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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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.	10/14/2026	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 [X] 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**	348
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	**6a(1)**	155
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	217
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	198
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	415
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	415
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	348
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	415
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	132425	846051
(2) Participant contributions	1b(2)	6662	0
(3) Other	1b(3)	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)	329424	239570
(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)	29832519	34431567
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	30301030	35517188
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	30301030	35517188

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)	793678	
(B) Participants	2a(1)(B)	1116948	
(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)		1910626
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)	21585	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21585
(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)	27194	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		27194
(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)		5779668
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7739073
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2515099	
(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)		2515099
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)	7816	
(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)		7816
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2522915
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5216158
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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

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

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▸ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
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2025

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- ☐ 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

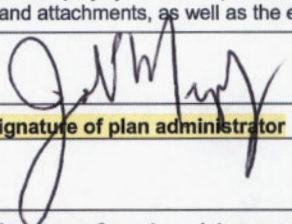
2b Employer Identification Number (EIN) 14-1536357

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		10-15-26	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	348
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**).		
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g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	348
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	415
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
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(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)

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

b General Schedules

- **(1)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1ZTR60E	169,025.96	683.167436	523	(3,805.05)	(15.608884)	311	(2,479.93)	SERIES
1ZTR55E	26,266.87	48.971910	509	(110,039.23)	(217.868085)	352	(85,838.52)	SERIES
1ZTR50E	30,084.17	77.237905	156	(8,019.04)	(21.543167)	341	(6,926.39)	SERIES
1ZTR45E	57,023.56	106.807711	290	(568,579.60)	(1,045.702627)	395	(383,259.99)	SERIES
1ZTR40E	43,220.06	120.060544	1162	(309,725.52)	(900.329094)	332	(229,261.29)	SERIES
1ZTR35E	63,451.15	132.831250	336	(81,886.59)	(177.903625)	283	(64,599.51)	SERIES
1ZTR30E	130,684.76	411.999295	947	(13,694.81)	(41.275166)	558	(10,980.22)	SERIES
1ZTR25E	30,970.85	74.563076	352	(37,951.56)	(94.100230)	363	(29,221.58)	SERIES
1ZTR20E	13,860.88	49.854527	182	(29.22)	(0.106224)	193	(22.77)	SERIES
1ZTR15E	3,375.00	10.423984	9	(27,709.94)	(84.085600)	58	(25,497.42)	SERIES
1ZTR10E	12,283.03	51.053592	21	(32,956.14)	(139.732014)	101	(26,941.00)	SERIES
1ZTR05E	3,323.10	11.863323	52	(7.17)	(0.025729)	48	(5.71)	SERIES
1RWIEX	117,388.13	229.422831	4698	(231,670.05)	(473.735421)	3453	(157,632.21)	SERIES
1RNWCX	135,774.22	348.081389	4283	(276,520.05)	(769.844154)	2215	(202,191.22)	SERIES
1MOSFX	170,070.09	910.736720	3833	(292,359.35)	(1,757.716138)	2111	(219,608.36)	SERIES
1AREEX	185,194.71	848.846216	3660	(25,276.77)	(117.553101)	1183	(21,935.11)	SERIES
1MCVRX	124,263.59	421.064446	3328	(91,860.15)	(302.708014)	1044	(70,909.32)	SERIES
1VSMAX	310,562.01	1,241.435600	3619	(279,237.42)	(1,092.353196)	2913	(221,168.88)	SERIES
1MEFFX	22,433.45	88.414194	2430	(19,127.06)	(73.465334)	924	(15,889.15)	SERIES
1VIMAX	116,636.59	435.409495	3656	(163,562.35)	(595.787961)	2142	(132,289.96)	SERIES
1RAFCX	78,463.76	267.551862	2552	(19,015.07)	(68.415046)	1032	(13,413.99)	SERIES
1RGACX	3,414,189.20	4,805.461633	3229	(190,827.04)	(296.957847)	1850	(120,945.85)	SERIES
1RWMCX	31,641.01	42.537269	1587	(54,176.41)	(77.685207)	708	(39,169.22)	SERIES
1MMIEX	107,661.36	48.366687	3247	(168,044.95)	(79.804024)	2037	(111,138.26)	SERIES
1VFIAX	338,556.32	948.475710	2781	(381,683.76)	(990.109345)	2965	(269,825.72)	SERIES
1MPDGX	26,510.24	69.680663	1911	(3,420,165.12)	(7,916.454255)	1151	(1,744,555.62)	SERIES
1RIRCX	298,531.09	1,752.433032	3506	(63,461.79)	(379.760010)	1948	(51,657.70)	SERIES
1MSFHX	47,451.88	253.913725	2598	(89,217.65)	(481.215870)	1766	(75,505.46)	SERIES
1ANAGX	48,552.98	347.969783	2712	(42,478.42)	(307.914280)	1430	(40,137.01)	SERIES
1MPHRX	230,128.85	1,372.032521	2874	(106,807.19)	(666.189815)	1524	(87,180.30)	SERIES
1PONRX	37,198.30	258.799878	1812	(18,418.71)	(126.968181)	1419	(17,155.13)	SERIES
1MNDNB1	797,501.89	0.000000	4505	(791,780.85)	0.000000	2862	(791,780.85)	SERIES
5% TRANSACTIONS								
1RGACX	3,341,279.26	4,702.910588	156	0.00	0.000000	0	0.00	08-AUG-25
1MPDGX	0.00	0.000000	0	(3,341,279.26)	(7,709.181526)	156	(1,697,071.34)	08-AUG-25

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Premier Medical Group of the Hudson Valley, PC Plan

01-JAN-25 to 31-DEC-25

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

LEGEND

INVESTMENT OPTION:

1ZTR60E	T. Rowe Price Retirement 2060 SA M	1ZTR55E	T. Rowe Price Retirement 2055 SA M
1ZTR50E	T. Rowe Price Retirement 2050 SA M	1ZTR45E	T. Rowe Price Retirement 2045 SA M
1ZTR40E	T. Rowe Price Retirement 2040 SA M	1ZTR35E	T. Rowe Price Retirement 2035 SA M
1ZTR30E	T. Rowe Price Retirement 2030 SA M	1ZTR25E	T. Rowe Price Retirement 2025 SA M
1ZTR20E	T. Rowe Price Retirement 2020 SA M	1ZTR15E	T. Rowe Price Retirement 2015 SA M
1ZTR10E	T. Rowe Price Retirement 2010 SA M	1ZTR05E	T. Rowe Price Retirement 2005 SA M
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

PREMIER *medical group*

October 15, 2026

Internal Revenue Service
Employee Plans

Re: Form 5500 Filing – Plan Year 2025
Premier Medical Group of the Hudson Valley, PC 401K Profit Sharing Plan & Trust (Plan Number 002)

To Whom It May Concern:

Please accept this letter as an accompaniment to the 2025 Form 5500 filing for the Premier Medical Group of the Hudson Valley, PC 401K Profit Sharing Plan & Trust (Plan 002).

The audited financial statements for the 2025 plan year are pending completion of the prior year audits, which are all in draft at this time. Premier Medical Group has been working actively with the Department of Labor, specifically Ms. Lynne McMennamin, regarding these matters.

The final audited financial statements for 2025 will be posted as soon as the prior year drafts are completed.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

John P. Murphy
Chief Financial Officer

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Premier Medical Group of the Hudson Valley, PC Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1ZTR60E			549,403.97	737,642.78
1ZTR55E			171,307.13	255,067.69
1ZTR50E			272,586.28	405,858.36
1ZTR45E			394,175.93	562,340.42
1ZTR40E			827,100.23	1,286,068.53
1ZTR35E			395,208.75	556,885.89
1ZTR30E			1,125,051.23	1,559,336.98
1ZTR25E			244,221.07	326,853.60
1ZTR20E			203,116.58	275,904.14
1ZTR15E			49,008.34	67,082.48
1ZTR10E			530,904.34	712,913.56
1ZTR05E			58,793.04	77,682.89
1RWIEX			1,724,450.57	2,968,316.26
1RNWCX			1,936,735.36	3,092,197.48
1MOSFX			1,600,540.26	2,485,033.34
1AREEX			251,305.22	261,146.53
1MCVRX			394,712.49	498,821.34
1VSMAX			761,999.64	911,642.07
1MEFFX			146,439.75	187,029.57
1VIMAX			444,889.64	598,060.37
1RAFCX			1,394,032.61	2,440,323.24
1RGACX			4,427,060.65	5,660,562.44
1RWMCX			289,161.33	443,355.71
1MMIEX			684,929.07	1,104,371.00
1VFIAX			943,838.44	1,436,409.04
1RIRCX			1,000,876.26	1,374,142.99
1MSFHX			479,106.90	624,844.85
1ANAGX			171,438.95	190,447.12
1MPHRX			1,218,428.85	1,543,878.12
1PONRX			411,434.22	515,093.88
1MNDNB1		2.700	966,762.78	1,032,570.24
			24,069,019.88	**34,191,882.91**
PARTICIPANT LOANS	VARIOUS	5.250-10.500	187,241.00	187,243.54
FORFEITURES			106.11	114.82

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 141536357

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Premier Medical Group of the Hudson Valley, PC Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1ZTR60E	T. Rowe Price Retirement 2060 SA M	1ZTR55E	T. Rowe Price Retirement 2055 SA M
1ZTR50E	T. Rowe Price Retirement 2050 SA M	1ZTR45E	T. Rowe Price Retirement 2045 SA M
1ZTR40E	T. Rowe Price Retirement 2040 SA M	1ZTR35E	T. Rowe Price Retirement 2035 SA M
1ZTR30E	T. Rowe Price Retirement 2030 SA M	1ZTR25E	T. Rowe Price Retirement 2025 SA M
1ZTR20E	T. Rowe Price Retirement 2020 SA M	1ZTR15E	T. Rowe Price Retirement 2015 SA M
1ZTR10E	T. Rowe Price Retirement 2010 SA M	1ZTR05E	T. Rowe Price Retirement 2005 SA M
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	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