

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PREMIER MEDICAL GROUP OF THE HUDSON VALLEY, PC 401K PROFIT SHARING PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1999
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) PREMIER MEDICAL GROUP OF THE HUDSON VALLEY, PC 243 NORTH ROAD - SUITE 304 POUGHKEEPSIE, NY 12601
2b	Employer Identification Number (EIN) 14-1536357
2c	Plan Sponsor's telephone number 845-471-9410
2d	Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	JOHN MURPHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 273
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) 163 6a(2) 180 6b 0 6c 137 6d 317 6e 0 6f 317 6g(1) 273 6g(2) 317 6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PREMIER MEDICAL GROUP OF THE HUDSON VALLEY, PC 401K PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER MEDICAL GROUP OF THE HUDSON VALLEY, PC	D Employer Identification Number (EIN) 14-1536357	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1140402	1235216
(2) Participant contributions	1b(2)	120759	134057
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	213030	304687
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19057408	24764224
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	20531599	26438184
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	20531599	26438184

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)	1145153	
(B) Participants	2a(1)(B)	1121821	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2266974
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14786	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14786
(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)	9262	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9262
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		3908571
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6199593

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	289096	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		289096
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)	3912	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3912
j Total expenses. Add all expense amounts in column (b) and enter total	2j		293008

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5906585
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: **PKF O'CONNOR DAVIES LLP**

(2) EIN: **27-1728945**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

2023 FORM 5500
ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

Name of Plan:

Premier Medical Group of The Hudson Valley, Pc 401k Profit Sharing Plan & Trust

Sponsor Name:

Premier Medical Group of the Hudson Valley, PC
Address: 243 North Road - Suite 304
Poughkeepsie, NY 12601

Plan Sponsor EIN:

14-1536357

Plan Number:

781824-01

**REQUIRED ATTACHMENT TO 2023 FORM 5500 SCHEDULE H – FINANCIAL
INFORMATION**

In accordance with the Instructions for the 2023 Form 5500, Annual Return/Report of Employee Benefit Plan (the “Return”), a required attachment to the Schedule H – Financial Information for a large pension plan is an Accountant’s Opinion.

The Accountant’s Opinion was not attached because certain plan documentation could not be obtained or necessary procedures could not be performed by the auditor in a complete and accurate manner. Therefore, the audit of the financial statements of the Plan could not be completed at this time.

The Plan Administrator is committed along with the service provider and auditor to expedite the completion of the audit. It is anticipated that the audit will be completed as soon as possible and the Accountant’s Opinion will be issued.

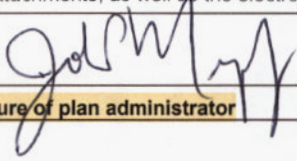
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ a single-employer plan	☐ a DFE (specify) _____
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
	☐ special extension (enter description)	☐ the DFVC program
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 Premier Medical Group of the Hudson Valley, PC 401K Profit Sharing Plan & Trust	1b Three-digit plan number (PN) ▶ 002	
	1c Effective date of plan 01/01/1999	
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) Premier Medical Group of the Hudson Valley, PC	2b Employer Identification Number (EIN) 14-1536357	
	2c Plan Sponsor's telephone number (845) 471-9410	
243 North Road - Suite 304	2d Business code (see instructions) 621111	
Poughkeepsie, NY 12601		

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		10-14-24	JOHN MURPHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 273
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) 163 6a(2) 180 6b 0 6c 137 6d 317 6e 0 6f 317 6g(1) 273 6g(2) 317 6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Premier Medical Group of the Hudson Valley, PC Plan

01-JAN-23 to 31-DEC-23

02-FEB-24 22:17:02

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3MNDNB1	0.00	0.000000	0	(0.36)	0.000000	12	(0.36)	SERIES
1MMSGX	104,458.13	592.718503	249	(7,609.53)	(42.507990)	221	(6,759.87)	SERIES
1MMDMX	52,139.21	130.419728	533	(13,837.73)	(34.621011)	423	(12,885.96)	SERIES
1MMDGX	66,612.72	225.366077	307	(43,896.50)	(150.106128)	385	(40,284.69)	SERIES
1MMFWX	118,536.15	296.949710	649	(9,985.86)	(25.470323)	421	(9,246.12)	SERIES
1MMFQX	61,197.89	226.798211	667	(93,593.75)	(350.430325)	422	(86,216.39)	SERIES
1MMTLX	95,626.73	255.306914	415	(20,978.93)	(56.345029)	335	(19,579.11)	SERIES
1MMTPX	144,572.28	581.731419	809	(25,879.77)	(101.898203)	596	(23,501.24)	SERIES
1MMTHX	33,381.90	101.254549	392	(142,526.17)	(434.358757)	412	(132,817.64)	SERIES
1MMTUX	16,101.07	71.638115	204	(18.03)	(0.079844)	194	(16.91)	SERIES
1MMFKX	13,345.40	48.233646	73	(5.27)	(0.018988)	70	(4.99)	SERIES
1MMXDX	49,203.25	245.167136	97	(49.94)	(0.246924)	96	(46.64)	SERIES
1MMFEX	3,469.09	14.995586	51	(5.28)	(0.022727)	48	(5.02)	SERIES
1RWIEX	149,210.81	416.414992	2999	(55,808.36)	(153.290940)	1954	(49,577.73)	SERIES
1RNWCX	124,230.25	420.933323	2566	(23,487.33)	(78.307956)	1171	(20,427.05)	SERIES
1MOSFX	106,029.90	721.373838	2322	(37,710.89)	(265.199352)	1243	(34,906.29)	SERIES
1AREEX	29,637.79	163.129541	2056	(7,549.71)	(42.337170)	838	(7,587.13)	SERIES
1MCVRX	14,373.03	61.234447	1604	(5,100.71)	(22.099081)	500	(5,053.78)	SERIES
1VSMAX	122,620.84	647.864392	2351	(16,654.69)	(89.608262)	1154	(16,511.00)	SERIES
1MEFFX	43,535.01	207.846517	1683	(8,319.50)	(41.160891)	708	(8,232.96)	SERIES
1VIMAX	131,528.37	667.793969	2119	(55,169.89)	(285.957985)	1243	(54,497.79)	SERIES
1RAFCX	103,732.80	523.049594	1632	(7,953.42)	(36.900810)	828	(6,526.13)	SERIES
1RGACX	84,378.92	202.566566	2173	(21,873.91)	(52.354802)	898	(20,075.74)	SERIES
1RWMCX	41,988.27	80.249948	1464	(3,685.33)	(7.011894)	725	(3,462.00)	SERIES
1MMIEX	110,793.66	74.335749	1763	(12,662.35)	(8.501053)	1148	(12,019.27)	SERIES
1VFIAX	224,911.68	922.566631	1670	(29,501.67)	(126.718506)	636	(28,591.22)	SERIES
1MPDGX	69,405.71	284.028650	2331	(34,225.29)	(132.915827)	956	(28,845.72)	SERIES
1RIRCX	88,949.66	649.709452	1780	(30,490.40)	(220.731722)	1046	(29,017.88)	SERIES
1MSFHX	138,286.34	888.191203	1420	(30,058.50)	(192.310913)	1031	(28,863.81)	SERIES
1ANAGX	51,129.81	405.720678	1789	(3,823.57)	(30.912254)	493	(3,901.41)	SERIES
1MPHRX	72,207.48	536.697669	1545	(22,536.71)	(163.831717)	1156	(21,066.36)	SERIES
1PONRX	67,963.36	548.857404	935	(82,972.25)	(661.012077)	1020	(79,451.66)	SERIES
1MNDNB1	225,934.44	0.000000	2633	(181,997.45)	0.000000	2399	(181,997.45)	SERIES

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TRANSACTIONS FOR REVIEW (5% REPORTABLE)

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Premier Medical Group of the Hudson Valley, PC Plan**01-JAN-23 to 31-DEC-23****02-FEB-24 22:17:02**

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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LEGEND

INVESTMENT OPTION:

3MNDNB1	General Account	1MMSGX	MassMutual Select TRP Retirement 2060 M4
1MMDMX	MassMutual Select TRP Retirement 2055 M4	1MMDGX	MassMutual Select TRP Retirement 2050 M4
1MMFWX	MassMutual Select TRP Retirement 2045 M4	1MMFQX	MassMutual Select TRP Retirement 2040 M4
1MMTLX	MassMutual Select TRP Retirement 2035 M4	1MMTPX	MassMutual Select TRP Retirement 2030 M4
1MMTHX	MassMutual Select TRP Retirement 2025 M4	1MMTUX	MassMutual Select TRP Retirement 2020 M4
1MMFKX	MassMutual Select TRP Retirement 2015 M4	1MMXDX	MassMutual Select TRP Retirement 2010 M4
1MMFEX	MassMutual Select TRP Retirement 2005 M4	1RWIEX	American Funds Capital World Gr&Inc R4
1RNWCX	American Funds New World R3	1MOSFX	MassMutual Overseas R4
1AREEX	American Century Real Estate A	1MCVRX	MFS Mid Cap Value R2
1VSMAX	Vanguard Small Cap Index Adm	1MEFFX	MassMutual Mid Cap Growth R4
1VIMAX	Vanguard Mid Cap Index Admiral	1RAFCX	American Funds AMCAP R3
1RGACX	American Funds Growth Fund of Amer R3	1RWMCX	American Funds Washington Mutual R3
1MMIEX	MM S&P 500(R) Index Svc	1VFIAX	Vanguard 500 Index Admiral
1MPDGX	MassMutual Disciplined Gr R4	1RIRCX	American Funds Capital Income Bldr R3
1MSFHX	MFS Total Return R3	1ANAGX	AB Global Bond A
1MPHRX	MassMutual High Yield R4	1PONRX	PIMCO Income R
1MNDNB1	General Account		

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Premier Medical Group of the Hudson Valley, PC Plan

01-JAN-23 to 31-DEC-23

02-FEB-24 22:17:01

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MMSGX			261,062.89	307,980.87
1MMDMX			191,330.74	229,312.81
1MMDGX			199,396.41	237,669.97
1MMFWX			619,755.72	745,934.55
1MMFQX			948,181.90	1,148,562.79
1MMTLX			332,672.77	391,286.35
1MMTPX			870,034.22	1,016,749.10
1MMTHX			214,728.18	247,612.90
1MMTUX			178,864.33	205,242.55
1MMFKX			56,938.91	64,387.00
1MMXDX			500,776.54	569,360.46
1MMFEX			51,636.05	58,490.14
1RWIEX			1,681,269.37	2,126,484.52
1RNWCX			1,880,456.86	2,301,241.35
1MOSFX			1,576,296.07	2,044,710.23
1AREEX			90,172.77	100,432.20
1MCVRX			336,980.32	382,428.69
1VSMAX			361,875.98	416,261.84
1MEFFX			135,616.42	158,897.61
1VIMAX			377,504.36	432,320.87
1RAFCX			1,239,087.73	1,600,113.63
1RGACX			1,135,623.59	1,496,773.07
1RWMCX			295,757.62	348,579.98
1MMIEX			632,749.92	773,582.15
1VFIAX			834,852.10	1,015,288.95
1MPDGX			1,673,960.42	2,200,941.14
1RIRCX			702,048.21	795,717.12
1MSFHX			560,517.14	624,424.93
1ANAGX			152,642.52	163,828.16
1MPHRX			1,010,085.98	1,143,877.85
1PONRX			363,209.91	402,657.36
1MNDNB1		2.650	989,177.47	1,013,244.54
			20,455,263.42	24,764,395.68
PARTICIPANT LOANS	VARIOUS	5.250-10.500	263,802.47	264,985.02
FORFEITURES			3,177.87	3,257.76

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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Premier Medical Group of the Hudson Valley, PC Plan**01-JAN-23 to 31-DEC-23****02-FEB-24 22:17:01**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1MMSGX MassMutual Select TRP Retirement 2060 M4
 1MMDGX MassMutual Select TRP Retirement 2050 M4
 1MMFQX MassMutual Select TRP Retirement 2040 M4
 1MMTPX MassMutual Select TRP Retirement 2030 M4
 1MMTUX MassMutual Select TRP Retirement 2020 M4
 1MMXDX MassMutual Select TRP Retirement 2010 M4
 1RWIEX American Funds Capital World Gr&Inc R4
 1MOSFX MassMutual Overseas R4
 1MCVRX MFS Mid Cap Value R2
 1MEFFX MassMutual Mid Cap Growth R4
 1RAFCX American Funds AMCAP R3
 1RWMCX American Funds Washington Mutual R3
 1VFIAX Vanguard 500 Index Admiral
 1RIRCX American Funds Capital Income Bldr R3
 1ANAGX AB Global Bond A
 1PONRX PIMCO Income R

1MMDMX MassMutual Select TRP Retirement 2055 M4
 1MMFWX MassMutual Select TRP Retirement 2045 M4
 1MRTLX MassMutual Select TRP Retirement 2035 M4
 1MMTHX MassMutual Select TRP Retirement 2025 M4
 1MMFKX MassMutual Select TRP Retirement 2015 M4
 1MMFEX MassMutual Select TRP Retirement 2005 M4
 1RNWCX American Funds New World R3
 1AREEX American Century Real Estate A
 1VSMAX Vanguard Small Cap Index Adm
 1VIMAX Vanguard Mid Cap Index Admiral
 1RGACX American Funds Growth Fund of Amer R3
 1MMIEX MM S&P 500(R) Index Svc
 1MPDGX MassMutual Disciplined Gr R4
 1MSFHX MFS Total Return R3
 1MPHRX MassMutual High Yield R4
 1MNDNB1 General Account

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year