

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
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: NEPHROLOGY & HYPERTENSION ASSOC RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan): NEPHROLOGY AND HYPERTENSION ASSOCIATES, L.L.P.
2b Employer Identification Number (EIN): 43-1535214
2c Sponsor's telephone number: 573-499-0642
2d Business code (see instructions): 621111
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 15
5b Total number of participants at the end of the plan year: 14
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 15
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 12
5d(1) Total number of active participants at the beginning of the plan year: 12
5d(2) Total number of active participants at the end of the plan year: 13
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 07/28/2025, W KELLAR WINKELMEYER MD. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	4394946	4207861
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	4394946	4207861
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	188142	
<b>(2)</b> Participants .....	<b>8a(2)</b>	114126	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	507595	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		809863
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	994297	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	841	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	1810	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		996948
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-187085
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>	X		3266
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		475000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>	X		20896
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 Q703912A.

**Authorization of Practitioner to Electronically Sign  
and file for the 2024 Form 5500/Form 5500-SF**

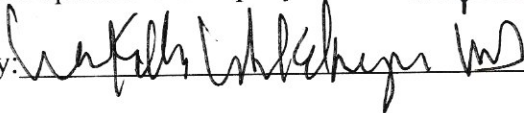
The undersigned plan sponsor/plan administrator hereby authorizes Williams-Keepers LLC to electronically sign and file the plan sponsor's 2024 Form 5500 through EFAST2.

I understand that in granting this authority:

- I must manually sign and date page 1 of the form 5500 or Form 5500-SF and provide a scanned copy of that signature page to Williams-Keepers LLC before the electronic filing can be initiated,
- Williams-Keepers LLC will retain a copy of this written authorization in its records,
- Williams-Keepers LLC will notify the individual signing below as plan sponsor/plan administrator about any inquiries and information it receives from EFAST2, DOL, IRS or PBGC regarding this annual return/report, and
- A copy of my signature, as it appears on page 1 of the Form 5500 or Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Williams-Keepers LLC shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

The authorization is applicable only to the filing for the 2024 filing year

Plan Sponsor's Company Name: Nephrology & Hypertension Associates

By: 

Print Name: Wm. Kellar Winkelmeier, MD  
Plan Sponsor/Plan Administrator

Date: 7/25/2025

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024
A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer)
B This return/report is [ ] the first return/report [ ] the final return/report
C Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
D If the plan is a collectively-bargained plan, check here [ ]
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: Nephrology & Hypertension Assoc Retirement Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2002
2a Plan sponsor's name: Nephrology and Hypertension Associates, L.L.P.
2b Employer Identification Number (EIN): 43-1535214
2c Sponsor's telephone number: 573-499-0642
2d Business code: 621111
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
5a Total number of participants at the beginning of the plan year: 15
5b Total number of participants at the end of the plan year: 14
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 15
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 12
5d(1) Total number of active participants at the beginning of the plan year: 12
5d(2) Total number of active participants at the end of the plan year: 13
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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: Signature of plan administrator, Date: 7/25/2025, Name: W Kellar Winkelmeier MD
SIGN HERE: Signature of employer/plan sponsor, Date, Name

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets.....	<b>7a</b>	4,394,946	4,207,861
<b>b</b> Total plan liabilities.....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	4,394,946	4,207,861
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers.....	<b>8a(1)</b>	188,142	
(2) Participants.....	<b>8a(2)</b>	114,126	
(3) Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b> Other income (loss).....	<b>8b</b>	507,595	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		809,863
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	994,297	
<b>e</b> Certain deemed and/or corrective distributions (see instructions).....	<b>8e</b>	841	
<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>	1,810	
<b>g</b> Other expenses.....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		996,948
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		-187,085
<b>j</b> Transfers to (from) the plan (see instructions).....	<b>8j</b>		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2E 2F 2G 2J 2K 2T 3B 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:		Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program).....	<b>10a</b>	X		3,266
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond?.....	<b>10c</b>	X		475,000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	<b>10e</b>	X		20,896
<b>f</b> Has the plan failed to provide any benefit when due under the plan?.....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. Month      Day      Year

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 Q703912a.

## **SUMMARY ANNUAL REPORT FOR NEPHROLOGY & HYPERTENSION ASSOC RETIREMENT PLAN**

This is a summary of the annual report Form 5500 Annual Return/Report of Small Employee Benefit Plan of Nephrology & Hypertension Assoc Retirement Plan and Employer Identification Number 43-1535214/Plan Number 001 for the plan year 01/01/2024 through 12/31/2024. The Form 5500-SF annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single employer, defined contribution plan with the following characteristics: profit sharing, ERISA section 404(c), total participant-directed account, code section 401(k) feature, code section 401(m) arrangement, total or partial participant-directed account, covered by self-employed individuals, pre-approved pension.

### **Basic Financial Statement**

Plan expenses were \$996,948. These expenses included \$1,810 in administrative expenses and \$994,297 in benefits paid to participants and beneficiaries, and \$0 in other expenses. A total of 14 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$4,207,861 as of the end of the plan year, compared to \$4,394,946 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of -\$187,085. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$809,863, including employer contributions of \$188,142, employee contributions of \$114,126, other contributions/other income of \$0 and earnings from investments of \$507,595.

### **Information Regarding Plan Assets**

The U.S. Department of Labor's regulations require that an independent qualified public accountant audit the plan's financial statements unless certain conditions are met for the audit requirement to be waived. This plan met the audit waiver conditions for the plan year beginning 01/01/2024 and therefore has not had an audit performed.

The plan's assets were held in individual participant accounts with investments directed by participants and beneficiaries and with account statements from regulated financial institutions furnished to the participant or beneficiary at least annually and other qualifying assets.

General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at <https://www.dol.gov/agencies/ebsa> under the heading "Frequently Asked Questions."

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Pamela Dodge, who is a representative of the plan administrator, at 1205 W Broadway, Columbia, MO 65203 and phone number, 573-499-0642.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: 1205 W Broadway, Columbia, MO 65203, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website [www.efast.dol.gov](http://www.efast.dol.gov).

**Return of Excise Taxes Related to Employee Benefit Plans**

(under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Go to [www.irs.gov/Form5330](http://www.irs.gov/Form5330) for instructions and the latest information.

Filer tax year beginning 01/01/2024 and ending 12/31/2024	
<b>A</b> Name of filer (see instructions) Nephrology and Hypertension Associates LLP Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) 1205 W Broadway City or town, state or province, country, and ZIP or foreign postal code Columbia MO 65203	<b>B</b> Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.) Employer identification number (EIN) 43-1535214 Social security number (SSN)
<b>C</b> Name of plan Nephrology Hypertension Assoc Retirement Plan	<b>E</b> Plan sponsor's EIN 43-1535214
<b>D</b> Name and address of plan sponsor Nephrology and Hypertension Associates LLP 1205 W Broadway Columbia MO 65203	<b>F</b> Plan year ending (MM/DD/YYYY) 12/31/2024
<b>H</b> If this is an amended return, check here <input type="checkbox"/>	<b>G</b> Plan number 001

**Part I Taxes.** You can only complete one section of Part I for each Form 5330 filed. See instructions.

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY		
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1	
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2	
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a	2.00
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b	
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4	
5a Section 4978 tax on ESOP dispositions	209	5a	
b The tax on line 5a is a result of the application of: <input type="checkbox"/> Sec. 664(g) <input type="checkbox"/> Sec. 1042		5b	
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6	
7 <b>Total Section A taxes.</b> Add lines 1 through 6. Enter here and on Part II, line 17		7	2.00

Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year	FOR IRS USE ONLY		
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a	
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b	
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a	
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b	
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a	
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b	
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c	
d Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	453	10d	

Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees	FOR IRS USE ONLY		
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11	
12 <b>Total Section B taxes.</b> Add lines 8a through 10d or 11. Enter here and on Part II, line 17		12	

Section C. Tax that is reported by the last day of the 15th month after the end of the plan year	FOR IRS USE ONLY		
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13	

Name of filer: Nephrology and Hypertension Associates LLP Filer's identifying number: 43-1535214

**Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred**

<b>14</b>	Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 . . . . .	204	<b>14</b>
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**Section E. Tax that is reported by the last day of the month following the month in which the failure occurred**

<b>15</b>	Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 . . . . .	228	<b>15</b>
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**Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction**

<b>16</b>	Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 . . . . .	237	<b>16</b>
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**Part II Tax Due**

<b>17</b>	Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable) . . . . .	<b>17</b>	2.00
<b>18</b>	Enter the amount of tax paid with Form 5558 or any other tax paid prior to filing this return . . . . .	<b>18</b>	0.00
<b>19</b>	<b>Tax due.</b> Subtract line 18 from line 17. If the result is greater than zero, enter here . . . . .	<b>19</b>	2.00

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

*[Signature]* 573-499-0642 7/25/2025  
 Your signature Telephone number Date

**Paid Preparer Use Only**

Print/Type preparer's name <u>Megan Bauer</u>	Preparer's signature <i>Megan Bauer</i>	Date <u>06/18/2025</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P02447545</u>
Firm's name <u>Williams-Keepers LLC</u>	Firm's EIN <u>43-1126847</u>		Phone no. <u>573-635-6196</u>	
Firm's address <u>3220 West Edgewood, Ste E Jefferson City MO 65109</u>				

Name of filer: Nephrology and Hypertension Associates LLP

Filer's identifying number: 43-1535214

**Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))			1
2	Amount allowable as a deduction under section 404			2
3	Subtract line 2 from line 1			3
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4		
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5		
6	Subtract line 5 from line 4	6		
7	Amount of line 6 carried forward and deductible in this tax year	7		
8	Subtract line 7 from line 6			8
9	Tentative taxable excess contributions. Add lines 3 and 8			9
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax			10
11	Taxable excess contributions. Subtract line 10 from line 9			11
12	Multiply line 11 by 10%. Enter here and on Part I, line 1			12

**Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total amount contributed for current year less rollovers. See instructions			1
2	Amount excludable from gross income under section 403(b). See instructions			2
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-			3
4	Prior year excess contributions not previously eliminated. If zero, go to line 8			4
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-			5
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions			6
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4			7
8	Taxable excess contributions. Add lines 3 and 7			8
9	Multiply line 8 by 6%			9
10	Enter the value of your account as of the last day of the year			10
11	Multiply line 10 by 6%			11
12	<b>Excess contributions tax.</b> Enter the lesser of line 9 or line 11 here and on Part I, line 2			12

Name of filer: Nephrology and Hypertension Associates LLP

Filer's identifying number: 43-1535214

**Schedule C. Tax on Prohibited Transactions (Section 4975) (see instructions) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

**1** Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):

**a**  discrete

**b**  other than discrete (a lease or a loan)

**2** Complete the table below to disclose the prohibited transactions and figure the initial tax. See instructions.

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
1	04/19/2024	Late Contribution	11.00	2.00
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**3** Add amounts in column (e); enter here and on Part I, line 3a . . . . . **3** 2.00

**4** Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement. See instructions . . . . .  Yes  No

See attachment.



Name of filer: Nephrology and Hypertension Associates LLP

Filer's identifying number: 43-1535214

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4)) Reported by the 15th day of the 10th month after the last day of the plan year

Table with 4 main rows and sub-rows (a, b, c, d) for each. Columns include line numbers and descriptions of tax calculations for sections 4971(g)(3) and 4971(g)(4).

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

Table with 4 rows for questions regarding election to be taxed under section 4977, including year of payment and benefit amount.

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

Table with 2 rows for excess contributions, including amount and 10% penalty calculation.

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

Table with 4 rows for reversion details, including date (MM/DD/YY), reversion amount, excise tax rate, and justification for 20% rate.

Schedule J. Tax on Failure To Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

Table with 6 rows for failure to provide notice, including number of individuals, effective date, noncompliance period, total failures, and description of failure.

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

Table with 2 rows for prohibited tax shelter transactions, including number of transactions and \$20,000 penalty calculation.

Schedule L. Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year

Table with 2 rows for funding restoration plan failure, including number of days and \$100 penalty calculation.

Form 5330, Line 4 - Prohibited Transaction No Correction Statement

1. DO NOT REMOVE OR MODIFY ROWS 1-10

2. The following are valid values:

Column Header	Description	Data Type	Max Length
TransactionNum	Transaction number from Sch C, column (a)	IntegerNN3Type	3
TransactionDesc	Description	LineExplanationType	100
PlannedCorrectionDt	Date correction will be made	DateType	10

Transaction Number	Transaction Description	Planned Correction Date
TransactionNum	TransactionDesc	PlannedCorrectionDt
1	Late contributions and associated lost earnings have been deposited.	5/7/2025