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.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [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
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1979

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)
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, PC

207 NORTH BROAD STREET
3RD FLOOR
PHILADELPHIA, PA 19107-1500

2b Employer Identification Number (EIN) 23-2076152

2c Plan Sponsor's telephone number 267-479-4152

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	PETER JANNELLI
	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**	976
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)**	656
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	683
b	Retired or separated participants receiving benefits	**6b**	57
c	Other retired or separated participants entitled to future benefits	**6c**	254
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	994
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	997
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	949
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	974
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	122
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 2R 2S 2T 2X 3D 3F

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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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).	2023
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 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, PC

D Employer Identification Number (EIN)
23-2076152

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

THE CATANELLA INSTITUTIONAL CONSULT

13-2638166

(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?
27 72 33 63	ADVISOR	147016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWPORT GROUP, INC.

27-2037969

(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?
13 15 21	RECORDKEEPER	136617	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NEWPORT TRUST COMPANY

27-4411131

(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?
21 25	TRUSTEE	23670	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

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

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

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

(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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
23-2076152

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: RTC METLIFE STABLE VALUE 25157

b Name of sponsor of entity listed in (a): RELIANCE 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)
46-6625485-002	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RTC SVF - METLIFE 25053 CLASS 0

b Name of sponsor of entity listed in (a): RELIANCE 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)
46-6625485-001	C	11620373

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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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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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

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.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, PC

D Employer Identification Number (EIN)
23-2076152

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	793	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1307966	490107
(2) Participant contributions	1b(2)	164236	168993
(3) Other	1b(3)	1866	6668
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	290218	313896
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	540377	492493
(9) Value of interest in common/collective trusts	1c(9)	11396834	11620373
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	154951489	184328765
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	9859356	12095064

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	178513135	209516359
Liabilities			
g Benefit claims payable	1g	26240	900
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	35994	36065
k Total liabilities (add all amounts in lines 1g through1j)	1k	62234	36965
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	178450901	209479394

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)	5754682	
(B) Participants	2a(1)(B)	5003581	
(C) Others (including rollovers)	2a(1)(C)	227114	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10985377
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	31545	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31545
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4365904	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4365904
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		334939
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		20818305
c Other income	2c		1675485
d Total income. Add all **income** amounts in column (b) and enter total	2d		38211555
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6820684	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6820684
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		55075
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	136617	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	147016	
(6) Bank or trust company trustee/custodial fees	2i(6)	23670	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		307303
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7183062
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		31028493
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [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: SKLAR CARMOSIN & COMPANY **(2)** EIN: 23-1285212

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		388896
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, PC

D Employer Identification Number (EIN)
23-2076152

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** 0

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): 75-3182674 _____

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): _____

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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702826A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT 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) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A	Name of plan CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C. 401(K) PROFIT SHARING PLAN	**B**	Three-digit Plan number (PN) ..... ▶ 001
C	Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF CARDIOLOGY CONSULTANTS OF PHILADELPHIA, PC	**D**	Administrator's EIN 23-2076152

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) DEFINED CONTRIBUTION MEP (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
CARDIOLOGY CONSULTANTS OF PHILADELPHIA, PC	23-2076152	99.79	203874771
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
THE CARDIOVASCULAR INSTITUTE	23-2984908	0.21	648019

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C. 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

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SKLAR CARMOSIN
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INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Cardiology Consultants of Philadelphia, P.C.
401(K) Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Cardiology Consultants of Philadelphia, P.C. 401(K) Profit Sharing 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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Cardiology Consultants of Philadelphia, P.C 401(K) Profit Sharing 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 6 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 financial statements referred to above, 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.
- the information in the financial statements referred to above 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).

801 OLD YORK ROAD • SUITE 402 • NOBLE PLAZA • JENKINTOWN, PA 19046•1677
215•885•5811 • FAX 215•885•0863 • WWW.SKLARCARMOSIN.COM

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Cardiology Consultants of Philadelphia, P.C. 401(K) Profit Sharing 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Cardiology Consultants of Philadelphia, P.C. 401(K) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Cardiology Consultants of Philadelphia, P.C. 401(K) Profit Sharing 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 Cardiology Consultants of Philadelphia, P.C. 401(K) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 Schedules Required by ERISA

The supplemental schedules of (1) Schedule H, line 4-i - Schedule of Assets (Held at End of Year) and (2) Schedule H, line 4-i - Schedule of Assets (Acquired and Disposed of Within Year) as of or for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form or content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Jenkintown, PA
October 14, 2024

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022

	2023	2022
ASSETS		
Investments at Fair Value (Notes 3, 4 and 6)	$208,358,098	$176,497,897
Receivables:		
Participant Contributions (Note 5)	168,993	164,236
Employer Contributions (Note 5)	490,107	1,307,966
Interest and Dividends Receivable	5,613	1,866
Notes Receivable from Participants	492,493	540,377
Total Receivables	1,157,206	2,014,445
Cash and Cash Equivalents	-	793
Transfer in Transit for Participant Benefit Payment	1,055	-
TOTAL ASSETS	209,516,359	178,513,135
LIABILITIES		
Due to Brokers for Investment Management Fees	35,090	35,994
Due to Sponsor for Contribution Overpayment	951	-
Excess Participant Contribution Payable	24	-
TOTAL LIABILITIES	36,065	35,994
NET ASSETS AVAILABLE FOR BENEFITS	$209,480,294	$178,477,141

See accompanying notes and independent auditor's report.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDITIONS:	
Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation in Fair Value of Investments	$ 856,210
Interest and Dividends	50,493
	906,703
Less: Investment Expenses	(278,538)
	628,165
Participant Interests in Common/Collective Trusts	334,939
Participant Interests in Registered Investment Companies	25,947,106
	26,910,210
Interest Income on Notes Receivable from Participants	31,545
Return of Distributions	5,885
Contributions:	
Participant	5,003,581
Rollover	227,114
Employer	1,837,849
Profit Sharing	3,916,833
	10,985,377
TOTAL ADDITIONS	37,933,017
DEDUCTIONS:	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	6,846,024
Deemed Distributions of Participant Loans	55,075
Administrative Expenses	28,765
TOTAL DEDUCTIONS	6,929,864
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	31,003,153
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	178,477,141
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$209,480,294

See accompanying notes and independent auditor's report.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Cardiology Consultants of Philadelphia, P.C. 401(K) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Cardiology Consultants of Philadelphia, P.C. (Company) and Cardiovascular Institute of Philadelphia (CVI) who are age 18 (21 prior to September 1, 2023) or older and have been credited with one hour of employment (for elective deferrals and employer-matching contributions) and have been credited with one year of service and are employed at the end of the year (for the Company profit sharing portion of the Plan), except for employees who are Emeritus Cardiologists (Level 1 are excluded from non-elective profit sharing, Level 2 are excluded from all contributions). The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA). The Trustees oversee governance of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Trustees.

Contributions

Each year, participants may contribute up to the maximum amount of pre-tax annual compensation, as defined in the Plan or the Internal Revenue Service limit. The Plan also has an after-tax (Roth) feature. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a stable value fund as investment options for participants. The Plan also permits participant self-directed investment accounts. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 4% of eligible compensation. Contributions are automatically invested in a default investment alternative established under the Plan until changed by the participant. The automatic deferral amount increases by 1% of eligible compensation up to a maximum of 10% of eligible compensation on the first day of each Plan year with the first increase occurring after the participant has been automatically enrolled for six months. The Company contributes a discretionary percentage of a participant's compensation determined by the employer on a uniform basis for all participants (for 2023 and 2022 the percentage was 50% of the first 6.50% of base compensation that a participant contributes to the Plan). The matching Company contribution is invested in the same manner as the participant's contributions. Additional profit sharing amounts may be contributed at the option of the Company's board of directors and are credited to each participant's account and invested in a portfolio of investments as directed by the Company. For the year ended December 31, 2023, the Plan recorded a $3,916,833 profit sharing contribution, including $416,833 receivable from the Company as of year-end, to be paid by the extended due date of the Company's income tax return. Contributions are subject to certain statutory limitations.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 1 – DESCRIPTION OF PLAN *(Continued)*

Participant Accounts
Each participant's account is credited with the participant's contributions and allocations of (a) the Company and CVI matching contributions, (b) the Company's profit sharing contribution and, (c) Plan earnings (losses) and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service. A participant is 100% vested after six years of credited service.

Notes Receivable from Participants
Participants may borrow from their plan accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms cannot exceed five years, unless the loan is used to acquire the participant's principal residence. The loans are secured by the vested balance in the participant's account. The loan interest rate is set at 1% above the prime interest rate. Principal and interest are paid ratably through bi-weekly payroll deductions.

Payment of Benefits
On termination of service due to death, total and permanent disability, or retirement at normal retirement age as defined in the Plan, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, substantially equal installments, partial withdrawals of the lesser of 50% of the vested balance or $10,000, or partial withdrawals equal to the minimum amount required to be distributed to the participant each year under IRS regulations. A participant's account will be fully vested upon death, total and permanent disability or attainment of normal retirement age as defined in the Plan.

Forfeited Accounts
At December 31, 2023 and 2022, forfeited nonvested accounts totaled $685,028 and $360,035, respectively. These accounts will be used to reduce future employer contributions. Also, in 2023, employer contributions were reduced by $683,900 from forfeited nonvested accounts.

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and investment company. See Note 3 for discussion of fair value measurements.

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

Contributions
Contributions from Plan participants and the matching contributions from the Employers are recorded in the year in which the employee contributions are withheld from compensation. Contributions from the Employer (the Company) of the profit sharing contribution are recorded in the year in which participant compensation is earned. CVI does not make a profit sharing contribution.

Revenue Sharing Rebate
A specific Plan investment provides shareholder servicing fee rebates to the Plan. These rebates represent reimbursement for a portion of investment fees charged by this Plan investment, which includes fees included in charges from other service providers of the investment. The rebates paid to the Plan are segregated from participant balances and are used to pay Plan expenses.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2023 and 2022, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Participant Contributions Payable
Amounts payable for contributions by an employee who was ineligible to participate in the Plan are recorded as a liability with a corresponding reduction to contributions.

Concentration of Credit Risk
Financial instruments that potentially subject the Plan to concentrations of credit risk consist of temporary cash balances that are not insured.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Payment of Benefits
Benefits are recorded when paid. Net assets available for benefits include $900 and $26,240 allocated to accounts of participants who have elected to withdraw from the Plan but were not paid as of December 31, 2023 and 2022, respectively.

Administrative Expenses
Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in investment income. Fees for the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

Subsequent Events
The Plan has evaluated subsequent events through October 14, 2024, the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There were no changes in the methods used to measure fair value at December 31, 2023 and 2022.

Level 1 Fair Value Measurements - The fair value of mutual funds is the quoted net asset values of the shares as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. The funds are required to publish their daily net asset value (NAV) and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair value of common stocks, preferred stock, exchange traded funds, and U.S. government securities held in participant-directed investment accounts are valued at the closing price reported on the active market where the individual investments are traded.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 3 – FAIR VALUE MEASUREMENTS *(Continued)*

Investments Measured at Net Asset Value (NAV) - The fair value of the Common/Collective Trust Stable Value Fund is the NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the account less its liability. This practical expedient is not used when it is determined to be probable that the account will sell the investment for an amount different than the reported NAV.

Level 3 Fair Value Measurements – The fair value of preferred stocks is based on estimated market value as provided by the issuer or the investment manager. The fair value of private equity investments is based on the Plan's capital account balance, as reported by the private equity partnership at the end of the year. Level 3 investments are held by certain participants in participant self-directed accounts as permitted by the Plan.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

	ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2023			
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Cash - Interest-Bearing	$ 209,325	$ -	$ -	$ 209,325
Common Stock	3,715,517	-	-	3,715,517
Exchange Traded Funds	886,546	-	-	886,546
Money Market Fund	125,818	-	-	125,818
Mutual Funds	191,387,682	-	-	191,387,682
Preferred Stock	-	-	75,000	75,000
Private Equity	-	-	313,896	313,896
U.S. Government	23,941	-	-	23,941
Total Investments in the Fair Value Hierarchy	196,348,829	-	388,896	196,737,725
Investments Measured at NAV	-	-	-	11,620,373
Total Investments at Fair Value	$196,348,829	$ -	$388,896	$208,358,098

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 3 – FAIR VALUE MEASUREMENTS *(Continued)*

	ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2022			
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Cash - Interest-Bearing	$ 328,538	$ -	$ -	$ 328,538
Common Stock	2,678,261	-	-	2,678,261
Exchange Traded Funds	521,659	-	-	521,659
Money Market Fund	-	-	-	-
Mutual Funds	161,183,824	-	-	161,183,824
Preferred Stock	-	-	75,000	75,000
Private Equity	-	-	290,218	290,218
U.S. Government	23,563	-	-	23,563
Total Investments in the Fair Value Hierarchy	164,735,845	-	365,218	165,101,063
Investments Measured at NAV	-	-	-	11,396,834
Total Investments at Fair Value	$164,735,845	$ -	$365,218	$176,497,897

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2023:

	LEVEL 3 ASSETS YEAR ENDED DECEMBER 31, 2023		
	PREFERRED STOCK	PRIVATE EQUITY	TOTAL
Beginning Balance	$75,000	$290,218	$365,218
Partnership Income for Year (Partnership Income)	-	-	-
Unrealized Gain on Investments (Net Appreciation/ (Depreciation) in Fair Value of Investments)	-	23,678	23,678
Purchases	-	-	-
Sales	-	-	-
Issues	-	-	-
Settlements	-	-	-
Expenses	-	-	-
Distribution to Participants	-	-	-
Ending Balance	$75,000	$313,896	$388,896
The Amount of Total Gains or Losses for the Period Included in Changes in Net Assets Attributable to the Change in Unrealized Gains or Losses Relating to Assets Still Held at the Reporting Date	$ -	$ 23,678	$ 23,678

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 3 – FAIR VALUE MEASUREMENTS *(Continued)*

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2023 are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers of investments into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2023, there were no transfers into or out of Level 3.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments and the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2023 and 2022:

INSTRUMENT	FAIR VALUE DECEMBER 31, 2023	FAIR VALUE DECEMBER 31, 2022	PRINCIPAL VALUATION TECHNIQUE
Participant-Directed Investment – Private Equity Investment - $125,000 Investment - A&Q Technology Fund, LLC	$313,896	$290,218	Partner's Capital Account Balance
Participant-Directed Investment – Preferred Stock - 15,000 Shares FlowMetric, Inc.	$ 75,000	$ 75,000	Estimated Market Value per Company

NOTE 4 – GUARANTEED INVESTMENT CONTRACT WITH RELIANCE TRUST COMPANY

The Plan's Stable Value Fund (Trust Fund) is an investment in the Reliance Trust Company Stable Value Fund Collective Investment Trust, Series 25157 through February 22, 2023 (Series 25157 Trust Fund). Effective February 23, 2023, Reliance, with the agreement of MetLife, consolidated the Trust Fund into the Reliance Trust Company Stable Value Fund Collective Investment Trust, Series 25053 (Series 25053 Trust Fund). Reliance determined consolidation would result in operational efficiencies and benefits of scale, while maintaining similar characteristics and crediting, and accordingly, consolidation would be in the best interest of the Series 25157 Trust Fund participants. As of trade date February 23, 2023, finalized investor unit positions of the Series 25157 Trust Fund were exchanged into the corresponding share class of the Series 25053 Trust Fund at each share's respective February 23, 2023 net asset value per share. Effective February 24, 2023, the Series 25157 Trust Fund was closed.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 4 – GUARANTEED INVESTMENT CONTRACT WITH RELIANCE TRUST COMPANY (*Continued*)

These investments are indirect investments in fully benefit-responsive investment contracts (FBRIC) through a Stable Value Collective Trust Fund (CCT), which holds FBRICs as investments. The Trust Fund purchases FBRICs from Metropolitan Life Insurance Company (MetLife) and all of the contracts in the Trust Fund are benefit responsive at contract value for all participant-directed transactions. The CCT is an investment company and calculates a daily net asset value (NAV) per share in a manner consistent with the accounting and reporting guidance in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic No. 946. This NAV qualifies under FASB ASC 820 as a practical expedient, and the fair value of this investment is estimated using NAV per share. The CCT files an annual report on Form 5500 as a direct-filing entity.

The Series 25053 Trust Fund is a collective investment trust fund formed by Reliance Trust Company (Reliance) for the purpose of allowing participating plan sponsors, who maintain defined contribution plans qualified under Sections 401(a) and 501(a) of the Internal Revenue Code, to invest in MetLife Group Annuity Contract 25053 and MetLife Group Annuity Contracts 37000 and 37001 (collectively, the Contracts) issued by MetLife to Reliance. The Series 25053 Trust Fund is exempt from registration under Investment Company Act of 1940, as amended, and the Securities Act of 1933, as amended. The Contracts are the primary underlying investments for the Series 25053 Trust Fund. The Contracts are administered by MetLife and are managed by MetLife and Reliance.

Units of the Series 25053 Trust Fund are valued each day on which the New York Stock Exchange (NYSE) is open for trading in accordance with the valuation procedures established by Reliance under its duties as trustee of the Series 25053 Trust Fund. The NAV per unit is calculated as of the close of trading on the NYSE. The NAV per unit is computed by dividing the total assets of the Series 25053 Trust Fund, less its liabilities, by the total number of units outstanding, including units held for other plans investing in the Series 25053 Trust Fund, at the time of such computation. Investment income earned by the Series 25053 Trust Fund is reinvested in the Trust Fund and included in the determination of unit values. The Series 25053 Trust Fund sells new units and repurchases outstanding units on a daily basis. Unit purchases and redemptions are transacted at the NAV determined as of the close of business each day. The Contracts are guaranteed investment contracts.

Interest income to the Series 25053 Trust Fund is accrued at the Contracts' crediting rate. The crediting rate is generally based on the fair value, duration, and yield-to-maturity of the Contracts. These Contracts typically allow for realized and unrealized gains and losses on the underlying assets to be amortized, usually over the duration of the underlying investments, through adjustments to the future interest crediting rate, rather than reflected immediately in the net assets of the Series 25053 Trust Fund. The Contracts' issuer guarantees that all qualified participant withdrawals will be at contract value.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 4 – GUARANTEED INVESTMENT CONTRACT WITH RELIANCE TRUST COMPANY *(Continued)*

MetLife deposits participating plan contributions in Contract 25053, which invests in several MetLife separate accounts to provide competitive total returns relative to the respective benchmarks for each of the separate accounts. Contracts 37000 and 37001 invest solely in a Book Value Separate Account Guaranteed Investment Contract. The Contracts simulate the performance of a guaranteed investment contract through the guarantee of a specific interest rate and a portfolio of financial instruments that are owned by MetLife. The participating plans' assets are the unit ownership interest in the Contracts. The separate account investments are owned by MetLife. The Contracts provide that the Series 25053 Trust Fund execute transactions at contract value. MetLife guarantees the contract value, which represents contributions, plus interest, less participant-initiated withdrawals or transfers. This is the Contracts' guaranteed value.

The Contracts' fair value equals the Contracts' proportionate share of the fair value of the separate accounts. The Plan's fair value in the Contracts equal the Contracts' fair value times the ratio of the Plan's guaranteed value to the Contracts' guaranteed value. If the Plan terminates participation in the Series 25053 Trust Fund, the lesser of the guaranteed value or the fair value will be received.

Contract 25053 provides a fixed interest rate for a fixed period that will apply to the entire guaranteed value. The interest rate is reset every quarter as determined by MetLife with consideration of the fair value of the separate accounts, the anticipated market yields-to-maturity of benchmark indices of the separate accounts, expected payments into and out of the Contract, amortization of the difference, if any, between the fair value of the separate accounts and the guaranteed value of the Contract, and the fees allowed under the Contract.

Contracts 37000 and 37001 provide a fixed interest rate for a fixed period, which will apply to the entire contract value. For all of 2023, the interest rate of both Contract 37000 and 37001 was a fixed rate of 2.922%. MetLife guarantees that the interest rate will never be less than zero.

Participant-directed withdrawals (withdrawals that are made by a participant in the Plan without advice, suggestion, guidance or direction to do so by the Plan Sponsor, Administrator, fiduciary, record keeper or other Plan service provider) are paid at the guaranteed value. However, if a withdrawal is made from the Contracts as a result of an Employer or Plan Sponsor-initiated event or if a withdrawal is requested due to a complete or partial termination of the Plan before the Contracts end, and the Contracts' fair value equals or exceeds the guaranteed value, payment is made in an amount equal to the amount of the guaranteed value which is attributable to the Plan. If the Contracts' fair value is less than their guaranteed value, the amount paid is equal to the guaranteed value reduced by the amount of fair value deficit allocable to the Plan.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 4 – GUARANTEED INVESTMENT CONTRACT WITH RELIANCE TRUST COMPANY *(Continued)*

The Contracts are benefit responsive at contract value for all participant-directed transactions. In certain circumstances, MetLife may make payments attributable to the Plan or the Plan Sponsor (a Participating Plan-Directed Withdrawal), and all participant withdrawals deemed to be Participating Plan-Directed Withdrawals, as Market Value Adjusted Payments. Market Value Adjusted Payments means (1) if contract value is less than or equal to market value, the withdrawal's proportionate share of contract value, or (2) if market value is less than contract value, the amount of the withdrawal requested multiplied by the ratio that market value bears to contract value.

A withdrawal will be deemed a Participating Plan-Directed Withdrawal under any of the following circumstances:

- Participants make withdrawal requests with advice or direction from the Plan Sponsor, Plan Administrator, Plan fiduciary or agent of any of the foregoing to do so.
- If an investment option has been established by the Plan or the investment objective of an existing investment option of the Plan has been modified so as to constitute or create a competing fund.
- The Plan Sponsor, Plan Administrator, Plan fiduciary, or any agent of any of the preceding, of the Plan establishes a new eligible plan or amends the Plan, and such plan covers participants in the Plan and offers participants a competing fund.
- The Plan makes a withdrawal for any reason, except for a Participant-Directed Withdrawal.

The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants as the issuer are probable of occurring.

NOTE 5 – CONTRIBUTIONS RECEIVABLE

Contributions receivable in the aggregate totaled $659,100 and $1,472,202 at December 31, 2023 and 2022, respectively. Management has deemed these contributions fully collectible and no allowance has been made.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 6 – INFORMATION CERTIFIED BY TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2023 and 2022, and investment income and interest income on notes receivable from participants for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Newport Trust Company, the directed Trustee of the Plan. This information excludes investments held in certain participant self-directed accounts.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustees.

	2023	2022
INVESTMENTS, AT FAIR VALUE:		
Cash - Interest-Bearing	$ 209,325	$ 328,538
Common/Collective Trust	11,620,373	11,396,842
Common Stock	3,715,517	2,678,261
Money Market Fund	125,818	-
Registered Investment Companies	186,763,303	156,484,631
Private Equity	313,896	358,570
U.S. Government Obligations	23,941	23,563
Notes Receivable from Participants	490,946	538,861
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:		
Investment Income	26,673,819	(31,323,785)
Interest Income on Notes Receivable from Participants	31,514	30,916
Investment Expenses	245,194	(367,640)
Administrative Expenses	28,765	(16,360)

NOTE 7 – RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Newport Group, Inc. provides certain administrative services to the Plan pursuant to a service agreement between the Company and Newport Group, Inc. (formerly Newport Retirement Services, Inc.). Newport Group, Inc. is the record keeper for the Plan. Newport Trust Company is the directed Trustee as defined by the Plan and is a wholly-owned subsidiary of Newport Group, Inc. Therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for administrative and recordkeeping services to Newport Group, Inc. are recorded as a separate line item in additions in net assets attributable to investment income attributable to investment expenses. Fees incurred by the Plan for the administration of notes receivable from participants and participant distribution fees to Newport Trust Company are recorded as a separate line item in deductions from net assets attributable to administrative expenses.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 7 – RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS *(Continued)*

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 – 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 of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 9 – PLAN AMENDMENT

On September 1, 2023, the Plan was amended and restated to lower the eligibility age requirement for all contributions to the Plan from age 21 to age 18.

NOTE 10 – TAX STATUS

On January 1, 2021, the Plan adopted an amendment to adopt the Newport Group, Inc. Defined Contribution Pre-Approved Plan #01-001, which is an amendment and restatement of the existing plan.

On June 30, 2020, the Internal Revenue Service stated that the pre-approved plan adopted by the Plan, as then designed, qualifies under the Internal Revenue Code Section 401. The Plan has not received a determination letter on the Plan itself; however, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 11 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Certain risks are associated with the Plan's investments with its third-party investment company, such as fraud, intentional or inadvertent deviation from stated investment strategies, human error, systems malfunction, and poor judgment.

In March 2020, the World Health Organization declared the outbreak of COVID-19 as a pandemic. This coronavirus outbreak has severely restricted the level of economic activity around the world. In response to this coronavirus outbreak, the governments of many countries, states, cities and other geographic regions have taken preventative or protective actions, such as imposing restrictions on travel and business operations and advising or requiring individuals to limit or forego their time outside of their homes. Temporary closures of businesses were ordered, and numerous other businesses were closed voluntarily. These actions may increase or decrease depending upon containment or outbreak of this coronavirus and given the uncertainty regarding the spread of this coronavirus, the related financial impact on the Plan, Plan Sponsor, or participating employers cannot be reasonably estimated at this time.

NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	December 31, 2023	December 31, 2022
Net Assets Available for Benefits per the Financial Statements	$209,480,294	$178,477,141
Less: Amounts Allocated to Withdrawing Participants	(900)	(26,240)
Net Assets Available for Benefits per Schedule H to the Form 5500	$209,479,394	$178,450,901

Amounts allocated to withdrawing participants are recorded on Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 *(Continued)*

The following are reconciliations of additions to net assets per the financial statements for the year ended December 31, 2023 to Schedule H of Form 5500:

Employer Contributions per the Financial Statements	$ 1,837,849
Profit Sharing Contribution per the Financial Statements	3,916,833
Total Contributions Received from Employers per Schedule H of Form 5500	$ 5,754,682
Interest and Dividends per the Financial Statements	$ 50,493
Interest Income on Notes Receivable from Participants per the Financial Statements	31,545
Less: Interest and Dividends from Participant Self-Directed Brokerage Accounts Recorded as Other Income on Form 5500	(50,493)
Total Interest per Schedule H of Form 5500	$ 31,545
Dividend Income Separately Reported per the Financial Statements	$ -
Add: Dividends Recorded as Participant Interests in Registered Investment Companies on the Financial Statements	4,365,904
Total Dividends per Schedule H of Form 5500	$ 4,365,904
Net Appreciation in Fair Value of Investments per the Financial Statements	$ 856,210
Less: Realized and Unrealized Appreciation on Participant Self-Directed Brokerage Account Investments Recorded as Other Income on Form 5500	(856,210)
Total Unrealized Appreciation of Assets per Schedule H of Form 5500	$ -
Participant Interests in Registered Investment Companies per the Financial Statements	$25,947,106
Less: Realized and Unrealized Gains (Losses) on Participant-Directed Brokerage Account Investments Recorded as Other Income on Form 5500	(459,560)
Less: Earnings on Participant-Directed Brokerage Account Investments Recorded as Other Income on Form 5500	(303,337)
Less; Dividends Recorded as Dividends from Registered Investment Company Shares on Form 5500	(4,365,904)
Total Net Investment Gain/(Loss) from Registered Investment Companies per Schedule H of Form 5500	$20,818,305

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 *(Continued)*

Other Income per the Financial Statements	$ -
Return of Distributions per the Financial Statements	5,885
Add: Dividends from Participant Self-Directed Brokerage Accounts Recorded as Interest and Dividends on the Financial Statements	50,493
Add: Realized and Unrealized Appreciation on Participant Self-Directed Brokerage Account Investments Recorded as Net Appreciation in Fair Value of Investments on the Financial Statements	459,560
Add: Earnings on Participant-Directed Brokerage Account Investments Recorded as Participant Interests in Registered Investment Companies on the Financial Statements	303,337
Add: Realized and Unrealized Gains (Losses) on Participant-Directed Brokerage Account Investments Recorded as Participant Interests in Registered Investment Companies on the Financial Statements	856,210
Other Income per Schedule H of Form 5500	$ 1,675,485

The following are reconciliations of deductions from net assets per the financial statements for the year ended December 31, 2023 to Schedule H of Form 5500:

Benefits Paid to Participants per the Financial Statements	$ 6,846,024
Add: Amounts Allocated to Withdrawing Participants at December 31, 2023	900
Less: Amounts Allocated to Withdrawing Participants at December 31, 2022	(26,240)
Benefits Paid to Participants per Schedule H of Form 5500	$ 6,820,684

Investment Expenses per the Financial Statements	$ 278,538
Administrative Expenses per the Financial Statements	28,765
Total Administrative Expenses per Schedule H of Form 5500	$ 307,303

SUPPLEMENTAL INFORMATION

Schedule 1

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN
EIN: 23-2076152
PLAN NUMBER: 001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(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	(e) Current Value
	A&Q Technology Fund, LLC	Participant-Directed Investment - Other Equity Investments - $125,000 Original Investment in Partnership		$ 313,896
	American Funds	American Funds New Perspective R6 - 25,522.411 Shares Mutual Fund		1,427,468
	Calvert Research and Management	Calvert US Large Cap Core Responsible Index Fund R6 - 35,559.182 Shares Mutual Fund		1,481,396
	Fidelity Investments	Fidelity Advisor Health Care Z - 23,759.150 Shares Mutual Fund		1,590,913
	Invesco	Invesco International Small-Mid Company Fund R6 - 19,499.952 Shares Mutual Fund		834,208
	John Hancock	JHancock Bond Fund R6 - 53,731.967 Shares Mutual Fund		731,829
	MFS	MFS Global Real Estate Fund R6 - 28,006.194 Shares Mutual Fund		475,265
	MFS	MFS Technology Fund R6 - 83,541.396 Shares Mutual Fund		4,987,421
	Putnam	Putnam Global Income R6 - 8,307.024 Shares Mutual Fund		84,482
	Reliance Trust Company	Reliance Trust Stable Value Fund - MetLife GAC Series 25053 Cl. 0 - 59,314.856 Shares Common/Collective Trust		11,620,373
	Vanguard	Vanguard Balanced Index Adm. - 148,129.011 Shares Mutual Fund		6,603,591
	Vanguard	Vanguard Developed Markets Index Admiral - 123,682.535 Shares Mutual Fund		1,904,711
	Vanguard	Vanguard Emerging Mkts. Stock Idx. Adm. - 26,870.257 Shares Mutual Fund		918,157

See independent auditor's report.

Schedule 1

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN
EIN: 23-2076152
PLAN NUMBER: 001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Continued)

(a)	(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	(e) Current Value
	Vanguard	Vanguard Inflation-Protected Secs. Adm. - 63,344.093 Shares Mutual Fund		$ 1,458,815
	Vanguard	Vanguard Institutional Index I - 32,293.402 Shares Mutual Fund		12,706,808
	Vanguard	Vanguard Target Retirement 2020 Fund Investors - 771,302.390 Shares Mutual Fund		20,724,895
	Vanguard	Vanguard Target Retirement 2025 Fund Investors - 2,143,676.782 Shares Mutual Fund		39,400,779
	Vanguard	Vanguard Target Retirement 2030 Fund Investors - 457,489.541 Shares Mutual Fund		16,227,154
	Vanguard	Vanguard Target Retirement 2035 Fund Investors - 502,629.779 Shares Mutual Fund		11,118,171
	Vanguard	Vanguard Target Retirement 2040 Fund Investors - 317,962.163 Shares Mutual Fund		12,495,913
	Vanguard	Vanguard Target Retirement 2045 Fund Investors - 234,699.780 Shares Mutual Fund		6,257,096
	Vanguard	Vanguard Target Retirement 2050 Fund Investors - 101,617.085 Shares Mutual Fund		4,515,863
	Vanguard	Vanguard Target Retirement 2055 Fund Investors - 107,838.153 Shares Mutual Fund		5,347,694
	Vanguard	Vanguard Target Retirement Income Fund Investors - 1,740,282.676 Shares Mutual Fund		22,641,078
	Vanguard	Vanguard Mid Cap Index Admiral - 8,826.020 Shares Mutual Fund		2,542,512
	Vanguard	Vanguard Real Estate Index Admiral - 6,766.521 Shares Mutual Fund		846,830
	Vanguard	Vanguard Small Cap Index Adm. - 33,882.380 Shares Mutual Fund		3,462,440

See independent auditor's report.

Schedule 1

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN
EIN: 23-2076152
PLAN NUMBER: 001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Continued)

(a)	(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	(e) Current Value
	Vanguard	Vanguard Total Bond Market Index Adm. - 364,909.948 Shares Mutual Fund		$ 3,543,276
	Various	Participant-Directed Investment Accounts		12,095,064
*	Participant Loans	Interest Rates of 4.25% to 9.50%		492,493
			$ -	$208,850,591

*Indicates an investment with a known party-in-interest to the Plan.

Schedule 2

CARDIOLOGY CONSULTANTS OF PHILADELPHIA, P.C.
401(K) PROFIT SHARING PLAN
EIN: 23-2076152
PLAN NUMBER: 001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Participant Loans	Interest Rates of 4.25% to 9.50%	$ -	$ -
		$ -	$ -

Form 5500 annual return/Report of Employee Benefit Plan

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

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.