

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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: 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

<p>1a Name of plan <u>PREMIER MEDICAL GROUP OF THE HUDSON VALLEY, PC 401K PROFIT SHARING PLAN & TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PREMIER MEDICAL GROUP OF THE HUDSON VALLEY, PC</u></p> <p><u>243 NORTH ROAD - SUITE 304</u> <u>POUGHKEEPSIE, NY 12601</u></p>	<p>1c Effective date of plan <u>01/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>14-1536357</u></p> <p>2c Plan Sponsor's telephone number <u>845-471-9410</u></p> <p>2d Business code (see instructions) <u>621111</u></p>

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.	10/14/2025	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 <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	317
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)	180
	6a(2)	155
	6b	0
	6c	193
	6d	348
	6e	0
	6f	348
	6g(1)	317
6g(2)	348	
6h	0	
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)	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 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 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.	<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 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
---------------	--------------------------------------

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
Assets			
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1235216	132425
(2) Participant contributions	1b(2)	134057	6662
(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)	304687	329424
(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)	24764224	29832519
(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	26438184	30301030
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26438184	30301030

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)	1113926	
(B) Participants.....	2a(1)(B)	580430	
(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)		1694356
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)	24880	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24880
(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)	3820	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3820
(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)		2907037
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4630093

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	761358	
(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)		761358
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)	5889	
(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)		5889
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		767247

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3862846
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:

(2) EIN:

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		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?		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.			

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 _____.

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

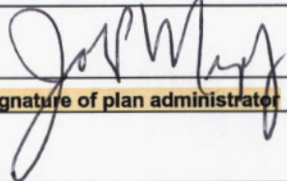
- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - 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 Premier Medical Group of the Hudson Valley, PC 401K Profit Sharing Plan & Trust	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1999</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/1999	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 14-1536357</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (845) 471-9410</td> </tr> <tr> <td>2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 14-1536357	2c Plan Sponsor's telephone number (845) 471-9410	2d Business code (see instructions) 621111	
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		10-14-25	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																												
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">317</td> </tr> </table>	5	317																																										
5	317																																												
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td></td> <td style="text-align: right;">180</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td></td> <td style="text-align: right;">155</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td></td> <td style="text-align: right;">193</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td></td> <td style="text-align: right;">348</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td></td> <td style="text-align: right;">348</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> <td style="text-align: right;">317</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> <td style="text-align: right;">348</td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> </table>					6a(1)			180	6a(2)			155	6b			0	6c			193	6d			348	6e			0	6f			348	6g(1)			317	6g(2)			348	6h			0
6a(1)			180																																										
6a(2)			155																																										
6b			0																																										
6c			193																																										
6d			348																																										
6e			0																																										
6f			348																																										
6g(1)			317																																										
6g(2)			348																																										
6h			0																																										
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																																											
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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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 (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider 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 _____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

Premier Medical Group of the Hudson Valley, PC Plan

01-JAN-24 to 31-DEC-24

11-JAN-25 01:38:26

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3MNDNBI	0.00	0.000000	0	(3,162.51)	0.000000	3	(3,162.51)	SERIES
1MMSGX	121,825.09	556.680381	425	(37.87)	(0.176434)	232	(30.14)	SERIES
1MMDMX	50,669.86	103.702904	881	(12,582.99)	(25.970471)	460	(11,122.35)	SERIES
1MMDGX	50,198.81	137.728173	260	(215.75)	(0.617500)	359	(166.92)	SERIES
1MMFWX	107,333.01	217.144909	674	(8,292.74)	(17.175167)	452	(6,676.56)	SERIES
1MMFQX	69,115.45	212.282637	1334	(4,955.61)	(15.631421)	379	(4,156.30)	SERIES
1MMTLX	67,330.01	152.233542	452	(4,802.23)	(10.260200)	304	(3,645.81)	SERIES
1MMTPX	147,857.50	506.701587	1015	(14,939.15)	(51.360129)	547	(12,545.26)	SERIES
1MMTHX	32,692.72	85.885536	396	(6,027.34)	(16.203574)	399	(4,949.47)	SERIES
1MMTUX	17,515.02	68.205022	221	(8,267.47)	(31.660741)	202	(7,101.00)	SERIES
1MMFKX	16,999.81	54.009939	59	(3,275.69)	(10.904688)	67	(2,807.96)	SERIES
1MMXDX	44,837.09	193.816232	75	(61.32)	(0.270244)	96	(51.50)	SERIES
1MMFEX	3,844.90	14.735806	59	(6.29)	(0.024255)	48	(5.30)	SERIES
1RWIEX	132,352.11	297.188540	4263	(62,544.19)	(142.510565)	2122	(48,928.50)	SERIES
1RNWCX	136,783.86	400.489614	3768	(16,602.62)	(49.120532)	1447	(14,089.85)	SERIES
1MOSFX	99,685.16	611.419254	3554	(29,866.94)	(185.005416)	1402	(25,903.10)	SERIES
1AREEX	19,636.34	96.020495	2880	(24,132.50)	(118.833425)	1199	(21,764.76)	SERIES
1MCVRX	10,753.19	38.375192	2248	(7,507.90)	(27.004610)	850	(6,365.69)	SERIES
1VSMAX	352,160.19	1,548.046356	3043	(49,493.94)	(215.736965)	1700	(41,431.61)	SERIES
1MEFFX	23,870.70	96.812974	2030	(23,434.91)	(93.029171)	927	(19,592.17)	SERIES
1VIMAX	126,631.55	530.347571	2988	(52,650.23)	(221.762835)	1452	(43,594.88)	SERIES
1RAFEX	96,088.19	365.260911	1816	(8,239.13)	(33.101145)	859	(6,193.95)	SERIES
1RGACX	47,509.99	81.454807	2558	(76,141.68)	(121.512334)	1318	(49,294.00)	SERIES
1RWMCX	35,395.87	54.442497	1520	(42,526.14)	(68.005935)	773	(34,464.76)	SERIES
1MMIEX	102,890.32	53.971591	2723	(60,778.33)	(33.044568)	1773	(47,090.53)	SERIES
1VFIAX	227,862.32	722.572227	2418	(250,658.68)	(825.657335)	1258	(187,607.94)	SERIES
1MPDGX	63,378.85	181.156640	2988	(27,019.77)	(81.819945)	1277	(19,294.91)	SERIES
1RIRCX	78,929.28	504.598891	2727	(30,081.57)	(197.830523)	1439	(26,975.71)	SERIES
1MSFHX	52,056.93	294.118173	2108	(121,130.80)	(673.227781)	1200	(105,414.87)	SERIES
1ANAGX	52,120.76	390.979709	2748	(44,272.62)	(328.755741)	855	(41,741.16)	SERIES
1MPHRX	78,267.94	513.141487	2411	(14,831.99)	(97.671900)	1058	(12,874.00)	SERIES
1PONRX	52,091.21	386.457809	1935	(25,958.08)	(190.230833)	720	(23,910.72)	SERIES
1MNDNBI	206,424.08	0.000000	3680	(248,056.65)	0.000000	2539	(248,056.65)	SERIES

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

LEGEND

INVESTMENT OPTION:

3MNDNB1	General Account							
1MMDMX	MassMutual Select TRP Retirement 2055 M4							
1MMFWX	MassMutual Select TRP Retirement 2045 M4							
1MMTLX	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							
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							
1RAFEX	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							

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Premier Medical Group of the Hudson Valley, PC Plan

01-JAN-24 to 31-DEC-24

11-JAN-25 01:38:25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MMSGX			382,857.82	474,263.68
1MMDMX			230,878.68	300,407.87
1MMDGX			249,428.43	322,111.09
1MMFWX			720,412.32	947,968.02
1MMFQX			1,013,141.34	1,361,518.36
1MMTLX			396,357.12	502,101.14
1MMTPX			1,005,346.57	1,258,171.26
1MMTHX			242,471.73	298,279.60
1MMTUX			189,278.47	233,045.88
1MMFKX			71,130.77	83,738.24
1MMXDX			545,562.18	661,466.29
1MMFEX			55,475.64	66,974.90
1RWIEX			1,764,693.62	2,491,926.87
1RNWCX			2,003,151.73	2,562,634.09
1MOSFX			1,650,078.19	2,115,000.17
1AREEX			88,045.13	102,948.22
1MCVRX			341,361.53	436,926.73
1VSMAX			672,605.61	801,238.09
1MEFFX			139,895.20	177,281.97
1VIMAX			460,541.99	576,078.57
1RAFCX			1,328,982.36	2,023,810.18
1RGACX			1,133,818.03	1,890,848.10
1RWMCX			296,689.39	403,962.29
1MMIEX			688,422.45	1,006,212.16
1VFIAX			875,107.18	1,233,367.20
1MPDGX			1,718,044.86	3,034,936.36
1RIRCX			754,002.43	923,916.98
1MSFHX			507,159.66	603,720.76
1ANAGX			163,022.51	176,023.77
1MPHRX			1,075,480.06	1,313,248.24
1PONRX			391,390.70	448,736.78
1MNDNB1		2.800	953,456.10	999,655.35
			22,108,289.80	29,832,519.21
PARTICIPANT LOANS	VARIOUS	5.250-10.500	262,699.30	262,851.49
FORFEITURES			106.11	111.77

Attachment to Form 5500, Schedule H, Part 4, Item I

EIN # 141536357

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Premier Medical Group of the Hudson Valley, PC Plan

01-JAN-24 to 31-DEC-24

11-JAN-25 01:38:25

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

LEGEND

INVESTMENT OPTION:

1MMSGX	MassMutual Select TRP Retirement 2060 M4	1MMDMX	MassMutual Select TRP Retirement 2055 M4
1IMMDGX	MassMutual Select TRP Retirement 2050 M4	1MMFWX	MassMutual Select TRP Retirement 2045 M4
1IMMFQX	MassMutual Select TRP Retirement 2040 M4	1MMTLX	MassMutual Select TRP Retirement 2035 M4
1IMMTPX	MassMutual Select TRP Retirement 2030 M4	1MMTHX	MassMutual Select TRP Retirement 2025 M4
1IMMTUX	MassMutual Select TRP Retirement 2020 M4	1MMFKX	MassMutual Select TRP Retirement 2015 M4
1IMMXDX	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
1RAF CX	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

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