Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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
CAPITAL CARDIOLOGY ASSOCIATES, PC PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/2002

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)
CAPITAL CARDIOLOGY ASSOCIATES, PC

7 SOUTHWOODS BLVD.
ALBANY, NY 12211

2b Employer Identification Number (EIN) 14-1834454

2c Plan Sponsor's telephone number 518-292-6000

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.	06/28/2023	KELLY KSCHINKA
	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.

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**	385
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)**	280
a(2) Total number of active participants at the end of the plan year	**6a(2)**	319
b Retired or separated participants receiving benefits	**6b**	4
c Other retired or separated participants entitled to future benefits	**6c**	94
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	417
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	417
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	385
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 2K 2T 3D 2R

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)** [X] 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)** [X] 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)** [X] **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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2022
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CAPITAL CARDIOLOGY ASSOCIATES, PC PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAPITAL CARDIOLOGY ASSOCIATES, PC

D Employer Identification Number (EIN)
14-1834454

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

BST & CO. CPAS, LLP

14-1442607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFIT ASSOCIATES

95-3775762

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	5604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	-2981	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF LARGE CAP VAL Y - DST ASSET MA	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARIEL FUND - U.S. BANK GLOBAL FUND	615 EAST MICHIGAN STREET MILWAUKEE, WI 53202	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARIEL FUND INST - U.S. BANK GLOBAL	615 EAST MICHIGAN STREET MILWAUKEE, WI 53202	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM US SMALL CO L - DST ASSET MANA	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK EQ & INC INV - SS&C GIDS,	P.O. BOX 219558 KANSAS CITY, MO 64121	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VS EMERGING MKTS Y - FIS INVESTOR	FAITH INVESTOR SERVICES, LLC 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HUBER CAPITAL SMALL CAP VALUE INVE	2321 ROSECRANS AVE. STE 3245 EL SEGUNDO, CA 90245	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BUFFALO EARLY STAGE GROWTH FUND	615 E. MICHIGAN ST MILWAUKEE, WI 53202	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS HENDERSON TRITON T	151 DETROIT ST. DENVER, CO 80206	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEW 25	P.O. BOX 2479 JENKINTOWN, PA 19046	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOUCHSTONE SANDS CAP SEL GRWTH Z	303 BROADWAY STE 1100 CINCINNATI, OH 45202-4203	0.40%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CAPITAL CARDIOLOGY ASSOCIATES, PC PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CAPITAL CARDIOLOGY ASSOCIATES, PC

D Employer Identification Number (EIN)
14-1834454

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	1826785

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

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a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CAPITAL CARDIOLOGY ASSOCIATES, PC PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAPITAL CARDIOLOGY ASSOCIATES, PC

D Employer Identification Number (EIN)
14-1834454

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1588978	1675414
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	241898	1414012
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1369138	960748
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	248811	285077
(9) Value of interest in common/collective trusts	1c(9)	2231887	1826785
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	65527328	54038833
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	-35	-1361

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	71208005	60199508
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	71208005	60199508

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)	2241591	
(B) Participants	2a(1)(B)	1737712	
(C) Others (including rollovers)	2a(1)(C)	26159	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4005462
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7469	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10659	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18128
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	9531	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3727221	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3736752
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2934985	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3162741	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-227756
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	23934	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		23934

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-129540
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-16685966
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		-9258986
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1734402	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1734402
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	278	
(4) Other	2i(4)	14831	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15109
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1749511
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-11008497
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [X] 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) [X] 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: BST & CO. CPAS, LLP **(2)** EIN: 14-1442607

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

		Yes	No	Amount
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		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CAPITAL CARDIOLOGY ASSOCIATES, PC PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAPITAL CARDIOLOGY ASSOCIATES, PC

D Employer Identification Number (EIN)
14-1834454

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | 6a |

b Enter the amount contributed by the employer to the plan for this plan year ..... | 6b |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | 6c |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Profit Sharing 401(k) Plan

Financial Statements

December 31, 2022 and 2021

Capital Cardiology Associates, P.C.
Profit Sharing 401(k) Plan

Financial Statements

December 31, 2022 and 2021

C O N T E N T S

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Supplementary Information

Supplemental Schedule Required Under ERISA and Department of Labor Regulations 14-16

Independent Auditor's Report

Capital Cardiology Associates, P.C.
Albany, New York

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

We have performed audits of the financial statements of Capital Cardiology Associates, P.C. Profit Sharing 401(k) Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Auditor's Responsibilities for the Audit of the Financial Statements - Continued

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BST+Co.CPAs, LLP

Latham, New York
June 15, 2023

BST

Capital Cardiology Associates, P.C.
Profit Sharing 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2022	**2021**
ASSETS		
Investments, at fair value	$ 58,371,260	$ 69,350,528
Receivables		
Employer contributions	1,675,414	1,588,978
Notes receivable from participants	285,077	248,811
	1,960,491	1,837,789
NET ASSETS AVAILABLE FOR BENEFITS	**$ 60,331,751**	**$ 71,188,317**

See Independent Auditor's Report and accompanying Notes to Financial Statements.

Capital Cardiology Associates, P.C.
Profit Sharing 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2022	**2021**
ADDITIONS (LOSSES), NET		
Investment income (losses), net		
Net appreciation (depreciation) in fair value of investments	(16,867,396)	3,087,648
Interest and dividends	3,744,220	6,003,331
	(13,123,176)	9,090,979
Interest income on notes receivable from participants	10,659	7,836
Contributions		
Employer	2,241,591	2,114,568
Participants	1,737,712	1,496,859
Rollovers	26,159	105,168
	4,005,462	3,716,595
Total additions (losses), net	(9,107,055)	12,815,410
DEDUCTIONS		
Benefits paid	1,734,402	1,048,308
Administrative expenses	15,109	18,888
Total deductions	1,749,511	1,067,196
Net increase (decrease) in net assets available for benefits	**(10,856,566)**	**11,748,214**
NET ASSETS AVAILABLE FOR BENEFITS, *beginning of year*	71,188,317	59,440,103
NET ASSETS AVAILABLE FOR BENEFITS, *end of year*	**$ 60,331,751**	**$ 71,188,317**

See Independent Auditor's Report and accompanying Notes to Financial Statements.

Note 1 - Description of Plan

The Capital Cardiology Associates, P.C. Profit Sharing 401(k) Plan (Plan) was formed effective May 1, 2002. The Plan is sponsored by Capital Cardiology Associates, P.C. (Company) and was restated effective June 1, 2021.

The following is a brief description of the Plan and is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

a. General

The Plan is a profit-sharing plan with a 401(k) feature, covering all eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan assets are currently held and administered by Fidelity Management Trust Company, Trustee of the Plan. Company contributions, participant elective deferrals, and participant accounts are also held by the Trustee, who invests cash received and income from investments based on written instructions from the Company and participants and makes distributions to participants. The Company's Board of Directors and the Plan Trustee are responsible for oversight of the Plan and for determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

b. Contributions

Each year, participants may contribute a percentage or fixed dollar amount of their pre-tax annual compensation, subject to certain limitations as defined by the Plan and the Internal Revenue Code (IRC). The maximum participant deferral was $20,500 and $19,500 for the years ended December 31, 2022 and 2021, respectively. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions, up to a maximum of $6,500 for both years ended December 31, 2022 and 2021. Participants may also contribute rollover amounts representing distributions from other qualified plans.

Company contributions include a 3% fully vested nonelective contribution, pursuant to a safe harbor election, and may also include (i) a matching contribution equal to a uniform percentage of salary deferrals not to exceed 4% of participant compensation, and (ii) a discretionary profit-sharing contribution.

Discretionary profit-sharing contributions, if any, are allocated among participants based on a group allocation formula. Contributions allocated to each group are discretionary and determined annually by the Board of Directors. Participants share in the Company's discretionary profit-sharing contribution regardless of their employment status at the end of the Plan year and the amount of service they complete during the Plan year.

Note 1 - Description of Plan - Continued

b. Contributions - Continued

The contributions allocated by participant groups are as follows:

		December 31,	
		2022	2021
		(a)	(a)
Group 1	Physicians and Nutritionists	10.28%	10.28%
Group 2	Upper management	7.00%	7.00%
Group 3	Middle management	5.00%	5.00%
Group 4	Supervisor/Coordinators	4.00%	4.00%
Group 5	All other employees	3.00%	3.92%
Group 6	Physician Assistant/Nurse Practitioner	5.00%	5.00%
Groups 7-10	Nursing/Medical Assistants/Billing/Transcription	3.00%	3.00%
Group 11	Diagnostics/Nuclear/CT/Echo	4.00%	4.00%
Groups 12-14	Administration/Clerical Support/Check In and Check Out	3.00%	3.00%

(a) The percentage shown is applied to employee compensation, up to a maximum allowable amount under the current IRC limit of $305,000 and $290,000 for the Plan years ended December 31, 2022 and 2021, respectively.

The Company's discretionary profit-sharing contributions totaled $1,533,352 and $1,455,372 for the years ended December 31, 2022 and 2021, respectively.

The Company's 3% nonelective safe harbor contribution was based on the employees' compensation for the years ended December 31, 2022 and 2021 and is subject to the same compensation limit described above. The Company's nonelective safe harbor contributions totaled $717,368 and $659,196 for the years ended December 31, 2022 and 2021, respectively.

The Company did not make a discretionary matching contribution for the Plan years ended December 31, 2022 and 2021.

Participants direct their contributions and Company contributions into various investment options offered by the Plan.

c. Plan Eligibility

In general, employees are eligible to participate in the Plan after attaining age 21 and completing one year of continuous service in which they worked at least 1,000 hours. After eligibility requirements are met, participants may enter the Plan at the next entry date. The entry dates of the Plan are January 1, April 1, July 1, and October 1. The normal retirement age is the later of age 65 or the fifth anniversary of the participant's employment commencement date.

d. Participant Accounts

Each participant's account is credited with the participant's contributions and allocable share of: (a) the Company's safe harbor nonelective contribution; (b) the Company's discretionary profit sharing and matching contributions (if any); (c) the Plan's investment earnings (losses), net of investment expenses; and (d) administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of Plan - Continued

e. Vesting

Participants are immediately 100% vested in their contributions, and the Company's safe harbor nonelective contributions, plus actual earnings thereon.

Vesting in the Company's discretionary matching and profit-sharing contributions is based on years of continuous service. A participant is 100% vested upon: (1) attaining three years of credited service; (2) disability; (3) death; (4) normal retirement, or (5) termination of the Plan. If a participant's employment with the Company is terminated before normal retirement age for any reason other than disability or death, the participant shall be entitled to an amount equal to the vested amount of his or her account balance. There is no partial vesting of benefits.

f. Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50% of their vested account balance. In addition, the $50,000 limit is reduced by the highest outstanding loan balance (of any previous loans made) in the previous twelve months. Participant notes are secured by the balance in the participants' accounts and bear interest at a rate commensurate with the local prevailing rate. Principal and interest are paid ratably through regular payroll deductions. In general, loans must be repaid within five years.

g. Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant or upon death their beneficiary, may elect to receive an amount equal to the value of the participant's vested interest in their account as a lump-sum distribution, in installment payments, or as a rollover to another plan, or defer the distribution to a later date. If the vested portion of a participant's account balance is less than $5,000, but greater than $1,000, and the distribution takes place before the participant's normal retirement age, the amount will be distributed to an Individual Retirement Account for their benefit as soon as possible following termination, disability, or to the beneficiary following death. If the value of a participant's vested interest in their account is less than $1,000, a lump-sum distribution will be made as soon as administratively feasible following termination, disability, retirement, or to the beneficiary following death.

Prior to termination, a participant may receive a distribution in the event of undue financial hardship, subject to the provisions of the Plan. The Plan also provides for in-service distributions for participants who have attained age 59½, subject to the provisions of the Plan.

h. Forfeiture Accounts and Revenue Sharing Credits

At December 31, 2022 and 2021, forfeited nonvested accounts totaled $12,518 and $11,813, respectively. Forfeitures are used to pay administrative expenses and reduce the Company's discretionary profit-sharing contribution, if any. In 2022 and 2021, administrative expenses were reduced by $12,575 and $16,800, respectively, from forfeited accounts. There were no forfeitures used to reduce employer contributions for the year ended December 31, 2022 or 2021.

The Plan earns revenue sharing credits from certain mutual funds based on the invested balances, which are included in Plan assets. The credits may be used to pay reasonable and permitted administrative expenses or be allocated to participant accounts. There were no credits used to pay Plan expenses during the years ended December 31, 2022 and 2021, respectively. The balance in the Plan's revenue sharing account was approximately $700 as of December 31, 2022 and 2021.

Note 2 - Summary of Significant Accounting Policies

a. Basis of Accounting

The accompanying financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) for defined contribution plans.

b. Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

Investments are reported at fair value, which is defined as the price that would be received to sell an asset in an orderly transaction between market participants on the measurement date. The Plan Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and Trustee.

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

d. Notes Receivable from Participants

Notes receivable from participants are stated at their unpaid principal balance plus any accrued, but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. Loans treated as distributions totaled $15,493 and $5,448 during the years ended December 31, 2022 and December 31, 2021, respectively.

e. Payment of Benefits

Benefits are recorded when paid.

f. Administrative Expenses

Certain administrative expenses of the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and certain types of distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

g. Subsequent Events

The Plan has evaluated subsequent events for potential recognition or disclosure through June 15, 2023, the date the financial statements were available to be issued.

Note 3 - Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years ended December 31, 2022 and 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee of the Plan.

Note 4 - Investments and Fair Value Measurement

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies at December 31, 2022 and 2021.

- Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Common Stock: Valued at the closing price reported on the active market on which the individual security is traded. These securities are included within the self-directed brokerage accounts.
- Certificates of Deposit: Valued at amortized cost, which approximates fair value.

Note 4 - Investments and Fair Value Measurement – Continued

- Cash, Held for Investment: The carrying amounts of cash approximate fair value because of the short maturity of these instruments.

- Self-Directed Brokerage Accounts: Accounts consist of mutual funds, common stock, certificates of deposit and cash held for investment.

- Common/Collective Trust Fund: The NAV, which is based on the fair value of the underlying investments held by the fund less its liabilities, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Sales and redemptions of participant units are transacted at such NAVs and may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal (for up to twelve months) in order to ensure that securities liquidation will be carried out in an orderly business manner. There were no unfunded commitments at December 31, 2022 and 2021.

The following tables set forth, by level within the fair value hierarchy, the major categories of the Plan's assets measured at fair value:

	December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 51,434,067	$ -	$ -	$ 51,434,067
Self-directed brokerage accounts	4,978,164	-	-	4,978,164
Total included in the fair value hierarchy	$ 56,412,231	$ -	$ -	56,412,231
Investments measured at NAV (a)				
Common/collective trust fund				1,959,029
Investments at fair value				$ 58,371,260

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 61,725,653	$ -	$ -	$ 61,725,653
Self-directed brokerage accounts	5,412,676	-	-	5,412,676
Total included in the fair value hierarchy	$ 67,138,329	$ -	$ -	67,138,329
Investments measured at NAV (a)				
Common/collective trust fund				2,212,199
Investments at fair value				$ 69,350,528

(a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Note 5 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event that the Plan terminates, participants will become 100% vested in their accounts.

Note 6 - Tax Status

The Internal Revenue Service (IRS) has ruled that the Pre-Approved Defined Contribution Plan offered by the Plan Trustee and adopted by the Plan on June 1, 2021, constitutes a qualified plan under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, exempt from federal income taxes under the provisions of Section 501(a). The pre-approved defined contribution plan has received an opinion letter dated June 30, 2020, from the IRS as to the Plan's qualified status.

The Plan's management evaluates tax positions taken by the Plan and recognizes a tax liability or asset if an uncertain tax position was taken and it is more-likely-than-not that the tax position would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - Related Party Transactions and Party in Interest Transactions

Certain Plan administrative functions are performed by officers or employees of the Company who do not receive compensation for such functions from the Plan.

Several Plan investments are managed by the Trustee of the Plan.

Note 8 - Reconciliation of Financial Statements to Form 5500

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

	December 31,	
	2022	2021
Net assets available for benefits per the financial statements	$ 60,331,751	$ 71,188,317
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(132,244)	19,688
Net assets available for benefits per Form 5500	$ 60,199,507	$ 71,208,005

See Independent Auditor's Report and accompanying Notes to Financial Statements.

Note 8 - Reconciliation of Financial Statements to Form 5500 - Continued

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

	Years Ended December 31,	
	2022	2021
Net increase (decrease) in net asset available for benefits per the financial statements	$ (10,856,566)	$ 11,748,214
Change in adjustment for fully benefit-responsive investment contract	(151,932)	(53,180)
Net income (loss) per Form 5500	$ (11,008,498)	$ 11,695,034

Note 9 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Capital Cardiology Associates, P.C.
Profit Sharing 401(k) Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
December 31, 2022

Line 4i - Schedule of Assets (Held at End of Year)

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (1)	(e) Current Value
	Cemtrex Inc Com New	Common Stock		111
	Xpresspa Group Inc Com	Common Stock		134
	Tesla Motors Inc Com USD0.001	Common Stock		11,086
	Schlumberger Limited NFS Is A Specialist	Common Stock		493,608
	Remark HLDGS Inc Com	Common Stock		77
	Robinhood Mkts Inc Com Cl A	Common Stock		47
	Qualcomm Inc NFS LLC Is A Market	Common Stock		159
	Amazon.com Inc NFS LLC is a Market	Common Stock		84,000
	Apple Computer Inc NFS LLC Is A Market	Common Stock		136,737
	Berkshire Hathway Inc Del Cl B New	Common Stock		83,558
	Caterpillar Inc NFS is A Specialist	Common Stock		60,199
	Microsoft Corp NFS LLC Is a Market	Common Stock		36,540
	Disney Walt Co Del (Holding Co.)	Common Stock		14,132
	Exxon Mobil Corp NFS is A Specialist	Common Stock		27,817
	Call (NVDA) NVIDIA Corporation	Common Stock		(4,940)
	Diamond Offshore Drilling Inc	Common Stock		3,579
	Genius Brands Intl Inc Com Par	Common Stock		1,860
	Paypal HLDGS Inc Com	Common Stock		10,683
*	500 Index	Mutual Fund		3,247,499
	ABF Lg Cap Val Inv Institutional	Mutual Fund		2,405,026
	Ariel Fund	Mutual Fund		798,090
*	Balanced	Mutual Fund		301,353
	Buffalo Micro Cap Fund	Mutual Fund		116,277
*	Select Consumer Staples	Mutual Fund		95,646
*	Capital and Income	Mutual Fund		710,484
*	China Region	Mutual Fund		3
*	Contrafund K	Mutual Fund		7,132,915
*	Corporate Bond Fund	Mutual Fund		5,266
	CRLN E Mid Cap Growth	Mutual Fund		1,713,981
*	Emerging Markets	Mutual Fund		23,233
*	Extended Mkt Idx	Mutual Fund		949,346
*	Select Utilities	Mutual Fund		197,635
*	Select Materials	Mutual Fund		89,952
*	Blue Chip Growth	Mutual Fund		1,137,164
*	Fidelity Freedom K 2010	Mutual Fund		587,655
*	Fidelity Freedom K 2015	Mutual Fund		463,315
*	Fidelity Freedom K 2020	Mutual Fund		3,691,241
*	Fidelity Freedom K 2025	Mutual Fund		2,770,026
*	Fidelity Freedom K 2030	Mutual Fund		3,204,093
*	Fidelity Freedom K 2035	Mutual Fund		5,082,535

See Independent Auditor's Report.

Capital Cardiology Associates, P.C.
Profit Sharing 401(k) Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
December 31, 2022

Line 4i - Schedule of Assets (Held at End of Year) - Continued

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (1)	(e) Current Value
*	Fidelity Freedom K 2040	Mutual Fund		1,528,418
*	Fidelity Freedom K 2045	Mutual Fund		1,158,651
*	Fidelity Freedom K 2050	Mutual Fund		976,756
*	Fidelity Freedom K 2055	Mutual Fund		826,132
*	Fidelity Freedom K 2060	Mutual Fund		343,437
*	Fidelity Freedom K 2065	Mutual Fund		1,847
*	Fidelity Real Estate Investments	Mutual Fund		13,840
*	Fidelity Multi Asset	Mutual Fund		63,385
*	Fidelity Select Communication Services	Mutual Fund		32,537
*	FID US Sustainblty Index FD Instl CL	Mutual Fund		31,785
*	Fidelity NASDAQ Composite Index	Mutual Fund		1,261
*	Four-In-One Index	Mutual Fund		207,732
*	Freedom K Income	Mutual Fund		4,607
*	Ginnie Mae	Mutual Fund		2,533
*	Government Income	Mutual Fund		14,822
	Huber Capital Small Cap Value Investor	Mutual Fund		14,634
*	International Discovery K	Mutual Fund		1,815,142
*	International Index	Mutual Fund		833,483
*	Investment Grade	Mutual Fund		15,099
	Janus Triton Fund	Mutual Fund		112,322
	JP Morgan US Small Company Institutional	Mutual Fund		723,998
*	Latin America	Mutual Fund		11,513
*	Long Term Treasury Bond Index	Mutual Fund		104,398
	Matthew 25 Fund	Mutual Fund		60,085
*	Fidelity Global Commodity Stock Fund	Mutual Fund		496,697
*	New Millennium	Mutual Fund		16,824
	Oakmark Equity And Income	Mutual Fund		1,296,597
*	Pacific Basin	Mutual Fund		86,257
*	Puritan	Mutual Fund		38,514
	VS Emerging Market Y	Mutual Fund		407,267
	Sector SPDR TR SHS Ben Int Basic	Mutual Fund		39,635
	Sector SPDR TR SHS Ben Int Technology	Mutual Fund		33,279
*	Fid Total Market Index Instl Premium Class	Mutual Fund		26,949
*	Fidelity MSCI Real Estate Index ETF	Mutual Fund		29,110
*	Select Biotechnology	Mutual Fund		119,537
*	Fidelity Agricultural Product Fund	Mutual Fund		45,749
*	Select Cons Discr	Mutual Fund		10,236
*	Select Financial	Mutual Fund		417,347
*	Select Healthcare	Mutual Fund		2,210,041
*	Select Industrial Materials	Mutual Fund		637,571
*	Select Medical Equip & System	Mutual Fund		1,499
*	Select Multimedia	Mutual Fund		58,423
*	Select Natural Resources	Mutual Fund		200,766
*	Select Pharmaceutical	Mutual Fund		6,045
*	Fidelity OTC Port	Mutual Fund		39,411

See Independent Auditor's Report.

Capital Cardiology Associates, P.C.
Profit Sharing 401(k) Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
December 31, 2022

Line 4i - Schedule of Assets (Held at End of Year) - Continued

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (1)	(e) Current Value
*	Select Technology	Mutual Fund		1,449,870
*	Southeast Asia	Mutual Fund		172,489
	SPDR Ser TR S&P Telecom ETF	Mutual Fund		67
*	US Bond Index	Mutual Fund		1,412,862
*	Strategic Income	Mutual Fund		3,682
*	Technoquant Growth	Mutual Fund		23,260
*	Total Bond Fund	Mutual Fund		124,889
	Touchstone Sands Cap Sel Grwth Z	Mutual Fund		5,858
*	Value K	Mutual Fund		833,082
	Vanguard Total International Bond Index	Mutual Fund		68,684
	Vanguard Long Term Corporate	Mutual Fund		105,182
	JP Morgan Chase Bank	Certificate of Deposit		139,888
	Morgan Stanley Bank NA	Certificate of Deposit		99,615
*	Fidelity Brokeragelink Cash	Cash, held for investment		848,087
*	Fidelity Government Market	Cash, held for investment		326,423
*	Fidelity Managed Income Portfolio Class 1	Common/collective trust fund		1,959,029
				58,371,260
*	Notes receivable from participants	3.50% - 7.25%		285,077
				$ 58,656,337

* Represents an exempt party-in-interest to the Plan as defined by ERISA.

(1) As permitted by ERISA, cost information may be omitted with respect to participant or beneficiary directed transactions under an individual account plan.

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Capital Cardiology Associates, P.C.
Profit Sharing 401(k) Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
December 31, 2022

Line 4i - Schedule of Assets (Held at End of Year)

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (1)	(e) Current Value
	Cemtrex Inc Com New	Common Stock		111
	Xpresspa Group Inc Com	Common Stock		134
	Tesla Motors Inc Com USD0.001	Common Stock		11,086
	Schlumberger Limited NFS Is A Specialist	Common Stock		493,608
	Remark HLDGS Inc Com	Common Stock		77
	Robinhood Mkts Inc Com Cl A	Common Stock		47
	Qualcomm Inc NFS LLC Is A Market	Common Stock		159
	Amazon.com Inc NFS LLC is a Market	Common Stock		84,000
	Apple Computer Inc NFS LLC Is A Market	Common Stock		136,737
	Berkshire Hathway Inc Del Cl B New	Common Stock		83,558
	Caterpillar Inc NFS is A Specialist	Common Stock		60,199
	Microsoft Corp NFS LLC Is a Market	Common Stock		36,540
	Disney Walt Co Del (Holding Co.)	Common Stock		14,132
	Exxon Mobil Corp NFS is A Specialist	Common Stock		27,817
	Call (NVDA) NVIDIA Corporation	Common Stock		(4,940)
	Diamond Offshore Drilling Inc	Common Stock		3,579
	Genius Brands Intl Inc Com Par	Common Stock		1,860
	Paypal HLDGS Inc Com	Common Stock		10,683
*	500 Index	Mutual Fund		3,247,499
	ABF Lg Cap Val Inv Institutional	Mutual Fund		2,405,026
	Ariel Fund	Mutual Fund		798,090
*	Balanced	Mutual Fund		301,353
	Buffalo Micro Cap Fund	Mutual Fund		116,277
*	Select Consumer Staples	Mutual Fund		95,646
*	Capital and Income	Mutual Fund		710,484
*	China Region	Mutual Fund		3
*	Contrafund K	Mutual Fund		7,132,915
*	Corporate Bond Fund	Mutual Fund		5,266
	CRLN E Mid Cap Growth	Mutual Fund		1,713,981
*	Emerging Markets	Mutual Fund		23,233
*	Extended Mkt Idx	Mutual Fund		949,346
*	Select Utilities	Mutual Fund		197,635
*	Select Materials	Mutual Fund		89,952
*	Blue Chip Growth	Mutual Fund		1,137,164
*	Fidelity Freedom K 2010	Mutual Fund		587,655
*	Fidelity Freedom K 2015	Mutual Fund		463,315
*	Fidelity Freedom K 2020	Mutual Fund		3,691,241
*	Fidelity Freedom K 2025	Mutual Fund		2,770,026
*	Fidelity Freedom K 2030	Mutual Fund		3,204,093
*	Fidelity Freedom K 2035	Mutual Fund		5,082,535

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Profit Sharing 401(k) Plan

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Line 4i - Schedule of Assets (Held at End of Year) - Continued

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (1)	(e) Current Value
*	Fidelity Freedom K 2040	Mutual Fund		1,528,418
*	Fidelity Freedom K 2045	Mutual Fund		1,158,651
*	Fidelity Freedom K 2050	Mutual Fund		976,756
*	Fidelity Freedom K 2055	Mutual Fund		826,132
*	Fidelity Freedom K 2060	Mutual Fund		343,437
*	Fidelity Freedom K 2065	Mutual Fund		1,847
*	Fidelity Real Estate Investments	Mutual Fund		13,840
*	Fidelity Multi Asset	Mutual Fund		63,385
*	Fidelity Select Communication Services	Mutual Fund		32,537
*	FID US Sustainblty Index FD Instl CL	Mutual Fund		31,785
*	Fidelity NASDAQ Composite Index	Mutual Fund		1,261
*	Four-In-One Index	Mutual Fund		207,732
*	Freedom K Income	Mutual Fund		4,607
*	Ginnie Mae	Mutual Fund		2,533
*	Government Income	Mutual Fund		14,822
	Huber Capital Small Cap Value Investor	Mutual Fund		14,634
*	International Discovery K	Mutual Fund		1,815,142
*	International Index	Mutual Fund		833,483
*	Investment Grade	Mutual Fund		15,099
	Janus Triton Fund	Mutual Fund		112,322
	JP Morgan US Small Company Institutional	Mutual Fund		723,998
*	Latin America	Mutual Fund		11,513
*	Long Term Treasury Bond Index	Mutual Fund		104,398
	Matthew 25 Fund	Mutual Fund		60,085
*	Fidelity Global Commodity Stock Fund	Mutual Fund		496,697
*	New Millennium	Mutual Fund		16,824
	Oakmark Equity And Income	Mutual Fund		1,296,597
*	Pacific Basin	Mutual Fund		86,257
*	Puritan	Mutual Fund		38,514
	VS Emerging Market Y	Mutual Fund		407,267
	Sector SPDR TR SHS Ben Int Basic	Mutual Fund		39,635
	Sector SPDR TR SHS Ben Int Technology	Mutual Fund		33,279
*	Fid Total Market Index Instl Premium Class	Mutual Fund		26,949
*	Fidelity MSCI Real Estate Index ETF	Mutual Fund		29,110
*	Select Biotechnology	Mutual Fund		119,537
*	Fidelity Agricultural Product Fund	Mutual Fund		45,749
*	Select Cons Discr	Mutual Fund		10,236
*	Select Financial	Mutual Fund		417,347
*	Select Healthcare	Mutual Fund		2,210,041
*	Select Industrial Materials	Mutual Fund		637,571
*	Select Medical Equip & System	Mutual Fund		1,499
*	Select Multimedia	Mutual Fund		58,423
*	Select Natural Resources	Mutual Fund		200,766
*	Select Pharmaceutical	Mutual Fund		6,045
*	Fidelity OTC Port	Mutual Fund		39,411

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*	Select Technology	Mutual Fund		1,449,870
*	Southeast Asia	Mutual Fund		172,489
	SPDR Ser TR S&P Telecom ETF	Mutual Fund		67
*	US Bond Index	Mutual Fund		1,412,862
*	Strategic Income	Mutual Fund		3,682
*	Technoquant Growth	Mutual Fund		23,260
*	Total Bond Fund	Mutual Fund		124,889
	Touchstone Sands Cap Sel Grwth Z	Mutual Fund		5,858
*	Value K	Mutual Fund		833,082
	Vanguard Total International Bond Index	Mutual Fund		68,684
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