income by the current market value of the entire position. It does not reflect changes in its price. Structured Investments, identified on the Position Description Details line as "Asset Class: Struct Inv," may appear in various statement product categories. When displayed, the accrued interest, annual income and current yield for those with a contingent income feature (e.g., Range Accrual Notes or Contingent Income Notes) are estimates and assume specified accrual conditions are met during the relevant period and payment in full of all contingent interest. For Floating Rate Securities, the accrued interest, annual income and current yield are estimates based on the current floating coupon rate and may not reflect historic rates within the accrual period. For more information on how we price securities, go to www.morganstanley.com/wealth/disclosures/disclosures.asp.

CASH, BANK DEPOSIT PROGRAM AND MONEY MARKET FUNDS

Cash, Bank Deposit Program, and Money Market Funds are generally displayed on a settlement date basis. You have the right to instruct us to liquidate your bank deposit balance(s) or shares of any money market fund balance(s) at any time and have the proceeds of such liquidation remitted to you. Estimated Annual Income, Accrued Interest, and APY% will only be displayed for fully settled positions. Under the Bank Deposit Program, free credit balances held in an account(s) at Morgan Stanley Smith Barney LLC are automatically deposited into an interest-bearing deposit account(s), at Morgan Stanley Bank, N.A. and/or Morgan Stanley Private Bank, National Association, each a national bank, FDIC member and an affiliate of Morgan Stanley. Under certain circumstances, deposits may be held at other FDIC insured Program Banks. For more information regarding the Bank Deposit Program and the Program Banks, go to https://www.morganstanley.com/content/dam/msdotcom/en/wealth-disclosures/pdfs/BDP_disclosure.pdf

| Description | Market Value | 7-Day Current Yield % | Est Ann Income | APY % |
|--------------------------------|---------------------------|--------------------------|----------------|-------|
| CASH | \$0.05 | | | |
| MORGAN STANLEY BANK N.A. | 44,646.78 | — | 22.32 | 0.050 |
| MORGAN STANLEY PRIVATE BANK NA | 1.02 | — | — | 0.050 |
| BANK DEPOSITS | \$44,647.80 | | \$22.32 | |
| | Percentage of Holdings | Market Value | Est Ann Income | |
| CASH, BDP, AND MMFs | 0.49% | \$44,647.85 | \$22.32 | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

EXCHANGE-TRADED & CLOSED-END FUNDS

Estimated Annual Income for Exchange Traded Funds, is based upon historical distributions over the preceding 12-month period, while Estimated Annual Income for Closed End Funds may be based upon either (a) the most recent dividend or (b) sum of prior 12 months (depending upon whether there is an announced fixed rate). Current Yield is calculated by dividing the total Estimated Annual Income by the current Market Value of the position, and it is for informational purposes only. Distributions may consist of income, capital gains or the returns of capital distributions. EAI is based upon information provided by an outside vendor and is not verified by us. Depending upon market conditions, Current Yield may differ materially from published yields. Investors should refer to the Fund website for the most recent yield information.

| Security Description | Trade Date | Quantity | Unit Cost | Share Price | Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income | Current Yield % |
|--|------------|----------|-----------|-------------|------------|------------------|------------------------|----------------|-----------------|
| ISHARES RUSSELL 1000 GRW ETF (IWF) | 12/17/13 | 16.000 | \$82.860 | \$401.580 | \$1,325.76 | \$6,425.28 | \$5,099.52 LT | | |
| | 5/12/17 | 8.000 | 117.391 | 401.580 | 939.13 | 3,212.64 | 2,273.51 LT | | |
| | 1/16/20 | 5.000 | 183.144 | 401.580 | 915.72 | 2,007.90 | 1,092.18 LT | | |
| | 1/23/20 | 10.000 | 184.440 | 401.580 | 1,844.40 | 4,015.80 | 2,171.40 LT | | |
| | 2/7/20 | 6.000 | 186.730 | 401.580 | 1,120.38 | 2,409.48 | 1,289.10 LT | | |
| | 12/5/23 | 35.000 | 290.798 | 401.580 | 10,177.94 | 14,055.30 | 3,877.36 LT | | |
| | 12/19/23 | 30.000 | 303.605 | 401.580 | 9,108.14 | 12,047.40 | 2,939.26 LT | | |
| Total | | 110.000 | | | 25,431.47 | 44,173.80 | 18,742.33 LT | 202.18 | 0.46 |
| <i>Next Dividend Payable 03/2025; Asset Class: Equities</i> | | | | | | | | | |
| ISHARES RUSSELL 1000 VALUE ETF (IWD) | 11/22/13 | 8.000 | 92.338 | 185.130 | 738.70 | 1,481.04 | 742.34 LT | | |
| | 12/17/13 | 15.000 | 91.240 | 185.130 | 1,368.60 | 2,776.95 | 1,408.35 LT | | |
| | 1/16/20 | 8.000 | 138.085 | 185.130 | 1,104.68 | 1,481.04 | 376.36 LT | | |
| | 1/23/20 | 15.000 | 137.589 | 185.130 | 2,063.84 | 2,776.95 | 713.11 LT | | |
| | 2/7/20 | 8.000 | 137.049 | 185.130 | 1,096.39 | 1,481.04 | 384.65 LT | | |
| | 10/4/21 | 18.000 | 157.628 | 185.130 | 2,837.31 | 3,332.34 | 495.03 LT | | |
| | 12/5/23 | 60.000 | 158.230 | 185.130 | 9,493.79 | 11,107.80 | 1,614.01 LT | | |
| | 12/19/23 | 60.000 | 165.465 | 185.130 | 9,927.90 | 11,107.80 | 1,179.90 LT | | |
| Total | | 192.000 | | | 28,631.21 | 35,544.96 | 6,913.75 LT | 666.43 | 1.87 |
| <i>Next Dividend Payable 03/2025; Asset Class: Equities</i> | | | | | | | | | |
| SPDR S&P MIDCAP 400 ETF TRUST (MDY) | 6/6/23 | 22.000 | 460.810 | 569.580 | 10,137.82 | 12,530.76 | 2,392.94 LT | | |
| | 6/21/23 | 12.000 | 466.610 | 569.580 | 5,599.32 | 6,834.96 | 1,235.64 LT | | |
| | 10/17/23 | 10.000 | 460.926 | 569.580 | 4,609.26 | 5,695.80 | 1,086.54 LT | | |
| | 11/30/23 | 25.000 | 468.710 | 569.580 | 11,717.75 | 14,239.50 | 2,521.75 LT | | |
| | 12/7/23 | 20.000 | 478.176 | 569.580 | 9,563.52 | 11,391.60 | 1,828.08 LT | | |
| | 12/19/23 | 20.000 | 506.430 | 569.580 | 10,128.60 | 11,391.60 | 1,263.00 LT | | |
| Total | | 109.000 | | | 51,756.27 | 62,084.22 | 10,327.95 LT | 734.88 | 1.18 |
| <i>Next Dividend Payable 01/31/25; Asset Class: Equities</i> | | | | | | | | | |
| VANGUARD S&P 500 ETF (VOO) | 12/10/13 | 85.000 | 165.905 | 538.810 | 14,101.96 | 45,798.85 | 31,696.89 LT | | |
| | 12/17/13 | 50.000 | 163.490 | 538.810 | 8,174.50 | 26,940.50 | 18,766.00 LT | | |
| | 9/29/14 | 50.000 | 180.430 | 538.810 | 9,021.50 | 26,940.50 | 17,919.00 LT | | |
| | 12/18/19 | 18.000 | 293.889 | 538.810 | 5,290.00 | 9,698.58 | 4,408.58 LT | | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Quantity | Unit Cost | Share Price | Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income | Current Yield % |
|----------------------|------------|------------------|-----------|-------------|---------------------|---------------------|---|------------------|-----------------|
| | 1/16/20 | 33.000 | 303.239 | 538.810 | 10,006.89 | 17,780.73 | 7,773.84 LT | | |
| | 1/23/20 | 50.000 | 303.899 | 538.810 | 15,194.96 | 26,940.50 | 11,745.54 LT | | |
| | 2/7/20 | 135.000 | 305.377 | 538.810 | 41,225.83 | 72,739.35 | 31,513.52 LT | | |
| | 2/11/20 | 22.000 | 309.290 | 538.810 | 6,804.38 | 11,853.82 | 5,049.44 LT | | |
| | 4/30/20 | 40.000 | 266.050 | 538.810 | 10,641.98 | 21,552.40 | 10,910.42 LT | | |
| | 6/17/20 | 100.000 | 286.830 | 538.810 | 28,682.99 | 53,881.00 | 25,198.01 LT | | |
| | 6/18/20 | 42.000 | 285.970 | 538.810 | 12,010.74 | 22,630.02 | 10,619.28 LT | | |
| | 7/27/20 | 50.000 | 296.983 | 538.810 | 14,849.16 | 26,940.50 | 12,091.34 LT | | |
| | 8/25/20 | 100.000 | 314.931 | 538.810 | 31,493.06 | 53,881.00 | 22,387.94 LT | | |
| | 8/26/20 | 70.000 | 316.950 | 538.810 | 22,186.50 | 37,716.70 | 15,530.20 LT | | |
| | 9/24/21 | 60.000 | 409.109 | 538.810 | 24,546.53 | 32,328.60 | 7,782.07 LT | | |
| | 10/4/21 | 68.000 | 393.330 | 538.810 | 26,746.44 | 36,639.08 | 9,892.64 LT | | |
| | 6/6/23 | 40.000 | 392.463 | 538.810 | 15,698.50 | 21,552.40 | 5,853.90 LT | | |
| | 6/21/23 | 60.000 | 401.599 | 538.810 | 24,095.92 | 32,328.60 | 8,232.68 LT | | |
| | 8/28/23 | 60.000 | 405.969 | 538.810 | 24,358.12 | 32,328.60 | 7,970.48 LT | | |
| | 10/17/23 | 50.000 | 401.978 | 538.810 | 20,098.91 | 26,940.50 | 6,841.59 LT | | |
| | 11/8/23 | 85.000 | 401.080 | 538.810 | 34,091.80 | 45,798.85 | 11,707.05 LT | | |
| | 11/13/23 | 220.000 | 405.336 | 538.810 | 89,173.96 | 118,538.20 | 29,364.24 LT | | |
| | 11/16/23 | 48.000 | 412.130 | 538.810 | 19,782.22 | 25,862.88 | 6,080.66 LT | | |
| | 11/30/23 | 200.000 | 417.600 | 538.810 | 83,520.00 | 107,762.00 | 24,242.00 LT | | |
| | 12/5/23 | 60.000 | 419.629 | 538.810 | 25,177.72 | 32,328.60 | 7,150.88 LT | | |
| | 12/7/23 | 180.000 | 420.570 | 538.810 | 75,702.60 | 96,985.80 | 21,283.20 LT | | |
| | 12/8/23 | 120.000 | 422.859 | 538.810 | 50,743.07 | 64,657.20 | 13,914.13 LT | | |
| | 12/19/23 | 275.000 | 437.449 | 538.810 | 120,298.59 | 148,172.75 | 27,874.16 LT | | |
| | 12/20/23 | 175.000 | 435.520 | 538.810 | 76,216.00 | 94,291.75 | 18,075.75 LT | | |
| | 12/28/23 | 120.000 | 438.546 | 538.810 | 52,625.54 | 64,657.20 | 12,031.66 LT | | |
| | 1/30/24 | 110.000 | 451.206 | 538.810 | 49,632.67 | 59,269.10 | 9,636.43 ST | | |
| | 1/31/24 | 80.000 | 448.954 | 538.810 | 35,916.30 | 43,104.80 | 7,188.50 ST | | |
| | 8/16/24 | 100.000 | 508.285 | 538.810 | 50,828.50 | 53,881.00 | 3,052.50 ST | | |
| | 8/22/24 | 50.000 | 513.892 | 538.810 | 25,694.60 | 26,940.50 | 1,245.90 ST | | |
| | 9/10/24 | 90.000 | 503.520 | 538.810 | 45,316.80 | 48,492.90 | 3,176.10 ST | | |
| Total | | 3,096.000 | | | 1,199,949.24 | 1,668,155.76 | 443,907.09 LT 24,299.43 ST | 20,755.58 | 1.24 |

Next Dividend Payable 03/2025; Asset Class: Equities

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| | Percentage of Holdings | Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income | Current Yield % |
|---|------------------------|-----------------------|-----------------------|---|--------------------|-----------------|
| EXCHANGE-TRADED & CLOSED-END FUNDS | 19.94% | \$1,305,768.19 | \$1,809,958.74 | \$479,891.12 LT \$24,299.43 ST | \$22,359.07 | 1.24% |

CORPORATE FIXED INCOME

CORPORATE BONDS

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|--|------------|------------|---------------------------------|------------|-----------------------------------|--------------------|------------------------|------------------------------------|-----------------|
| APPLE INC Coupon Rate 1.125%; Matures 05/11/2025; CUSIP 037833DT4 <i>Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 04/11/25; Yield to Maturity 4.472%; Moody AAA S&P AA+; Issued 05/11/20; Asset Class: FI & Pref</i> | 8/25/20 | 25,000.000 | \$102.701 \$100.208 | \$98.808 | \$25,675.25 \$25,051.95 | \$24,702.00 | \$(349.95) LT | \$140.63 \$39.06 | 0.57 |
| NUCOR CORP Coupon Rate 2.000%; Matures 06/01/2025; CUSIP 670346AR6 <i>Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 05/01/25; Yield to Maturity 4.950%; Moody BAA1 S&P A-; Issued 05/22/20; Asset Class: FI & Pref</i> | 8/25/20 | 25,000.000 | 105.120 100.453 | 98.793 | 26,280.25 25,113.30 | 24,698.13 | (415.17) LT | 250.00 41.67 | 1.01 |
| CHARLES SCHWAB CORP/THE Coupon Rate 0.900%; Matures 03/11/2026; CUSIP 808513BF1 <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 02/11/26; Yield to Maturity 4.645%; Moody A2 S&P A-; Issued 12/11/20; Asset Class: FI & Pref</i> | 9/23/21 | 25,000.000 | 99.582 99.582 | 95.696 | 24,895.50 24,895.50 | 23,923.88 | (971.62) LT | 225.00 68.75 | 0.94 |
| PPG INDUSTRIES INC Coupon Rate 1.200%; Matures 03/15/2026; CUSIP 693506BU0 <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 02/15/26; Yield to Maturity 4.803%; Moody A3 S&P BBB+; Issued 03/04/21; Asset Class: FI & Pref</i> | 9/23/21 | 25,000.000 | 100.048 100.013 | 95.827 | 25,012.25 25,003.35 | 23,956.75 | (1,046.60) LT | 300.00 88.33 | 1.25 |
| BRISTOL-MYERS SQUIBB CO Coupon Rate 3.200%; Matures 06/15/2026; CUSIP 110122CN6 <i>Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 04/15/26; Yield to Maturity 4.463%; Moody A2 S&P A; Issued 06/15/20; Asset Class: FI & Pref</i> | 5/10/22 | 20,000.000 | 100.000 100.000 | 98.237 | 20,000.00 20,000.00 | 19,647.40 | (352.60) LT | 640.00 28.44 | 3.26 |
| BANK OF AMERICA CORP Coupon Rate 4.250%; Matures 10/22/2026; CUSIP 06051GFL8 <i>Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.736%; Moody A3 S&P BBB+; Issued 10/22/14; Asset Class: FI & Pref</i> | 11/21/22 | 20,000.000 | 97.769 97.769 | 99.162 | 19,553.80 19,553.80 | 19,832.40 | 278.60 LT | 850.00 162.92 | 4.29 |
| ELI LILLY & CO Coupon Rate 4.500%; Matures 02/09/2027; CUSIP 532457CJ5 <i>Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 01/09/27; Yield to Call 4.382%; Moody A1 S&P A+; Issued 02/09/24; Asset Class: FI & Pref</i> | 7/31/24 | 25,000.000 | 100.171 100.144 | 100.224 | 25,042.75 25,035.91 | 25,056.00 | 20.09 ST | 1,125.00 443.75 | 4.49 |
| WELLTOWER OP LLC Coupon Rate 2.700%; Matures 02/15/2027; CUSIP 95040QAK0 <i>Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 12/15/26; Yield to Maturity 4.627%; Moody BAA1 S&P BBB+; Issued 12/16/19; Asset Class: FI & Pref</i> | 1/16/20 | 15,000.000 | 101.418 100.451 | 96.144 | 15,212.70 15,067.59 | 14,421.60 | (645.99) LT | 405.00 153.00 | 2.81 |
| AMPHENOL CORP Coupon Rate 5.050%; Matures 04/05/2027; CUSIP 032095AN1 <i>Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 03/05/27; Yield to Call 4.607%; Moody A3 S&P BBB+; Issued 04/05/24; Asset Class: FI & Pref</i> | 6/4/24 | 25,000.000 | 100.179 100.145 | 100.901 | 25,045.00 25,036.30 | 25,225.25 | 188.95 ST | 1,262.50 301.60 | 5.00 |
| CATERPILLAR FINANCIAL SERVICES CORP Coupon Rate 1.100%; Matures 09/14/2027; CUSIP 14913R2G1 | 10/14/20 | 25,000.000 | 100.762 100.304 | 91.783 | 25,190.50 25,075.90 | 22,945.63 | (2,130.27) LT | 275.00 81.74 | 1.20 |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|---|------------|------------|---------------------------------|------------|-----------------------------------|------------------|---------------------------|------------------------------------|--------------------|
| <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.355%; Moody A2 S&P A; Issued 09/14/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| PARKER-HANNIFIN CORP | 2/1/24 | 50,000.000 | 99.290 | 98.964 | 49,645.00 | | | 2,125.00 | 4.29 |
| Coupon Rate 4.250%; Matures 09/15/2027; CUSIP 701094AR5 | | | 99.290 | | 49,645.00 | 49,482.00 | (163.00) ST | 625.69 | |
| <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 08/15/27; Yield to Maturity 4.660%; Moody BAA1 S&P BBB+; Issued 06/15/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| MARRIOTT INTERNATIONAL INC/MD | 5/9/24 | 25,000.000 | 99.700 | 100.808 | 24,925.00 | | | 1,250.00 | 4.96 |
| Coupon Rate 5.000%; Matures 10/15/2027; CUSIP 571903BJ1 | | | 99.700 | | 24,925.00 | 25,202.00 | 277.00 ST | 263.89 | |
| <i>Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 09/15/27; Yield to Call 4.676%; Moody BAA2 S&P BBB; Issued 09/08/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| AMAZON.COM INC | 10/31/23 | 35,000.000 | 97.600 | 100.616 | 34,160.00 | | | 1,592.50 | 4.52 |
| Coupon Rate 4.550%; Matures 12/01/2027; CUSIP 023135CP9 | | | 97.600 | | 34,160.00 | 35,215.60 | 1,055.60 LT | 132.71 | |
| <i>Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 11/01/27; Yield to Call 4.315%; Moody A1 S&P AA; Issued 12/01/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| AUTOZONE INC | 11/30/23 | 50,000.000 | 97.777 | 99.076 | 48,888.50 | | | 2,250.00 | 4.54 |
| Coupon Rate 4.500%; Matures 02/01/2028; CUSIP 053332BC5 | | | 97.777 | | 48,888.50 | 49,538.00 | 649.50 LT | 937.50 | |
| <i>Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 01/01/28; Yield to Maturity 4.825%; Moody BAA1 S&P BBB; Issued 01/27/23; Asset Class: FI & Pref</i> | | | | | | | | | |
| NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP | 12/19/23 | 50,000.000 | 100.901 | 100.180 | 50,451.00 | | | 2,400.00 | 4.79 |
| Coupon Rate 4.800%; Matures 03/15/2028; CUSIP 63743HFG2 | | | 100.697 | | 50,348.35 | 50,090.00 | (258.35) LT | 706.67 | |
| <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 02/15/28; Yield to Call 4.735%; Moody A2 S&P A-; Issued 12/16/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| WASTE MANAGEMENT INC | 7/30/21 | 25,000.000 | 98.490 | 89.483 | 24,622.50 | | | 287.50 | 1.29 |
| Coupon Rate 1.150%; Matures 03/15/2028; CUSIP 94106LBN8 | | | 98.490 | | 24,622.50 | 22,370.63 | (2,251.87) LT | 84.65 | |
| <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 01/15/28; Yield to Maturity 4.724%; Moody A3 S&P A-; Issued 11/17/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| EATON CORP | 12/19/23 | 50,000.000 | 100.109 | 99.099 | 50,055.00 | | | 2,175.00 | 4.39 |
| Coupon Rate 4.350%; Matures 05/18/2028; CUSIP 278062AK0 | | | 100.086 | | 50,042.99 | 49,549.25 | (493.74) LT | 259.79 | |
| <i>Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 04/18/28; Yield to Maturity 4.640%; Moody A3 S&P A-; Issued 05/18/23; Asset Class: FI & Pref</i> | | | | | | | | | |
| MARSH & MCLENNAN COS INC | 7/31/24 | 25,000.000 | 99.138 | 98.307 | 24,784.50 | | | 1,093.75 | 4.45 |
| Coupon Rate 4.375%; Matures 03/15/2029; CUSIP 571748BG6 | | | 99.138 | | 24,784.50 | 24,576.75 | (207.75) ST | 322.05 | |
| <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/15/28; Yield to Maturity 4.823%; Moody A3 S&P A-; Issued 01/15/19; Asset Class: FI & Pref</i> | | | | | | | | | |
| BROADCOM INC | 12/20/24 | 50,000.000 | 99.473 | 99.351 | 49,736.50 | | | 2,375.00 | 4.78 |
| Coupon Rate 4.750%; Matures 04/15/2029; CUSIP 11135FBA8 | | | 99.473 | | 49,736.50 | 49,675.50 | (61.00) ST | 501.39 | |
| <i>Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 01/15/29; Yield to Maturity 4.918%; Moody BAA1 S&P BBB; Issued 04/15/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| WALT DISNEY CO/THE | 8/25/20 | 25,000.000 | 103.492 | 88.895 | 25,873.25 | | | 500.00 | 2.25 |
| Coupon Rate 2.000%; Matures 09/01/2029; CUSIP 254687FL5 | | | 101.868 | | 25,467.12 | 22,223.75 | (3,243.37) LT | 166.67 | |
| <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 06/01/29; Yield to Maturity 4.676%; Moody A2 S&P A; Issued 09/06/19; Asset Class: FI & Pref</i> | | | | | | | | | |
| AMGEN INC | 12/29/21 | 25,000.000 | 101.960 | 88.400 | 25,490.25 | | | 612.50 | 2.77 |
| Coupon Rate 2.450%; Matures 02/21/2030; CUSIP 031162CU2 | | | 101.277 | | 25,319.14 | 22,100.00 | (3,219.14) LT | 221.18 | |
| <i>Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 11/21/29; Yield to Maturity 5.040%; Moody BAA1 S&P BBB+; Issued 02/21/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| MCDONALD'S CORP | 7/30/21 | 25,000.000 | 103.028 | 87.406 | 25,757.00 | | | 531.25 | 2.43 |
| Coupon Rate 2.125%; Matures 03/01/2030; CUSIP 58013MFM1 | | | 101.875 | | 25,468.67 | 21,851.38 | (3,617.29) LT | 177.08 | |
| <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/01/29; Yield to Maturity 4.914%; Moody BAA1 S&P BBB+; Issued 03/05/20; Asset Class: FI & Pref</i> | | | | | | | | | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|--|---------------------------|--------------------|---------------------------------|------------|--|---------------------|---|---|--------------------|
| STARBUCKS CORP Coupon Rate 2.250%; Matures 03/12/2030; CUSIP 855244AW9 <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/12/29; Yield to Maturity 4.964%; Moody BAA1 S&P BBB+; Issued 03/12/20; Asset Class: FI & Pref</i> | 8/25/20 | 25,000.000 | 104.261 102.406 | 87.696 | 26,065.25 25,601.59 | 21,924.00 | (3,677.59) LT | 562.50 170.31 | 2.57 |
| MARTIN MARIETTA MATERIALS INC Coupon Rate 2.500%; Matures 03/15/2030; CUSIP 573284AV8 <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/15/29; Yield to Maturity 5.042%; Moody BAA2 S&P BBB+; Issued 03/16/20; Asset Class: FI & Pref</i> | 8/26/21 | 25,000.000 | 103.195 102.010 | 88.486 | 25,798.75 25,502.62 | 22,121.50 | (3,381.12) LT | 625.00 184.03 | 2.83 |
| METLIFE INC Coupon Rate 4.550%; Matures 03/23/2030; CUSIP 59156RBZ0 <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/23/29; Yield to Maturity 4.829%; Moody A3 S&P A-; Issued 03/23/20; Asset Class: FI & Pref</i> | 10/25/22 | 20,000.000 | 95.000 95.000 | 98.720 | 19,000.00 19,000.00 | 19,744.00 | 744.00 LT | 910.00 247.72 | 4.61 |
| META PLATFORMS INC Coupon Rate 4.800%; Matures 05/15/2030; CUSIP 30303M8M7 <i>Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 03/15/30; Yield to Call 4.609%; Moody AA3 S&P AA-; Issued 05/03/23; Asset Class: FI & Pref</i> | 8/23/23 | 25,000.000 | 99.150 99.150 | 100.868 | 24,787.50 24,787.50 | 25,217.00 | 429.50 LT | 1,200.00 153.33 | 4.76 |
| INTERCONTINENTAL EXCHANGE INC Coupon Rate 2.100%; Matures 06/15/2030; CUSIP 45866FAK0 <i>Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 03/15/30; Yield to Maturity 4.968%; Moody A3 S&P A-; Issued 05/26/20; Asset Class: FI & Pref</i> | 6/19/20 | 15,000.000 | 102.953 101.677 | 86.438 | 15,443.00 15,251.48 | 12,965.70 | (2,285.78) LT | 315.00 14.00 | 2.43 |
| O'REILLY AUTOMOTIVE INC Coupon Rate 4.700%; Matures 06/15/2032; CUSIP 67103HAL1 <i>Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 03/15/32; Yield to Maturity 5.229%; Moody BAA1 S&P BBB; Issued 06/15/22; Asset Class: FI & Pref</i> | 10/31/23 | 50,000.000 | 90.126 90.126 | 96.767 | 45,063.00 45,063.00 | 48,383.50 | 3,320.50 LT | 2,350.00 104.44 | 4.86 |
| T-MOBILE USA INC Coupon Rate 5.200%; Matures 01/15/2033; CUSIP 87264ACV5 <i>Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 10/15/32; Yield to Maturity 5.353%; Moody BAA2 S&P BBB; Issued 09/15/22; Asset Class: FI & Pref</i> | 11/30/23 | 50,000.000 | 98.826 98.826 | 99.011 | 49,413.00 49,413.00 | 49,505.50 | 92.50 LT | 2,600.00 1,198.89 | 5.25 |
| COLGATE-PALMOLIVE CO Coupon Rate 4.600%; Matures 03/01/2033; CUSIP 194162AS2 <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/01/32; Yield to Maturity 4.800%; Moody AA3 S&P A+; Issued 03/01/23; Asset Class: FI & Pref</i> | 7/17/24 | 50,000.000 | 100.280 100.268 | 98.659 | 50,140.00 50,133.82 | 49,329.25 | (804.57) ST | 2,300.00 766.67 | 4.66 |
| MCKESSON CORP Coupon Rate 5.100%; Matures 07/15/2033; CUSIP 581557BU8 <i>Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 04/15/33; Yield to Maturity 5.170%; Moody A3 S&P BBB+; Issued 06/15/23; Asset Class: FI & Pref</i> | 11/30/23 | 50,000.000 | 98.741 98.741 | 99.522 | 49,370.50 49,370.50 | 49,760.75 | 390.25 LT | 2,550.00 1,175.83 | 5.12 |
| CORPORATE FIXED INCOME | Percentage of Holdings | Face Value | | | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
| | | 975,000.000 | | | \$971,377.50 \$967,365.38 | \$945,235.10 | \$(21,380.00) LT \$(750.28) ST | \$36,078.13 \$9,823.75 | 3.82% |
| TOTAL CORPORATE FIXED INCOME (includes accrued interest) | 10.52% | | | | | \$955,058.85 | | | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

GOVERNMENT SECURITIES

TREASURY SECURITIES

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|---|------------|-------------|---------------------------------|------------|-----------------------------------|---------------------|---------------------------|------------------------------------|--------------------|
| UNITED STATES TREASURY BILL Zero Coupon; Matures 01/23/2025; CUSIP 912797JR9 <i>Issued 01/25/24; Asset Class: FI & Pref</i> | 3/11/24 | 350,000.000 | \$95.838 \$95.838 | \$99.752 | \$335,431.61 \$335,431.61 | \$349,130.76 | \$13,699.15 ST | — | — |
| UNITED STATES TREASURY NOTE Coupon Rate 1.375%; Matures 01/31/2025; CUSIP 912828Z52 | 2/7/20 | 25,000.000 | 100.059 100.001 | 99.771 | 25,014.84 25,000.24 | 24,942.87 | (57.37) LT | | |
| | 2/21/20 | 15,000.000 | 100.669 100.011 | 99.771 | 15,100.39 15,001.64 | 14,965.72 | (35.92) LT | | |
| | 2/24/20 | 20,000.000 | 101.046 100.017 | 99.771 | 20,209.38 20,003.43 | 19,954.30 | (49.13) LT | | |
| Total | | 60,000.000 | | | 60,324.61 60,005.31 | 59,862.89 | (142.42) LT | 412.50 343.00 | 0.69 |
| <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.127%; Moody AAA; Issued 01/31/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY BILL Zero Coupon; Matures 02/20/2025; CUSIP 912797KA4 | 4/4/24 | 150,000.000 | 95.735 95.735 | 99.434 | 143,603.24 143,603.24 | 149,151.18 | 5,547.94 ST | | |
| | 5/1/24 | 100,000.000 | 95.979 95.979 | 99.434 | 95,978.92 95,978.92 | 99,434.12 | 3,455.20 ST | | |
| Total | | 250,000.000 | | | 239,582.16 239,582.16 | 248,585.30 | 9,003.14 ST | — | — |
| <i>Issued 02/22/24; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 2.750%; Matures 02/28/2025; CUSIP 9128283Z1 <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.187%; Moody AAA; Issued 02/28/18; Asset Class: FI & Pref</i> | 3/13/18 | 10,000.000 | 100.327 100.008 | 99.773 | 10,032.81 10,000.81 | 9,977.34 | (23.47) LT | 137.50 92.68 | 1.38 |
| UNITED STATES TREASURY NOTE Coupon Rate 4.625%; Matures 02/28/2025; CUSIP 91282CGN5 <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.377%; Moody AAA; Issued 02/28/23; Asset Class: FI & Pref</i> | 9/11/23 | 25,000.000 | 99.380 99.380 | 100.039 | 24,844.92 24,844.92 | 25,009.77 | 164.85 LT | 578.13 389.68 | 2.31 |
| UNITED STATES TREASURY BILL Zero Coupon; Matures 03/20/2025; CUSIP 912797KJ5 <i>Issued 03/21/24; Asset Class: FI & Pref</i> | 4/22/24 | 150,000.000 | 95.503 95.503 | 99.106 | 143,254.15 143,254.15 | 148,659.32 | 5,405.17 ST | — | — |
| UNITED STATES TREASURY NOTE Coupon Rate 0.500%; Matures 03/31/2025; CUSIP 912828ZF0 | 9/29/21 | 25,000.000 | 99.598 99.598 | 99.121 | 24,899.39 24,899.39 | 24,780.28 | (119.11) LT | | |
| | 10/4/21 | 35,000.000 | 99.706 99.706 | 99.121 | 34,896.95 34,896.95 | 34,692.39 | (204.56) LT | | |
| Total | | 60,000.000 | | | 59,796.34 59,796.34 | 59,472.66 | (323.67) LT | 150.00 75.82 | 0.25 |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|--|------------|-------------|---------------------------------|------------|-----------------------------------|-------------------|---------------------------|------------------------------------|--------------------|
| <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.039%; Moody AAA; Issued 03/31/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 4/26/22 | 20,000.000 | 99.984 | 99.561 | 19,996.88 | | | | |
| Coupon Rate 2.625%; Matures 04/15/2025; CUSIP 91282CEH0 | | | 99.984 | | 19,996.88 | 19,912.11 | (84.77) LT | | |
| | 5/4/22 | 20,000.000 | 99.297 | 99.561 | 19,859.38 | | | | |
| | | | 99.297 | | 19,859.38 | 19,912.11 | 52.73 LT | | |
| Total | | 40,000.000 | | | 39,856.26 | 39,824.22 | (32.04) LT | 525.00 | 1.32 |
| | | | | | 39,856.26 | | | 222.12 | |
| <i>Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.154%; Moody AAA; Issued 04/18/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY BILL | 5/31/24 | 200,000.000 | 95.653 | 98.792 | 191,306.46 | | | | |
| Zero Coupon; Matures 04/17/2025; CUSIP 912797KS5 | | | 95.653 | | 191,306.46 | 197,584.27 | 6,277.81 ST | | |
| | 7/26/24 | 50,000.000 | 96.693 | 98.792 | 48,346.55 | | | | |
| | | | 96.693 | | 48,346.55 | 49,396.07 | 1,049.52 ST | | |
| Total | | 250,000.000 | | | 239,653.01 | 246,980.34 | 7,327.33 ST | — | — |
| | | | | | 239,653.01 | | | — | — |
| <i>Issued 04/18/24; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY BILL | 5/31/24 | 200,000.000 | 95.298 | 98.475 | 190,595.55 | | | | |
| Zero Coupon; Matures 05/15/2025; CUSIP 912797LB1 | | | 95.298 | | 190,595.55 | 196,950.24 | 6,354.69 ST | — | — |
| <i>Issued 05/16/24; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 6/18/20 | 25,000.000 | 99.822 | 98.395 | 24,955.52 | | | 31.25 | 0.13 |
| Coupon Rate 0.250%; Matures 05/31/2025; CUSIP 912828ZT0 | | | 99.822 | | 24,955.52 | 24,598.63 | (356.89) LT | 5.32 | |
| <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.143%; Moody AAA; Issued 06/01/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY BILL | 7/3/24 | 100,000.000 | 95.454 | 98.150 | 95,454.38 | | | | |
| Zero Coupon; Matures 06/12/2025; CUSIP 912797LN5 | | | 95.454 | | 95,454.38 | 98,150.18 | 2,695.80 ST | | |
| | 12/20/24 | 100,000.000 | 98.087 | 98.150 | 98,087.06 | | | | |
| | | | 98.087 | | 98,087.06 | 98,150.18 | 63.12 ST | | |
| Total | | 200,000.000 | | | 193,541.44 | 196,300.35 | 2,758.92 ST | — | — |
| | | | | | 193,541.44 | | | — | — |
| <i>Issued 06/13/24; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 7/22/20 | 25,000.000 | 100.149 | 98.107 | 25,037.30 | | | 31.25 | 0.13 |
| Coupon Rate 0.250%; Matures 06/30/2025; CUSIP 912828ZW3 | | | 100.015 | | 25,003.75 | 24,526.86 | (476.89) LT | — | |
| <i>Interest Paid Semi-Annually Jun/Dec; Yield to Maturity 4.101%; Moody AAA; Issued 06/30/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY BILL | 7/17/24 | 100,000.000 | 95.459 | 97.851 | 95,458.58 | | | | |
| Zero Coupon; Matures 07/10/2025; CUSIP 912797LW5 | | | 95.459 | | 95,458.58 | 97,850.78 | 2,392.20 ST | | |
| | 12/20/24 | 50,000.000 | 97.861 | 97.851 | 48,930.63 | | | | |
| | | | 97.861 | | 48,930.63 | 48,925.39 | (5.24) ST | | |
| | 12/30/24 | 100,000.000 | 97.888 | 97.851 | 97,887.99 | | | | |
| | | | 97.888 | | 97,887.99 | 97,850.78 | (37.21) ST | | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|---|------------|-------------|---------------------------------|------------|-------------------------------------|------------------------|---------------------------|------------------------------------|--------------------|
| Total | | 250,000.000 | | | 242,277.20 242,277.20 | 244,626.95 | 2,349.75 ST | — | — |
| <i>Issued 07/11/24; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 8/26/20 | 25,000.000 | 99.912 99.912 | 97.742 | 24,977.98 24,977.98 | 24,435.55 | (542.43) LT | 62.50 25.99 | 0.26 |
| Coupon Rate 0.250%; Matures 07/31/2025; CUSIP 91282CAB7 <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.175%; Moody AAA; Issued 07/31/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 11/28/18 | 10,000.000 | 100.016 100.002 | 99.242 | 10,001.56 10,000.15 | 9,924.22 | (75.93) LT | 287.50 119.53 | 2.90 |
| Coupon Rate 2.875%; Matures 07/31/2025; CUSIP 912828Y79 <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.192%; Moody AAA; Issued 07/31/18; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY BILL | 8/13/24 | 100,000.000 | 95.880 | 97.532 | 95,879.55 | | | | |
| Zero Coupon; Matures 08/07/2025; CUSIP 912797MG9 | | | | | | | | | |
| | 9/10/24 | 50,000.000 | 95.880 96.505 96.505 | 97.532 | 95,879.55 48,252.60 48,252.60 | 97,532.38 48,766.19 | 1,652.83 ST 513.59 ST | | |
| Total | | 150,000.000 | | | 144,132.15 144,132.15 | 146,298.57 | 2,166.42 ST | — | — |
| <i>Issued 08/08/24; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 2/10/16 | 5,000.000 | 103.429 100.240 | 98.645 | 5,171.48 5,011.99 | 4,932.23 | (79.76) LT | 100.00 37.50 | 2.03 |
| Coupon Rate 2.000%; Matures 08/15/2025; CUSIP 912828K74 <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.208%; Moody AAA; Issued 08/17/15; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 12/4/18 | 10,000.000 | 99.859 99.859 | 99.023 | 9,985.94 9,985.94 | 9,902.34 | (83.60) LT | | |
| Coupon Rate 2.750%; Matures 08/31/2025; CUSIP 9128284Z0 | | | | | | | | | |
| | 10/16/24 | 100,000.000 | 98.781 98.781 | 99.023 | 98,780.61 98,780.61 | 99,023.44 | 242.83 ST | | |
| Total | | 110,000.000 | | | 108,766.55 108,766.55 | 108,925.78 | (83.60) LT 242.83 ST | 3,025.00 1,027.51 | 2.78 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.238%; Moody AAA; Issued 08/31/18; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY BILL | 9/4/24 | 100,000.000 | 95.993 95.993 | 97.244 | 95,992.50 95,992.50 | 97,243.75 | 1,251.25 ST | | |
| Zero Coupon; Matures 09/04/2025; CUSIP 912797MH7 | | | | | | | | | |
| | 9/10/24 | 50,000.000 | 96.230 96.230 | 97.244 | 48,115.21 48,115.21 | 48,621.88 | 506.67 ST | | |
| Total | | 150,000.000 | | | 144,107.71 144,107.71 | 145,865.63 | 1,757.92 ST | — | — |
| <i>Issued 09/05/24; Asset Class: FI & Pref</i> | | | | | | | | | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|--|------------|-------------|---------------------------------|------------|-----------------------------------|-------------------|---------------------------|------------------------------------|--------------------|
| UNITED STATES TREASURY NOTE | 2/5/24 | 50,000.000 | 98.428 | 99.486 | 49,214.06 | | | | |
| Coupon Rate 3.500%; Matures 09/15/2025; CUSIP 91282CFK2 | | | 98.428 | | 49,214.06 | 49,743.16 | 529.10 ST | | |
| | 10/16/24 | 100,000.000 | 99.412 | 99.486 | 99,412.14 | | | | |
| | | | 99.412 | | 99,412.14 | 99,486.33 | 74.19 ST | | |
| Total | | 150,000.000 | | | 148,626.20 | | | 5,250.00 | 3.52 |
| | | | | | 148,626.20 | 149,229.49 | 603.29 ST | 1,551.80 | |
| <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.239%; Moody AAA; Issued 09/15/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 8/16/24 | 150,000.000 | 99.842 | 100.049 | 149,762.89 | | | | |
| Coupon Rate 4.250%; Matures 10/15/2025; CUSIP 91282CFP1 | | | 99.842 | | 149,762.89 | 150,073.24 | 310.35 ST | 6,375.00 | 4.25 |
| | | | | | | | | 1,348.56 | |
| <i>Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.187%; Moody AAA; Issued 10/17/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 6/28/22 | 20,000.000 | 99.469 | 99.004 | 19,893.75 | | | | |
| Coupon Rate 3.000%; Matures 10/31/2025; CUSIP 9128285J5 | | | 99.469 | | 19,893.75 | 19,800.78 | (92.97) LT | | |
| | 6/29/22 | 15,000.000 | 99.880 | 99.004 | 14,982.03 | | | | |
| | | | 99.880 | | 14,982.03 | 14,850.59 | (131.44) LT | | |
| | 7/25/22 | 30,000.000 | 100.307 | 99.004 | 30,092.19 | | | | |
| | | | 100.080 | | 30,024.11 | 29,701.17 | (322.94) LT | | |
| Total | | 65,000.000 | | | 64,967.97 | | | 1,950.00 | 3.03 |
| | | | | | 64,899.89 | 64,352.54 | (547.35) LT | 332.14 | |
| <i>Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.219%; Moody AAA; Issued 10/31/18; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 3/21/17 | 10,000.000 | 99.281 | 98.311 | 9,928.13 | | | | |
| Coupon Rate 2.250%; Matures 11/15/2025; CUSIP 912828M56 | | | 99.281 | | 9,928.13 | 9,831.06 | (97.07) LT | | |
| | 11/12/24 | 150,000.000 | 97.929 | 98.311 | 146,893.49 | | | | |
| | | | 97.929 | | 146,893.49 | 147,465.83 | 572.34 ST | | |
| Total | | 160,000.000 | | | 156,821.62 | | | 3,600.00 | 2.29 |
| | | | | | 156,821.62 | 157,296.88 | (97.07) LT | 457.46 | |
| | | | | | | | 572.34 ST | | |
| <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.225%; Moody AAA; Issued 11/16/15; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY BILL | 12/20/24 | 150,000.000 | 96.155 | 96.376 | 144,232.18 | | | | |
| Zero Coupon; Matures 11/28/2025; CUSIP 912797NL7 | | | 96.155 | | 144,232.18 | 144,563.59 | 331.41 ST | — | — |
| | | | | | | | | — | |
| <i>Issued 11/29/24; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 6/18/24 | 50,000.000 | 98.858 | 99.848 | 49,428.91 | | | | |
| Coupon Rate 4.000%; Matures 12/15/2025; CUSIP 91282CGA3 | | | 98.858 | | 49,428.91 | 49,923.83 | 494.92 ST | | |
| | 8/19/24 | 100,000.000 | 99.661 | 99.848 | 99,661.33 | | | | |
| | | | 99.661 | | 99,661.33 | 99,847.65 | 186.32 ST | | |
| Total | | 150,000.000 | | | 149,090.24 | | | 6,000.00 | 4.01 |
| | | | | | 149,090.24 | 149,771.48 | 681.24 ST | 263.74 | |
| <i>Interest Paid Semi-Annually Jun/Dec; Yield to Maturity 4.163%; Moody AAA; Issued 12/15/22; Asset Class: FI & Pref</i> | | | | | | | | | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|---|----------------------------------|---|---|----------------------------|--|--|---|------------------------------------|--------------------|
| UNITED STATES TREASURY BILL Zero Coupon; Matures 12/26/2025; CUSIP 912797NU7 <i>Issued 12/26/24; Asset Class: FI & Pref</i> | 12/30/24 | 200,000.000 | 96.048 96.048 | 96.048 | 192,095.00 192,095.00 | 192,096.65 | 1.65 ST | — — | — — |
| UNITED STATES TREASURY NOTE Coupon Rate 2.625%; Matures 12/31/2025; CUSIP 9128285T3 <i>Interest Paid Semi-Annually Jun/Dec; Yield to Maturity 4.176%; Moody AAA; Issued 12/31/18; Asset Class: FI & Pref</i> | 7/5/22 | 20,000.000 | 99.609 99.609 | 98.496 | 19,921.88 19,921.88 | 19,699.22 | (222.66) LT | 525.00 1.44 | 2.67 |
| UNITED STATES TREASURY NOTE Coupon Rate 4.250%; Matures 01/31/2026; CUSIP 91282CJV4 <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.219%; Issued 01/31/24; Asset Class: FI & Pref</i> | 2/5/24 | 100,000.000 | 99.659 99.659 | 100.029 | 99,659.38 99,659.38 | 100,029.30 | 369.92 ST | 4,250.00 1,766.98 | 4.25 |
| UNITED STATES TREASURY NOTE Coupon Rate 2.500%; Matures 02/28/2026; CUSIP 9128286F2 | 5/12/22 11/12/24 | 15,000.000 100,000.000 | 99.318 99.318 97.741 97.741 | 98.061 98.061 | 14,897.66 14,897.66 97,741.41 97,741.41 | 14,709.08 98,060.55 | (188.58) LT 319.14 ST | | |
| Total | | 115,000.000 | | | 112,639.07 112,639.07 | 112,769.63 | (188.58) LT 319.14 ST | 2,875.00 968.92 | 2.55 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.231%; Moody AAA; Issued 02/28/19; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 4.500%; Matures 03/31/2026; CUSIP 91282CKH3 <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.252%; Moody AAA; Issued 04/01/24; Asset Class: FI & Pref</i> | 7/17/24 | 100,000.000 | 99.968 99.968 | 100.293 | 99,967.97 99,967.97 | 100,292.97 | 325.00 ST | 4,500.00 1,137.36 | 4.49 |
| UNITED STATES TREASURY NOTE Coupon Rate 3.750%; Matures 04/15/2026; CUSIP 91282CGV7 <i>Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.243%; Moody AAA; Issued 04/17/23; Asset Class: FI & Pref</i> | 10/30/24 | 100,000.000 | 99.433 99.433 | 99.383 | 99,432.81 99,432.81 | 99,382.81 | (50.00) ST | 3,750.00 793.27 | 3.77 |
| UNITED STATES TREASURY NOTE Coupon Rate 4.125%; Matures 06/15/2026; CUSIP 91282CHH7 | 12/21/23 12/27/23 12/30/24 | 50,000.000 50,000.000 100,000.000 | 100.045 100.027 100.060 99.898 99.898 | 99.854 99.854 99.854 | 50,022.66 50,013.51 50,050.00 50,029.99 99,897.66 99,897.66 | 49,926.76 49,926.76 99,853.52 | (86.75) LT (103.23) LT (44.14) ST | | |
| Total | | 200,000.000 | | | 199,970.32 199,941.16 | 199,707.03 | (189.98) LT (44.14) ST | 8,250.00 362.64 | 4.13 |
| <i>Interest Paid Semi-Annually Jun/Dec; Yield to Maturity 4.229%; Moody AAA; Issued 06/15/23; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 0.625%; Matures 07/31/2026; CUSIP 91282CCP4 <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.228%; Moody AAA; Issued 08/02/21; Asset Class: FI & Pref</i> | 8/2/21 | 25,000.000 | 100.200 100.064 | 94.537 | 25,050.00 25,015.96 | 23,634.28 | (1,381.68) LT | 156.25 64.96 | 0.66 |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|--|------------|-------------|---------------------------------|------------|-----------------------------------|-------------------|---------------------------|------------------------------------|--------------------|
| UNITED STATES TREASURY NOTE Coupon Rate 1.500%; Matures 08/15/2026; CUSIP 9128282A7 | 6/7/19 | 10,000.000 | 97.375 97.375 | 95.746 | 9,737.50 9,737.50 | 9,574.61 | (162.89) LT | | |
| | 6/20/19 | 15,000.000 | 97.865 97.865 | 95.746 | 14,679.69 14,679.69 | 14,361.92 | (317.77) LT | | |
| | 1/27/20 | 15,000.000 | 99.974 99.974 | 95.746 | 14,996.03 14,996.03 | 14,361.92 | (634.11) LT | | |
| Total | | 40,000.000 | | | 39,413.22 39,413.22 | 38,298.44 | (1,114.77) LT | 600.00 225.00 | 1.57 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.239%; Moody AAA; Issued 08/15/16; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 4.375%; Matures 08/15/2026; CUSIP 91282CHU8 | 8/28/23 | 25,000.000 | 99.282 99.282 | 100.207 | 24,820.51 24,820.51 | 25,051.76 | 231.25 LT | 1,093.75 410.16 | 4.37 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.239%; Moody AAA; Issued 08/15/23; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 0.750%; Matures 08/31/2026; CUSIP 91282CCW9 | 8/30/21 | 20,000.000 | 100.140 100.047 | 94.459 | 20,028.13 20,009.44 | 18,891.80 | (1,117.64) LT | 150.00 50.95 | 0.79 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.228%; Moody AAA; Issued 08/31/21; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 1.375%; Matures 08/31/2026; CUSIP 912828YD6 | 2/11/20 | 25,000.000 | 99.538 99.538 | 95.463 | 24,884.46 24,884.46 | 23,865.72 | (1,018.74) LT | 343.75 116.46 | 1.44 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.222%; Issued 09/03/19; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 2.000%; Matures 11/15/2026; CUSIP 912828U24 | 1/12/17 | 10,000.000 | 97.695 97.695 | 96.000 | 9,769.53 9,769.53 | 9,600.00 | (169.53) LT | | |
| | 1/31/19 | 10,000.000 | 96.402 96.402 | 96.000 | 9,640.23 9,640.23 | 9,600.00 | (40.23) LT | | |
| | 2/1/19 | 10,000.000 | 96.500 96.500 | 96.000 | 9,650.00 9,650.00 | 9,600.00 | (50.00) LT | | |
| Total | | 30,000.000 | | | 29,059.76 29,059.76 | 28,800.00 | (259.76) LT | 600.00 76.24 | 2.08 |
| <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.243%; Moody AAA; Issued 11/15/16; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 1.625%; Matures 11/30/2026; CUSIP 912828YU8 | 1/16/20 | 10,000.000 | 99.781 99.781 | 95.246 | 9,978.09 9,978.09 | 9,524.61 | (453.48) LT | | |
| | 1/23/20 | 15,000.000 | 100.220 100.064 | 95.246 | 15,033.16 15,009.60 | 14,286.91 | (722.69) LT | | |
| Total | | 25,000.000 | | | 25,011.25 24,987.69 | 23,811.52 | (1,176.17) LT | 406.25 34.60 | 1.71 |
| <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.236%; Moody AAA; Issued 12/02/19; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 4.250%; Matures 11/30/2026; CUSIP 91282CLY5 | 12/30/24 | 100,000.000 | 100.042 100.042 | 100.002 | 100,042.19 100,042.01 | 100,001.95 | (40.06) ST | 4,250.00 338.60 | 4.25 |
| <i>Interest Paid Semi-Annually; Yield to Maturity 4.247%; Moody AAA; Issued 12/02/24; Asset Class: FI & Pref</i> | | | | | | | | | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|--|------------|-------------|---------------------------------|------------|-----------------------------------|------------------|------------------------------|------------------------------------|--------------------|
| UNITED STATES TREASURY NOTE Coupon Rate 2.250%; Matures 02/15/2027; CUSIP 912828V98 | 5/17/17 | 10,000.000 | 100.398 100.108 | 96.008 | 10,039.84 10,010.77 | 9,600.78 | (409.99) LT | | |
| | 7/18/17 | 15,000.000 | 100.169 100.046 | 96.008 | 15,025.39 15,006.87 | 14,401.17 | (605.70) LT | | |
| Total | | 25,000.000 | | | 25,065.23 25,017.64 | 24,001.95 | (1,015.69) LT | 562.50 210.94 | 2.34 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.235%; Moody AAA; Issued 02/15/17; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 0.500%; Matures 05/31/2027; CUSIP 912828ZS2 | 6/18/20 | 20,000.000 | 100.090 100.032 | 91.500 | 20,017.97 20,006.30 | 18,300.00 | (1,706.30) LT | 100.00 8.52 | 0.55 |
| <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.237%; Moody AAA; Issued 06/01/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 3.250%; Matures 06/30/2027; CUSIP 91282CEW7 | 11/10/22 | 20,000.000 | 97.234 97.234 | 97.691 | 19,446.88 19,446.88 | 19,538.28 | 91.40 LT | 650.00 — | 3.33 |
| <i>Interest Paid Semi-Annually Jun/Dec; Yield to Maturity 4.234%; Moody AAA; Issued 06/30/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 0.375%; Matures 07/31/2027; CUSIP 91282CAD3 | 8/26/20 | 25,000.000 | 99.306 99.306 | 90.594 | 24,826.61 24,826.61 | 22,648.44 | (2,178.17) LT | | |
| | 9/3/20 | 15,000.000 | 99.946 99.946 | 90.594 | 14,991.84 14,991.84 | 13,589.06 | (1,402.78) LT | | |
| Total | | 40,000.000 | | | 39,818.45 39,818.45 | 36,237.50 | (3,580.95) LT | 150.00 62.36 | 0.41 |
| <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.259%; Moody AAA; Issued 07/31/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 2.750%; Matures 07/31/2027; CUSIP 91282CFB2 | 8/15/22 | 35,000.000 | 99.424 99.424 | 96.348 | 34,798.44 34,798.44 | 33,721.68 | (1,076.76) LT | | |
| | 9/16/24 | 35,000.000 | 98.287 98.287 | 96.348 | 34,400.58 34,400.58 | 33,721.68 | (678.90) ST | | |
| Total | | 70,000.000 | | | 69,199.02 69,199.02 | 67,443.36 | (1,076.76) LT (678.90) ST | 1,925.00 800.34 | 2.85 |
| <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.257%; Moody AAA; Issued 08/01/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 0.500%; Matures 08/31/2027; CUSIP 91282CAH4 | 8/31/20 | 25,000.000 | 100.198 100.076 | 90.617 | 25,049.76 25,019.08 | 22,654.30 | (2,364.78) LT | 125.00 42.46 | 0.55 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.259%; Moody AAA; Issued 08/31/20; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 4.125%; Matures 09/30/2027; CUSIP 91282CFM8 | 10/10/23 | 25,000.000 | 98.247 98.247 | 99.648 | 24,561.72 24,561.72 | 24,912.11 | 350.39 LT | 1,031.25 260.65 | 4.14 |
| <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.260%; Moody AAA; Issued 09/30/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 4.125%; Matures 10/31/2027; CUSIP 91282CFU0 | 12/28/23 | 100,000.000 | 100.796 100.597 | 99.637 | 100,796.09 100,596.74 | 99,636.72 | (960.02) LT | 4,125.00 702.61 | 4.14 |
| <i>Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.261%; Moody AAA; Issued 10/31/22; Asset Class: FI & Pref</i> | | | | | | | | | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|---|--------------------|--------------------------|--------------------------------------|------------------|--|------------------------|--------------------------------|------------------------------------|--------------------|
| UNITED STATES TREASURY NOTE Coupon Rate 3.875%; Matures 11/30/2027; CUSIP 91282CFZ9 <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.271%; Moody AAA; Issued 11/30/22; Asset Class: FI & Pref</i> | 12/27/23 | 100,000.000 | 99.925 99.925 | 98.922 | 99,925.00 99,925.00 | 98,921.88 | (1,003.12) LT | 3,875.00 330.01 | 3.92 |
| UNITED STATES TREASURY NOTE Coupon Rate 3.875%; Matures 12/31/2027; CUSIP 91282CGC9 <i>Interest Paid Semi-Annually Jun/Dec; Yield to Maturity 4.272%; Moody AAA; Issued 01/03/23; Asset Class: FI & Pref</i> | 12/27/23 | 50,000.000 | 100.044 100.034 | 98.895 | 50,022.66 50,017.24 | 49,447.27 | (569.97) LT | 1,937.50 5.32 | 3.92 |
| UNITED STATES TREASURY NOTE Coupon Rate 4.000%; Matures 02/29/2028; CUSIP 91282CGP0 | 11/2/23 7/26/24 | 50,000.000 50,000.000 | 97.517 97.517 99.596 99.596 | 99.141 99.141 | 48,758.35 48,758.35 49,798.05 49,798.05 | 49,570.32 49,570.32 | 811.97 LT (227.73) ST | | |
| Total | | 100,000.000 | | | 98,556.40 98,556.40 | 99,140.63 | 811.97 LT (227.73) ST | 4,000.00 1,348.07 | 4.03 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.292%; Moody AAA; Issued 02/28/23; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 3.625%; Matures 05/31/2028; CUSIP 91282CHE4 <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.316%; Moody AAA; Issued 05/31/23; Asset Class: FI & Pref</i> | 8/16/24 | 150,000.000 | 99.252 99.252 | 97.824 | 148,878.12 148,878.12 | 146,736.33 | (2,141.79) ST | 5,437.50 463.08 | 3.71 |
| UNITED STATES TREASURY NOTE Coupon Rate 1.000%; Matures 07/31/2028; CUSIP 91282CCR0 | 8/26/21 8/30/21 | 25,000.000 20,000.000 | 99.434 99.434 99.844 99.844 | 89.086 89.086 | 24,858.59 24,858.59 19,968.75 19,968.75 | 22,271.48 17,817.19 | (2,587.11) LT (2,151.56) LT | | |
| Total | | 45,000.000 | | | 44,827.34 44,827.34 | 40,088.67 | (4,738.67) LT | 450.00 187.09 | 1.12 |
| <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.320%; Moody AAA; Issued 08/02/21; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 4.125%; Matures 07/31/2028; CUSIP 91282CHQ7 <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.327%; Moody AAA; Issued 07/31/23; Asset Class: FI & Pref</i> | 8/28/23 | 25,000.000 | 98.934 98.934 | 99.332 | 24,733.59 24,733.59 | 24,833.01 | 99.42 LT | 1,031.25 428.75 | 4.15 |
| UNITED STATES TREASURY NOTE Coupon Rate 1.125%; Matures 08/31/2028; CUSIP 91282CCV1 <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.337%; Moody AAA; Issued 08/31/21; Asset Class: FI & Pref</i> | 9/22/21 | 25,000.000 | 100.261 100.140 | 89.219 | 25,065.38 25,035.07 | 22,304.69 | (2,730.38) LT | 281.25 95.53 | 1.26 |
| UNITED STATES TREASURY NOTE Coupon Rate 1.250%; Matures 09/30/2028; CUSIP 91282CCY5 <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.345%; Moody AAA; Issued 09/30/21; Asset Class: FI & Pref</i> | 10/14/21 | 25,000.000 | 99.573 99.573 | 89.402 | 24,893.26 24,893.26 | 22,350.59 | (2,542.67) LT | 312.50 78.98 | 1.40 |
| UNITED STATES TREASURY NOTE Coupon Rate 4.625%; Matures 09/30/2028; CUSIP 91282CJA0 <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.343%; Moody AAA; Issued 10/02/23; Asset Class: FI & Pref</i> | 10/25/23 | 25,000.000 | 98.930 98.930 | 100.961 | 24,732.62 24,732.62 | 25,240.23 | 507.61 LT | 1,156.25 292.24 | 4.58 |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|--|------------|-------------|---------------------------------|------------|-----------------------------------|------------------|---------------------------|------------------------------------|--------------------|
| UNITED STATES TREASURY NOTE Coupon Rate 1.375%; Matures 10/31/2028; CUSIP 91282CDF5 <i>Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.352%; Moody AAA; Issued 11/01/21; Asset Class: FI & Pref</i> | 12/22/21 | 50,000.000 | 100.114 100.065 | 89.590 | 50,057.03 50,032.47 | 44,794.92 | (5,237.55) LT | 687.50 117.10 | 1.53 |
| UNITED STATES TREASURY NOTE Coupon Rate 2.375%; Matures 03/31/2029; CUSIP 91282CEE7 <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.369%; Moody AAA; Issued 03/31/22; Asset Class: FI & Pref</i> | 3/30/22 | 25,000.000 | 99.763 99.763 | 92.340 | 24,940.63 24,940.63 | 23,084.96 | (1,855.67) LT | 593.75 150.07 | 2.57 |
| UNITED STATES TREASURY NOTE-INFLATION INDEXED Coupon Rate 0.250%; Matures 07/15/2029; CUSIP 9128287D6 <i>Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 1.945%; Factor 1.2340100; Moody AAA; Issued 07/31/19; Current Face 24,680.200; Asset Class: FI & Pref</i> | 12/22/21 | 20,000.000 | 97.922 106.190 | 92.668 | 24,168.00 26,208.54 | 22,870.64 | (3,337.90) LT | 61.70 28.34 | 0.27 |
| UNITED STATES TREASURY NOTE Coupon Rate 1.625%; Matures 08/15/2029; CUSIP 912828YB0 | 12/20/19 | 15,000.000 | 97.751 97.751 | 88.801 | 14,662.68 14,662.68 | 13,320.12 | (1,342.56) LT | | |
| | 1/23/20 | 10,000.000 | 99.632 99.632 | 88.801 | 9,963.23 9,963.23 | 8,880.08 | (1,083.15) LT | | |
| | 2/7/20 | 25,000.000 | 100.651 100.328 | 88.801 | 25,162.74 25,081.94 | 22,200.20 | (2,881.74) LT | | |
| Total | | 50,000.000 | | | 49,788.65 49,707.85 | 44,400.39 | (5,307.45) LT | 812.50 304.69 | 1.83 |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.323%; Moody AAA; Issued 08/15/19; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 3.125%; Matures 08/31/2029; CUSIP 91282CFJ5 <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.377%; Moody AAA; Issued 08/31/22; Asset Class: FI & Pref</i> | 9/10/24 | 100,000.000 | 98.527 98.527 | 94.762 | 98,526.56 98,526.56 | 94,761.72 | (3,764.84) ST | 3,125.00 1,061.48 | 3.30 |
| UNITED STATES TREASURY NOTE Coupon Rate 3.875%; Matures 09/30/2029; CUSIP 91282CFLO <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.379%; Moody AAA; Issued 09/30/22; Asset Class: FI & Pref</i> | 10/26/22 | 25,000.000 | 98.903 98.903 | 97.855 | 24,725.78 24,725.78 | 24,463.87 | (261.91) LT | 968.75 244.85 | 3.96 |
| UNITED STATES TREASURY NOTE Coupon Rate 4.000%; Matures 10/31/2029; CUSIP 91282CFT3 | 11/30/23 | 50,000.000 | 98.225 98.225 | 98.352 | 49,112.50 49,112.50 | 49,175.78 | 63.28 LT | | |
| | 12/19/23 | 50,000.000 | 100.302 100.254 | 98.352 | 50,151.56 50,127.12 | 49,175.78 | (951.34) LT | | |
| Total | | 100,000.000 | | | 99,264.06 99,239.62 | 98,351.56 | (888.06) LT | 4,000.00 681.32 | 4.07 |
| <i>Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.381%; Moody AAA; Issued 10/31/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE Coupon Rate 3.875%; Matures 11/30/2029; CUSIP 91282CFY2 <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.378%; Moody AAA; Issued 11/30/22; Asset Class: FI & Pref</i> | 12/27/23 | 100,000.000 | 100.151 100.128 | 97.797 | 100,151.56 100,127.90 | 97,796.88 | (2,331.02) LT | 3,875.00 330.01 | 3.96 |
| UNITED STATES TREASURY NOTE Coupon Rate 1.500%; Matures 02/15/2030; CUSIP 912828Z94 <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.389%; Moody AAA; Issued 02/18/20; Asset Class: FI & Pref</i> | 2/24/20 | 20,000.000 | 101.512 100.801 | 86.871 | 20,302.34 20,160.18 | 17,374.22 | (2,785.96) LT | 300.00 112.50 | 1.73 |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|--|------------|----------------------|---------------------------------|------------|-----------------------------------|-----------------------|---------------------------|------------------------------------|--------------------|
| UNITED STATES TREASURY NOTE | 10/17/23 | 50,000.000 | 94.959 | 97.594 | 47,479.69 | | | | |
| Coupon Rate 4.125%; Matures 11/15/2032; CUSIP 91282CFV8 | | | 94.959 | | 47,479.69 | 48,796.88 | 1,317.19 LT | | |
| | 11/2/23 | 50,000.000 | 95.975 | 97.594 | 47,987.68 | | | | |
| | | | 95.975 | | 47,987.68 | 48,796.88 | 809.20 LT | | |
| | 12/5/23 | 25,000.000 | 99.641 | 97.594 | 24,910.35 | | | | |
| | | | 99.641 | | 24,910.35 | 24,398.44 | (511.91) LT | | |
| Total | | 125,000.000 | | | 120,377.72 | | | 5,156.25 | 4.23 |
| | | | | | 120,377.72 | 121,992.19 | 1,614.48 LT | 655.21 | |
| <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.491%; Moody AAA; Issued 11/15/22; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 9/4/24 | 50,000.000 | 98.381 | 93.094 | 49,190.63 | | | 1,750.00 | 3.76 |
| Coupon Rate 3.500%; Matures 02/15/2033; CUSIP 91282CGM7 | | | 98.381 | | 49,190.63 | 46,546.88 | (2,643.75) ST | 656.25 | |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.525%; Moody AAA; Issued 02/15/23; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 12/21/23 | 50,000.000 | 96.280 | 91.953 | 48,139.84 | | | 1,687.50 | 3.67 |
| Coupon Rate 3.375%; Matures 05/15/2033; CUSIP 91282CHC8 | | | 96.280 | | 48,139.84 | 45,976.56 | (2,163.28) LT | 214.43 | |
| <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.541%; Moody AAA; Issued 05/15/23; Asset Class: FI & Pref</i> | | | | | | | | | |
| UNITED STATES TREASURY NOTE | 8/28/23 | 25,000.000 | 97.473 | 95.242 | 24,368.36 | | | | |
| Coupon Rate 3.875%; Matures 08/15/2033; CUSIP 91282CHT1 | | | 97.473 | | 24,368.36 | 23,810.55 | (557.81) LT | | |
| | 12/5/23 | 25,000.000 | 97.739 | 95.242 | 24,434.77 | | | | |
| | | | 97.739 | | 24,434.77 | 23,810.55 | (624.22) LT | | |
| | 12/27/23 | 50,000.000 | 100.513 | 95.242 | 50,257.03 | | | | |
| | | | 100.468 | | 50,234.08 | 47,621.09 | (2,612.99) LT | | |
| Total | | 100,000.000 | | | 99,060.16 | | | 3,875.00 | 4.07 |
| | | | | | 99,037.21 | 95,242.19 | (3,795.02) LT | 1,453.13 | |
| <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.548%; Moody AAA S&P AAA; Issued 08/15/23; Asset Class: FI & Pref</i> | | | | | | | | | |
| TREASURY SECURITIES | | 6,395,000.000 | | | \$6,269,458.91 | | | \$126,852.33 | 2.03% |
| | | | | | \$6,270,112.15 | \$6,239,490.91 | \$(73,263.13) LT | \$26,894.41 | |
| | | | | | | | \$42,641.98 ST | | |
| FEDERAL AGENCIES | | | | | | | | | |
| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
| GOVERNMENT NATIONAL MTG ASSN POOL 578242 | — | 25,000.000 | — | \$101.047 | Please Provide | | | \$20.37 | 5.94 |
| Coupon Rate 6.000%; Matures 08/15/2032; CUSIP 36201BLX2 | | | — | | Please Provide | \$343.05 | N/A | \$1.70 | |
| <i>Interest Paid Monthly; Factor .0135797; Issued 08/01/02; Current Face 339.492; Asset Class: FI & Pref</i> | | | | | | | | | |
| GOVERNMENT NATIONAL MTG ASSN POOL 782363 | — | 25,000.000 | — | 101.764 | Please Provide | | | 14.29 | 5.40 |
| Coupon Rate 5.500%; Matures 07/15/2038; CUSIP 36241KTU2 | | | — | | Please Provide | 264.47 | N/A | 1.19 | |
| <i>Interest Paid Monthly; Factor .0103953; Issued 07/01/08; Current Face 259.882; Asset Class: FI & Pref</i> | | | | | | | | | |

Account Detail

Basic Securities Account
013-114013-608

DOCTORS COUNCIL BENEFIT PLAN
C/O FRANK P PROSCIA &

| Security Description | Trade Date | Face Value | Orig Unit Cost Adj Unit Cost | Unit Price | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|--|---------------------------|----------------------|---------------------------------|------------|-----------------------------------|-----------------------|---------------------------|------------------------------------|--------------------|
| GOVERNMENT NATIONAL MTG ASSN POOL 704187 | — | 41,074.000 | — | 99.691 | Please Provide | | | 30.01 | 5.01 |
| Coupon Rate 5.000%; Matures 01/15/2039; CUSIP 36296XJ88 | | | | | | | | | |
| <i>Interest Paid Monthly; Factor .0146149; Issued 01/01/09; Current Face 600.292; Asset Class: FI & Pref</i> | | | | | | | | | |
| GOVERNMENT NATIONAL MTG ASSN POOL 705750 | — | 25,000.000 | — | 99.985 | Please Provide | 598.44 | N/A | 30.35 | 5.00 |
| Coupon Rate 5.000%; Matures 01/15/2039; CUSIP 36297ABT9 | | | | | | | | | |
| <i>Interest Paid Monthly; Factor .0242837; Issued 01/01/09; Current Face 607.092; Asset Class: FI & Pref</i> | | | | | | | | | |
| GOVERNMENT NATIONAL MTG ASSN POOL 738111 | — | 26,578.000 | — | 93.914 | Please Provide | 607.00 | N/A | 48.11 | 4.26 |
| Coupon Rate 4.000%; Matures 03/15/2041; CUSIP 3620ASAL3 | | | | | | | | | |
| <i>Interest Paid Monthly; Factor .0452491; Issued 03/01/11; Current Face 1,202.631; Asset Class: FI & Pref</i> | | | | | | | | | |
| FEDERAL AGENCIES | | 142,652.000 | | | — | — | | \$143.13 | 4.86% |
| | | | | | | \$2,942.40 | N/A | \$11.93 | |
| | Percentage of Holdings | Face Value | | | Orig Total Cost Adj Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
| GOVERNMENT SECURITIES | | 6,537,652.000 | | | \$6,269,458.91 | | | \$126,995.46 | 2.03% |
| | | | | | \$6,270,112.15 | \$6,242,433.31 | \$(73,263.13) LT | \$26,906.34 | |
| | | | | | | | \$42,641.98 ST | | |
| TOTAL GOVERNMENT SECURITIES | 69.05% | | | | | \$6,269,339.65 | | | |
| <i>(includes accrued interest)</i> | | | | | | | | | |
| | Percentage of Holdings | | | | Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
| TOTAL VALUE | | | | | \$8,543,245.72 | \$9,042,275.00 | \$385,247.99 LT | \$185,454.98 | 2.04% |
| | | | | | | | \$66,191.13 ST | \$36,730.09 | |
| TOTAL VALUE (includes accrued interest) | 100.00% | | | | | \$9,079,005.09 | | | |

Unrealized Gain/(Loss) totals only reflect positions that have both cost basis and market value information available. Cash, MMF, Deposits and positions stating 'Please Provide' or 'Pending Corporate Actions' are not included.

2024

FEDERAL STATEMENTS

PAGE 2
13-3387038
PLAN NO. 501

CLIENT DOCTORS

BOARD OF TRUSTEES DOCTORS COUNCIL BENEFIT PLAN

7/30/25

02:35PM

STATEMENT 8
SCHEDULE H, PAGE 4, LINE 4J
SCHEDULE OF REPORTABLE TRANSACTIONS
DOCTORS COUNCIL BENEFIT PLAN 13-3387038 501

| <u>IDENTITY OF PARTY</u> | <u>DESCRIPTION</u> | <u>PURCHASE PRICE</u> | <u>SELLING PRICE</u> | <u>LEASE RENTAL</u> | <u>EXPENSES</u> | <u>COST OF ASSET</u> | <u>CURRENT VALUE</u> | <u>NET GAIN (LOSS)</u> |
|--------------------------|--------------------|-----------------------|----------------------|---------------------|-----------------|----------------------|----------------------|------------------------|
| MORGAN STANLEY | GOVT SECURITIES | | \$ 500,000. | | | \$ 500,000. | | |
| MORGAN STANLEY | GOVT SECURITIES | | 500,000. | | | 500,000. | | |
| MORGAN STANLEY | GOVT SECURITIES | | 500,000. | | | 500,000. | | |

7/30/25

02:34PM

STATEMENT 7
SCHEDULE H, PAGE 4, LINE 4I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DOCTORS COUNCIL BENEFIT PLAN 13-3387038 501

| <u>PARTY IN INTEREST</u> | <u>IDENTIFICATION</u> | <u>DESCRIPTION</u> | <u>COST</u> | <u>CURRENT AMOUNT</u> |
|--------------------------|-----------------------|--------------------|---------------|-----------------------|
| | MORGAN STANLEY | SEE ATTACHED | \$ 8,543,246. | \$ 9,042,275. |

| | | |
|---|---|---|
| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
| Department of the Treasury Internal Revenue Service | 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). | 2024 |
| Department of Labor Employee Benefits Security Administration | ▶ Complete all entries in accordance with the instructions to the Form 5500. | This Form is Open to Public Inspection |
| Pension Benefit Guaranty Corporation | | |

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

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) _____

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

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

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

Part II Basic Plan Information -- enter all requested information

| | | |
|---|--|--------------|
| 1a Name of plan DOCTORS COUNCIL BENEFIT PLAN | 1b Three-digit plan number (PN).... ▶ | 501 |
| | 1c Effective date of plan | 09/01/1986 |
| 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) | 2b Employer Identification Number (EIN) | 13-3387038 |
| | 2c Plan Sponsor's telephone number | 212-532-7690 |
| | 2d Business code (see instructions) | 525100 |

BOARD OF TRUSTEES DOCTORS COUNCIL BENEFIT PLAN
50 BROADWAY 11TH FLOOR 1101
NEW YORK, NY 10004

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 | <i>Daniel A. Donnellan</i> | 7/22/2025 | DANIEL DONNELLAN |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | <i>F. Quee</i> | 07-22-25 | FRANCES QUEE |
| | 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 |