

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401K PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/1994
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) CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 1207 EAST HERNDON AVE. FRESNO, CA 93720
2b	Employer Identification Number (EIN) 94-2686822
2c	Plan Sponsor's telephone number 559-432-4303
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.	04/13/2026	DONALD W. GREGORY, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 127
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 81 6a(2) 67 6b 0 6c 52 6d 119 6e 0 6f 119 6g(1) 114 6g(2) 119 6h 8
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:

2A 2E 2J 2K 2F 2G 3D 2R 2T

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401K PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.	D Employer Identification Number (EIN) 94-2686822	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	35255	0	07/01/2024	04/14/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	5415

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEXUS ADMINISTRATORS, INC. 735 W. ALLUVIAL AVE. SUITE 101
FRESNO, CA 93711

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	5415	ADMINISTRATION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below)..... **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below)..... **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401K PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.	D Employer Identification Number (EIN) 94-2686822	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	531935-01	12	04/14/2025	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below)..... **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below)..... **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401K PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.	D Employer Identification Number (EIN) 94-2686822	

Part I	Service Provider Information (see instructions)
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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	
SIERRA PACIFIC WEALTH ADVISORY GROU	7447 N. FRESNO STREET, SUITE 102 FRESNO, CA 93720
86-1492281	

(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)

SIERRA PACIFIC WEALTH ADVISORY GROU

7447 N. FRESNO STREET, SUITE 102
FRESNO, CA 93720

86-1492281

(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?
26	RIA	23450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK LIFE INSURANCE CO.

01-0233346

(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?
15 28 60 62 63 68	RECORDKEEPER	296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information 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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401K PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.	D Employer Identification Number (EIN) 94-2686822	

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: GREAT GRAY TRUST AMERICAN FUNDS 204			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST			
c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4617	
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 201			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST			
c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50229	
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 202			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST			
c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2663	
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 204			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST			
c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2056	
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 206			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST			
c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105520	
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 205			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST			
c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121094	
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 202			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST			
c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148048	

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 205

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 286589
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 203

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121106
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 206

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246327
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a Name of MTIA, CCT, PSA, or 103-12 IE: DRYDEN S&P 500 INDEX FUND

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3972159
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT SOPL SM CAP INDEX

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30698
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a Name of MTIA, CCT, PSA, or 103-12 IE: SA/INVESCO SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9930
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA DIVIDEND VALUE

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6819
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE BLUE CHIP GROWTH

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 202720
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QS INTNL DEV MKTS INDX

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23593
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT SOL MIDCAP INDX

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126265-569	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47182
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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**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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401K PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.	D Employer Identification Number (EIN) 94-2686822	

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	6755	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	496260	469035
(2) Participant contributions.....	1b(2)	19405	15560
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	70635	136557
(9) Value of interest in common/collective trusts	1c(9)	0	1088251
(10) Value of interest in pooled separate accounts	1c(10)	8319334	0
(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)	3678590	8919723
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2396526	6835030

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14987505	17464156
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14987505	17464156

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)	469035	
(B) Participants	2a(1)(B)	272860	
(C) Others (including rollovers)	2a(1)(C)	20453	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		762348
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	59364	
(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)	5075	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		64439
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1802562
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2629349

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	144141	
(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)		144141
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2373	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	6184	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8557
j Total expenses. Add all expense amounts in column (b) and enter total	2j		152698

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2476651
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DRITSAS GROOM MCCORMICK, LLP**

(2) EIN: **94-2782187**

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.)	☒	☐	61806
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information 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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401K PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.				D Employer Identification Number (EIN) 94-2686822	
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): 06-1050034 94-2686822					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 Q703912A.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

Years Ended
June 30, 2025 and 2024

with

INDEPENDENT AUDITOR'S REPORT



7511 N Remington Avenue, Suite 101, Fresno, CA 93711 • 559.447.8484 • dgmcpa.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Cardiovascular Consultants Heart Center, Inc. 401(k) Plan
Fresno, California

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

We have performed audits of the accompanying financial statements of Cardiovascular Consultants Heart Center, Inc. 401(k) 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 June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Cardiovascular Consultants Heart Center, Inc. 401(k) 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 and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 4 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).



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To the Plan Administrator of
Cardiovascular Consultants Heart Center, Inc. 401(k) Plan

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 Cardiovascular Consultants Heart Center, Inc. 401(k) 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 Cardiovascular Consultants Heart Center, Inc. 401(k) 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.



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To the Plan Administrator of
Cardiovascular Consultants Heart Center, Inc. 401(k) Plan

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 Cardiovascular Consultants Heart Center, Inc. 401(k) 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 Cardiovascular Consultants Heart Center, Inc. 401(k) 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.



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To the Plan Administrator of
Cardiovascular Consultants Heart Center, Inc. 401(k) Plan

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) 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 and 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).

dgm llp

Fresno, California
April 15, 2026

**CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value (Note 3)	\$ 16,843,004	\$ 14,394,450
Receivables		
Employer contribution	469,035	496,260
Participant contributions	15,560	19,405
Notes receivable from participants	<u>136,557</u>	<u>70,635</u>
Total receivables	<u>621,152</u>	<u>586,300</u>
Cash	<u>-</u>	<u>6,755</u>
Total assets	17,464,156	14,987,505
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 17,464,156</u>	<u>\$ 14,987,505</u>

See accompanying notes to the financial statements.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 1,789,756	\$ 2,307,806
Interest and dividends	59,364	24,148
Capital gains and other investment earnings	<u>12,806</u>	<u>418</u>
	1,861,926	2,332,372
Investment advisory expense	<u>(6,184)</u>	<u>(28,795)</u>
Net investment income	<u>1,855,742</u>	<u>2,303,577</u>
Interest income on notes receivable from participants	<u>5,075</u>	<u>4,931</u>
Contributions		
Employer	469,035	496,260
Participants	272,860	382,936
Rollover	<u>20,453</u>	<u>726</u>
Total contributions	<u>762,348</u>	<u>879,922</u>
Total additions	<u>2,623,165</u>	<u>3,188,430</u>
DEDUCTIONS		
Benefits paid to participants	144,141	168,502
Administrative expenses	<u>2,373</u>	<u>3,242</u>
Total deductions	<u>146,514</u>	<u>171,744</u>
NET INCREASE	2,476,651	3,016,686
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>14,987,505</u>	<u>11,970,819</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 17,464,156</u>	<u>\$ 14,987,505</u>

See accompanying notes to the financial statements.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN

The following is a brief description of the Cardiovascular Consultants Heart Center, Inc. 401(k) Plan (the Plan), which was established by Cardiovascular Consultants Heart Center, Inc. (the Company), to provide retirement benefits to eligible company employees. The following description of the 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 the Company who have completed at least one year of service, have attained the age of 21, and are not covered by a collective bargaining agreement. A year of service is defined as any plan year in which the employee has worked 1,000 hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1994 (ERISA). The Plan became effective July 1, 1994. The Plan has been restated for final Cycle 3 regulations effective January 1, 2022. The Plan's trustees are responsible for oversight of the Plan. The trustees determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Participant contributions

Each year, participants may contribute up to 100% of pre-tax and after-tax annual compensation, as defined in the Plan. Deferral contributions are subject to an annual maximum as defined by law. 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).

Employer contributions

Upon fulfillment of the eligibility requirements, participants will receive a safe harbor non-elective contribution in the amount of 3% of eligible compensation. During the years ended June 30, 2025 and 2024, the Company made safe harbor non-elective contributions of \$166,458 and \$167,598, respectively, to the Plan.

Additionally, the Company may make a discretionary profit sharing contribution to the Plan each year and in such amount, if any, as it may determine, as a percentage of compensation or a dollar amount per participant. During the years ended June 30, 2025 and 2024, the Company made profit sharing contributions of \$302,577 and \$328,662, respectively, to the Plan.

Each year, the Company may at its discretion make a matching contribution in an amount that will be allocated proportionate to the amount of salary deferrals. The Company did not elect to make any matching contributions for the plan years ended June 30, 2025 and 2024.

In addition to the contributions described above, the Company may make additional Qualified Non-Elective Contributions for the benefit of such participants determined at the discretion of the Company. The Company did not elect to make any such contributions for the plan years ended June 30, 2025 and 2024.

Contributions are subject to certain annual limitations. Participants may direct the investments of their contributions into various investment options offered by the Plan.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN (continued)

Participant accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and plan earnings. Distributions received will be subtracted from each participant's account. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. Interest and/or dividends, if any, will be added to participant accounts. 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 and safe-harbor non-elective contributions, plus actual earnings thereon. Vesting in the Company's profit sharing and match contribution portion of their accounts is based on years of continuous service. Profit sharing contributions allocated to participant accounts are 100% vested after three years of credited service. A participant is 100% vested in their match contributions after six years of credited service.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 and a maximum of 50% of their vested balance up to \$50,000 minus the difference between the highest outstanding balance of loans in the past twelve months and the outstanding balance of loans from the Plan on the date the loan is made. The loans are secured by at least fifty percent (50%) of the vested balance in the participant's account. A participant may have no more than two loans outstanding at any one time. The loan interest rate is set at 1% above the prime rate, as defined. Loan terms range from one to five years, unless the loan is being used to purchase a primary residence. Principal and interest is paid ratably through payroll deductions.

Payment of benefits

Upon retirement, death, disability or termination of service due to other reasons, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. The participants may make a direct rollover of their taxable distributions to another employer's qualified retirement plan or individual retirement account. A partial or installment distribution may be permitted if needed to satisfy the required minimum distribution rules.

A participant may receive a distribution of salary deferral amounts in the event of certain financial hardships. In addition, upon attaining age 59 1/2, if a participant is still employed, they may request an in-service distribution from salary deferrals and vested employer contributions.

Forfeited accounts

At June 30, 2025 and 2024, forfeited nonvested accounts totaled \$22,110 and \$9,791, respectively. These accounts may be used to restore forfeitures, reduce employer contributions, or to pay reasonable plan expenses. For the year ended June 30, 2025, there were no forfeitures utilized. For the year ended June 30, 2024, \$6,755 of forfeitures were utilized to reduce employer contributions.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 2 – ACCOUNTING POLICIES

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 requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions to net assets available for plan benefits during the reporting period. Actual results could differ from those estimates.

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 trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance 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 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 Company are recorded in the year in which participant compensation is earned.

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. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document. Related fees are recorded as administrative expenses and are expensed to the participant's account when they are incurred.

Payment of benefits

Benefits are recorded when paid.

Administration expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 2 – ACCOUNTING POLICIES (continued)

Concentrations of risk

The Plan maintains cash balances at financial institutions, which at times may exceed federally insured limits. At June 30, 2025, the Plan did not have cash in excess of federally insured limits. At June 30, 2024, the Plan had \$28,210 of cash in excess of federally insured limits.

Subsequent events

Plan management has evaluated subsequent events through April 15, 2026, the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

Following is a description of the valuation methodologies used for assets. In accordance with ASC 820, the collective trust funds, measured at net asset value (NAV), are not included in the fair value hierarchy. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Collective trust funds are valued using the NAV as a practical expedient to estimate fair value and is calculated or valued using quotes generally obtained directly from the fund house or other investment provider.

Level 1 fair value measurements

The fair value of the equity investments are based on the closing price reported on the active market where the investments are traded.

The fair value of the exchange traded funds are based on the closing price reported on the active market where the investments are traded.

The fair value of the mutual funds held by the Plan at year-end is based on the closing price reported on the active market where the individual mutual funds are traded.

Interest bearing cash consisted of deposits and earnings in interest bearing cash brokerage accounts valued on the accumulated balance at year end.

Level 2 fair value measurements

Pooled separate accounts are valued at net asset value. The Plan's fair value of shares of the underlying fund equals the number of shares of the respective underlying fund multiplied by the closing net asset value per share quoted by that fund.

The fair value of variable annuities held by the Plan at year end is based on unit values calculated daily by the annuity provider per the annuity contract.

Level 3 fair value measurements

Life insurance policies are valued at contract value as calculated by Jackson National Life Insurance Company and Pacific Life Insurance Company. The contract value approximates fair value. At June 30, 2025 and 2024, the Jackson Life Insurance Company contract was subject to termination charges of \$13,729 and \$12,419, respectively. The Pacific Life Insurance Company policies are outside of the surrender charge period and there are no cancellation fees.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of June 30, 2025 and 2024, respectively.

Assets at Fair Value as of June 30, 2025

	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Equity investments	\$ 3,287,839	\$ -	\$ -	\$ 3,287,839
Exchange traded funds	811,810	-	-	811,810
Mutual funds	4,601,109	-	-	4,601,109
Interest bearing cash	218,965	-	-	218,965
Pacific Life Insurance	-	-	1,451,213	1,451,213
Variable annuities	-	4,293,101	-	4,293,101
Jackson National Life Insurance	-	-	1,090,716	1,090,716
	<u>\$ 8,919,723</u>	<u>\$ 4,293,101</u>	<u>\$ 2,541,929</u>	<u>15,754,753</u>
Investments measured at net asset value ^(a)				
Collective trust funds				<u>1,088,251</u>
Total assets at fair value				<u>\$ 16,843,004</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit a reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

The following table summarize investments for which fair value is measured using the net asset value per share practical expedient at June 30, 2025. There are no participant redemption restrictions for these investments, the redemption period is applicable only to the Plan.

June 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Collective trust funds	\$ 1,088,251	n/a	Daily	Daily

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

Assets at Fair Value as of June 30, 2024

	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Equity investments	\$ 2,627,617	\$ -	\$ -	\$ 2,627,617
Exchange traded funds	727,304	-	-	727,304
Mutual funds	45,459	-	-	45,459
Interest bearing cash	278,210	-	-	278,210
Pacific Life Insurance	-	-	1,432,213	1,432,213
Pooled separate accounts	-	8,319,334	-	8,319,334
Jackson National Life Insurance	-	-	964,313	964,313
	<u>\$ 3,678,590</u>	<u>\$ 8,319,334</u>	<u>\$ 2,396,526</u>	<u>\$ 14,394,450</u>

The table below sets forth a summary of changes in fair value of the Plan's Level 3 assets for the years ended June 30, 2025 and 2024, respectively.

	2025	2024
Balance, beginning of year	\$ 2,396,526	\$ 2,181,069
Purchases	23,000	23,750
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	<u>122,403</u>	<u>191,707</u>
Balance, end of year	<u>\$ 2,541,929</u>	<u>\$ 2,396,526</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended June 30, 2025 and 2024, are reported in net appreciation in fair value of investments. Life insurance premiums for the Jackson National Life policy in the amount of \$23,000 and \$23,750, were paid for the years ended June 30, 2025 and 2024, respectively. For the years ended June 30, 2025 and 2024, there were no transfers of plan assets between levels.

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments and notes receivable from participants held as of June 30, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended June 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Life Insurance Company (U.S.A) and Empower Annuity Insurance Company of America, qualified institutions.

**CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN**

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

Effective April 7, 2025, the Plan changed its qualified institution from John Hancock Life Insurance Company (U.S.A) to Empower Annuity Insurance Company of America.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by John Hancock Life Insurance Company (U.S.A) and Empower Annuity Insurance Company of America, qualified institutions:

	2025	2024
Investments at fair value	\$ 9,942,701	\$ 8,319,334
Net appreciation in fair value of investment funds	\$ 1,163,752	\$ 1,175,665
Investment advisory expenses	\$ 2,471	\$ 25,706
Notes receivable from participants	\$ 136,557	\$ 70,635
Interest income on notes receivable from participants	\$ 5,075	\$ 4,931
Cash	\$ -	\$ 6,755

NOTE 5 - NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments as of and for the years ended June 30, 2025 and 2024, are as follows:

	2025	2024
Net assets:		
Cash	\$ 2,515	\$ 2,390
Equity investments	953	594
Exchange traded funds	486,406	443,786
Mutual funds	61,870	45,459
	<u>\$ 551,744</u>	<u>\$ 492,229</u>
Changes in net assets:		
Net appreciation in fair value of investments	\$ 50,959	\$ 66,570
Interest and dividends	12,146	9,998
Investment advisory fees	(3,590)	(3,063)
	<u>\$ 59,515</u>	<u>\$ 73,505</u>

NOTE 6 - ALLOCATION OF ASSETS

Net assets available in the amount of \$4,505,153 and \$1,651,930, have been allocated to the accounts of terminated employees at June 30, 2025 and 2024, respectively. Non-vested amounts to be forfeited in future years total \$30,992 and \$12,791, of net assets available for benefits at June 30, 2025 and 2024, respectively.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 7 - RELATED-PARTY TRANSACTIONS

Certain plan assets are managed by John Hancock Life Insurance Company. Plan management includes record keeping and investment services related to contributions received, plan earnings and distributions. The services to the Plan qualify as party-in-interest transactions. Fees associated with each managed fund are built into the expense ratio for that fund. Investment advisory fees paid by John Hancock Life Insurance Company were \$2,471 and \$25,706, for the years ended June 30, 2025 and 2024, respectively. Contract administrator fees paid by John Hancock Life Insurance Company were \$296 and \$372, for the years ended June 30, 2025 and 2024, respectively. Third party administrative services paid by John Hancock Life Insurance Company were \$5,415 and \$6,515, for the years ended June 30, 2025 and 2024, respectively.

Additionally, investment advisory fees paid by brokerage accounts were \$3,713 and \$3,089, for the years ended June 30, 2025 and 2024, respectively.

Administrative functions are jointly performed by the employees of the Company and third party administrators. No employee receives compensation from the Plan.

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 - TAX STATUS

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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 if the Plan has taken an 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.

NOTE 10 - 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 statement of net assets available for benefits.

SUPPLEMENTAL INFORMATION

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

EIN 94-2686822, Plan No. 002
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

June 30, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
7 payroll dates during the plan year ended 6/30/25	\$ -	\$ 38,801 (1)	\$ -	\$ -
4 payroll dates during the plan year ended 6/30/24	-	23,005 (2)	-	-
	<u>\$ -</u>	<u>\$ 61,806</u>	<u>\$ -</u>	<u>\$ -</u>

- (1) The contributions were remitted to the Plan during the plan year ended June 30, 2025, or subsequent to year end.
- (2) The contributions were remitted to the Plan during the plan year ended June 30, 2024, or subsequent to year end.

See accompanying notes to the financial statements.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

EIN 94-2686822, Plan No. 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

June 30, 2025

(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
*	Empower Annuity Ins. Company of America	Fidelity Inv MM Fds Government Inst	\$ -	\$ 22,110
*	Empower Annuity Ins. Company of America	American Funds Retire Inc Port-Mod R6	-	111,381
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2010 I	-	50,229
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2020 I	-	148,048
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2025 I	-	2,663
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2035 I	-	121,106
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2040 I	-	4,617
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2045 I	-	2,056
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2050 I	-	286,589
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2055 I	-	121,094
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2060 I	-	246,327
*	Empower Annuity Ins. Company of America	Great Gray Trust American Funds 2065 I	-	105,520
*	Empower Annuity Ins. Company of America	American Funds Eupac R5	-	93,037
*	Empower Annuity Ins. Company of America	Templeton Instl Foreign Smaller Co Ser A	-	19,225
*	Empower Annuity Ins. Company of America	PGIM Q.S. Intl Dev Mkts Indx (IS Pltfrm)	-	23,593
*	Empower Annuity Ins. Company of America	DFA Real Estate Securities I	-	51,403
*	Empower Annuity Ins. Company of America	Invesco Balanced-Risk Commodity Strat R6	-	3,906
*	Empower Annuity Ins. Company of America	DFA US Small Cap I	-	28,640
*	Empower Annuity Ins. Company of America	SA/Invesco Small Cap Growth Strategy	-	9,930
*	Empower Annuity Ins. Company of America	PGIM Quant Sol Sm Cap Indx (IS Pltfrm)	-	30,698
*	Empower Annuity Ins. Company of America	PGIM Quant Sol MidCap Indx (IS Pltfrm)	-	47,182
*	Empower Annuity Ins. Company of America	American Funds Growth Portfolio R-6	-	477,195
*	Empower Annuity Ins. Company of America	American Funds American Mutual R6	-	142,221
*	Empower Annuity Ins. Company of America	American Funds Growth Fund of Amer R5	-	200,448
*	Empower Annuity Ins. Company of America	JPMorgan US Equity R5	-	48,130
*	Empower Annuity Ins. Company of America	Dryden S&P 500 Index Fund (IS Platform)	-	3,972,159
*	Empower Annuity Ins. Company of America	Columbia Dividend Value (IS Platform)	-	6,819
*	Empower Annuity Ins. Company of America	T.Rowe Price Blue Chip Growth Fund (IS)	-	202,720
*	Empower Annuity Ins. Company of America	American Funds American Balanced R6	-	1,812,568
*	Empower Annuity Ins. Company of America	American Funds Retire Inc Port-Enh R6	-	766,427
*	Empower Annuity Ins. Company of America	Fidelity Short Term Bond Idx Instl Prm	-	157,298
*	Empower Annuity Ins. Company of America	PIMCO Total Return II Instl	-	18,014
*	Empower Annuity Ins. Company of America	Fidelity Inv MM Fds Government Instl	-	609,348
Amount carried forward			\$ -	\$ 9,942,701

See accompanying notes to the financial statements.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

EIN 94-2686822, Plan No. 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(continued)
June 30, 2025

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
(a)	(b) Identity of issue, borrower, lessor, or similar party			
	Amount brought forward		\$ -	\$ 9,942,701
	Commonwealth	Participant-directed interest bearing cash	-	21,252
	Commonwealth	Participant-directed brokerage accounts	-	18,893
	Charles Schwab	Participant-directed interest bearing cash	-	173,087
	Charles Schwab	Participant-directed brokerage accounts	-	3,593,397
	Charles Schwab	Interest bearing cash	2,515	2,515
	Charles Schwab	Dodge & Cox Income	20,757	20,791
	Charles Schwab	Investco S&P 500 Quality	40,188	41,331
	Charles Schwab	Ishares Floating Rate	5,756	5,765
	Charles Schwab	JPMorgan Core Plus Bond	2,247	2,212
	Charles Schwab	Pimco Active Bond ETF	21,968	22,308
	Charles Schwab	Pimco Broad US Tips	39,753	40,052
	Charles Schwab	Schwab Fundamental US LA	36,214	41,079
	Charles Schwab	Schwab US Aggregate Bond	44,460	39,601
	Charles Schwab	Tesla Inc	883	953
	Charles Schwab	Vanguard S&P 500 ETF	202,950	335,138
	Jackson National Life Ins. Co.	Life insurance policy	-	1,090,716
	Pacific Life Insurance Co.	Life insurance policies	-	1,451,213
	Total assets held for investment purposes at end of year		<u>\$417,691</u>	<u>\$ 16,843,004</u>
*	Notes receivable from participants	4.25% - 9.50%	<u>\$ -</u>	<u>\$ 136,557</u>

(d) - For investments that are Participant directed, cost information is not required.

* Indicates party-in-interest to the plan

See accompanying notes to the financial statements.

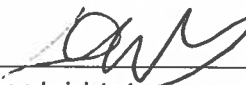
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form Is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan Cardiovascular Consultants Heart Center, Inc. 401k Plan	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 07/01/1994
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) Cardiovascular Consultants Heart Center, Inc. 1207 East Herndon Ave. Fresno CA 93720	2b Employer Identification Number (EIN) 94-2686822 2c Plan Sponsor's telephone number 559-432-4303 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		04/13/2024	Donald W. Gregory, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

EIN 94-2686822, Plan No. 002
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

June 30, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
7 payroll dates during the plan year ended 6/30/25	\$ -	\$ 38,801 (1)	\$ -	\$ -
4 payroll dates during the plan year ended 6/30/24	-	23,005 (2)	-	-
	<u>\$ -</u>	<u>\$ 61,806</u>	<u>\$ -</u>	<u>\$ -</u>

- (1) The contributions were remitted to the Plan during the plan year ended June 30, 2025, or subsequent to year end.
- (2) The contributions were remitted to the Plan during the plan year ended June 30, 2024, or subsequent to year end.

See accompanying notes to the financial statements.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

EIN 94-2686822, Plan No. 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

June 30, 2025

		(c) Description of investment including			
(b) Identity of issue, borrower, lessor, or similar		maturity date, rate of interest, collateral, par,		(e) Current	
(a)	party	or maturity value		(d) Cost	value
* Empower Annuity Ins. Company of America		Fidelity Inv MM Fds Government Inst	\$ -	\$	22,110
* Empower Annuity Ins. Company of America		American Funds Retire Inc Port-Mod R6	-		111,381
* Empower Annuity Ins. Company of America		Great Gray Trust American Funds 2010 I	-		50,229
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* Empower Annuity Ins. Company of America		Great Gray Trust American Funds 2025 I	-		2,663
* Empower Annuity Ins. Company of America		Great Gray Trust American Funds 2035 I	-		121,106
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* Empower Annuity Ins. Company of America		Templeton Instl Foreign Smaller Co Ser A	-		19,225
* Empower Annuity Ins. Company of America		PGIM Q.S. Intl Dev Mkts Indx (IS Pltfrm)	-		23,593
* Empower Annuity Ins. Company of America		DFA Real Estate Securities I	-		51,403
* Empower Annuity Ins. Company of America		Invesco Balanced-Risk Commodity Strat R6	-		3,906
* Empower Annuity Ins. Company of America		DFA US Small Cap I	-		28,640
* Empower Annuity Ins. Company of America		SA/Invesco Small Cap Growth Strategy	-		9,930
* Empower Annuity Ins. Company of America		PGIM Quant Sol Sm Cap Indx (IS Pltfrm)	-		30,698
* Empower Annuity Ins. Company of America		PGIM Quant Sol MidCap Indx (IS Pltfrm)	-		47,182
* Empower Annuity Ins. Company of America		American Funds Growth Portfolio R-6	-		477,195
* Empower Annuity Ins. Company of America		American Funds American Mutual R6	-		142,221
* Empower Annuity Ins. Company of America		American Funds Growth Fund of Amer R5	-		200,448
* Empower Annuity Ins. Company of America		JPMorgan US Equity R5	-		48,130
* Empower Annuity Ins. Company of America		Dryden S&P 500 Index Fund (IS Platform)	-		3,972,159
* Empower Annuity Ins. Company of America		Columbia Dividend Value (IS Platform)	-		6,819
* Empower Annuity Ins. Company of America		T.Rowe Price Blue Chip Growth Fund (IS)	-		202,720
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* Empower Annuity Ins. Company of America		Fidelity Inv MM Fds Government Instl	-		609,348
Amount carried forward				\$ -	\$ 9,942,701

See accompanying notes to the financial statements.

CARDIOVASCULAR CONSULTANTS HEART CENTER, INC.
401(k) PLAN

EIN 94-2686822, Plan No. 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(continued)
June 30, 2025

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
(a)	(b) Identity of issue, borrower, lessor, or similar party				
	Amount brought forward			\$ -	\$ 9,942,701
	Commonwealth	Participant-directed interest bearing cash		-	21,252
	Commonwealth	Participant-directed brokerage accounts		-	18,893
	Charles Schwab	Participant-directed interest bearing cash		-	173,087
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	Charles Schwab	Tesla Inc	883	953	
	Charles Schwab	Vanguard S&P 500 ETF	202,950	335,138	
	Jackson National Life Ins. Co.	Life insurance policy	-	1,090,716	
	Pacific Life Insurance Co.	Life insurance policies	-	1,451,213	
	Total assets held for investment purposes at end of year			<u>\$417,691</u>	<u>\$ 16,843,004</u>
* Notes receivable from participants	4.25% - 9.50%			<u>\$ -</u>	<u>\$ 136,557</u>

(d) - For investments that are Participant directed, cost information is not required.

* Indicates party-in-interest to the plan

See accompanying notes to the financial statements.