Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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)
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP

1605 EAST BROADWAY
SUITE 300
COLUMBIA, MO 65201

2b Employer Identification Number (EIN) 43-1566193

2c Plan Sponsor's telephone number 573-256-3012

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	TED BRANDT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	149
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	104
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	105
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	143
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	143
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	149
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	143
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP 401(K) PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP	43-1566193	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SUNDVOLD CAPITAL MANAGEMENT

43-1823054

(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?
16	CONSULTANT	50521	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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	RECORD KEEPER	47938	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY BROKERAGE SERVICES, LLC

900 SALEM STREET
SMITHFIELD, RI 02917

(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?
53	BROKER	36380	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CHARLES SCHWAB

211 MAIN STREET
SAN FRANCISCO, CA 94105

(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?
53	BROKER	30008	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWESTERN MUTUAL WEALTH MANAGEME

52-2114207

(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?
53	BROKER	26898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCE BANK

1000 WALNUT
KANSAS CITY, MO 64106

(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?
53	BROKER	16953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

APS-PENTEGRA

13-3892096

(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?
64 65	TPA	3640	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

INTERACTIVE BROKERS

ONE PICKWICK PLAZA
GREENWICH, CT 06830

(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?
53	BROKER	0	Yes [ ] No [X]	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

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(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP

D Employer Identification Number (EIN)
43-1566193

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	785739	363804
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	6563	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1505677	1043786
(2) U.S. Government securities	1c(2)	0	630481
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	667976	891843
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3468079	5235703
(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)	2269250	411278
(8) Participant loans	1c(8)	164782	172501
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29150331	40100212
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10875702	101616

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	48894099	48951224
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	48894099	48951224

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)	732719	
(B) Participants	2a(1)(B)	871154	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1603873
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	25219	
(C) Corporate debt instruments	2b(1)(C)	117693	
(D) Loans (other than to participants)	2b(1)(D)	33573	
(E) Participant loans	2b(1)(E)	13112	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		189597
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	291144	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	294712	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		585856
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		5468726
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7848052
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7626162	
(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)		7626162
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)		
(3) Recordkeeping fees	2i(3)	54503	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	110262	
(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)		164765
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7790927
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		57125
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WILLIAMS-KEEPERS LLC **(2)** EIN: 43-1126847

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

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

SCHEDULE R (Form 5500)

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

2025

This Form is Open to Public Inspection.

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

A Name of plan
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP

D Employer Identification Number (EIN)
43-1566193

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): 31-4156830

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

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

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 Q704091A .

2025 FORM 5500 FILING

ATTACHMENT IN LIEU OF ACCOUNTANT'S OPINION

PLAN NAME: Missouri Cardiovascular Specialists, LLP 401(k) Profit Sharing Plan

PLAN SPONSOR NAME: Missouri Cardiovascular Specialists, LLP

EIN: 43-1566193

PLAN #: 001

The above referenced plan is timely filing its Form 5500 utilizing a valid extension on Form 5558. However, the audited financial statements of the plan for the year ended December 31, 2025 were not able to be completed in time to attach to this return. The financial statement audit for the above referenced plan will be completed and submitted to the Department of Labor via an amended Form 5500 filing as soon as possible.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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)

MISSOURI CARDIOVASCULAR SPECIALISTS, LLP

1605 EAST BROADWAY
SUITE 300
COLUMBIA MO 65201

2b Employer Identification Number (EIN) 43-1566193

2c Plan Sponsor's telephone number 573-256-3012

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	Ted E. Brandt	10/14/2026	TED BRANDT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	149
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	104
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	105
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	143
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	143
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	149
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	143
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 2S 2T 3B
3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP 401(K) PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP	43-1566193	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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

(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)

SUNDVOLD CAPITAL MANAGEMENT 43-1823054

MO

(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?
16	CONSULTANT	50,521	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONWIDE
ONE NATIONWIDE PLAZA

COLUMBUS OH 43215

(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	RECORD KEEPER	47,938	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY BROKERAGE SERVICES, LLC
900 SALEM STREET

SMITHFIELD RI 02917

(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?
53	BROKER	36,380	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CHARLES SCHWAB
211 MAIN STREET

SAN FRANCISCO CA 94105

(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?
53	BROKER	30,008	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWESTERN MUTUAL WEALTH MANAGEME 52-2114207

(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?
53	BROKER	26,898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCE BANK
1000 WALNUT

KANSAS CITY MO 64106

(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?
53	BROKER	16,953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

APS-PENTEGRA 13-3892096

(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?
64 65						
	TPA	3,640	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

INTERACTIVE BROKERS
ONE PICKWICK PLAZA

GREENWICH CT 06830

(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?
53						
	BROKER		Yes [ ] No [X]	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 H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP

D Employer Identification Number (EIN)
43-1566193

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	785,739	363,804
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	6,563	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1,505,677	1,043,786
(2) U.S. Government securities	1c(2)	0	630,481
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	667,976	891,843
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3,468,079	5,235,703
(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)	2,269,250	411,278
(8) Participant loans	1c(8)	164,782	172,501
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29,150,331	40,100,212
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10,875,702	101,616

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	48,894,099	48,951,224
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	48,894,099	48,951,224

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)	732,719	
(B) Participants	2a(1)(B)	871,154	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1,603,873
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	25,219	
(C) Corporate debt instruments	2b(1)(C)	117,693	
(D) Loans (other than to participants)	2b(1)(D)	33,573	
(E) Participant loans	2b(1)(E)	13,112	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		189,597
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	291,144	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	294,712	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		585,856
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		5,468,726
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7,848,052
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7,626,162	
(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)		7,626,162
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)		
(3) Recordkeeping fees	2i(3)	54,503	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	110,262	
(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)		164,765
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7,790,927
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		57,125
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WILLIAMS-KEEPERS LLC **(2)** EIN: 43-1126847

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

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

SCHEDULE R (Form 5500)

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

2025

This Form is Open to Public Inspection.

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

A Name of plan
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MISSOURI CARDIOVASCULAR SPECIALISTS, LLP

D Employer Identification Number (EIN)
43-1566193

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): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 Q704091a.

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

	(a) (b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Interest-bearing cash and cash equivalents		
	Cash and cash equivalents	Interest-bearing cash and cash equivalents	$ 1,043,786
	Total interest-bearing cash and cash equivalents		**$ 1,043,786**
	Mutual funds		
	Ambassdor Fund	Ambassdor Fund	$ 116,595
	American Century	American Century Small Cap	4,897
	Artisan	Artisan Mid Cap Fd	18,097
	Baird	Baird Aggregate Bond Fund Instl	62,283
	BBH	BBH Limited Duration Fund	90,507
	Blackrock	Blackrock Systematic Multi-Strategy	17,368
	Blackrock	Blackrock Total Return Fund	88,469
	Blackrock	Blacrock Strategic Income Opp Port	18,254
	Blackrock	Blackrock Commodity Strategies Fund	14,188
	BNY Melon Global	BNY Melon Global	42,998
	Capital Group	American New World Fund	49,974
	Capital Group	American Strategic Bond Fund	50,193
	Catalyst	Catalyst Millburn Hedge Strategy Fund	134,826
	Causeway	Causeway Emerging Markets	76,215
*	Charles Schwab	Schwab US Tips ETF	214,039
	Clearbridge Small Cap Growth Fd	Clearbridge Small Cap Growth Fd	3,846
	Cohen & Steers	Cohen & Steers Preferred Securities & income Fund	17,535
	Cohen & Steers	Cohen & Steers Real Estate	66,589
	Column Small Cap Select Fund	Column Small Cap Select Fund	33,186
*	Commerce	Commerce Bond Fd	182,926
*	Commerce	Commerce Growth Fund	49,069
*	Commerce	Commerce Midcap Growth Fund	20,890
*	Commerce	Commerce Value Fund	85,611
	DFA	DFA Emerging Markets	53,594
	DFA	DFA US Large Cap Inernational Port	63,006
	DFA	DFA US Large Cap Value Prtf Instl	173,933
	DFA	DFA US Targeted Value Portfolio	9,534
	Dodge & Cox	Dodge & Cox Income Fd	53,806
	Eaton Vance	Eaton Vance Emerging Markets Debt Opp	40,695
	Eaton Vance	Eaton Vance Floating Rate R6 Fund	33,178
	Eaton Vance	Eaton Vance Global Macro Absolute Return Advantage Fund CL	76,688
*	Fidelity	Fidelity 500 Index Fund	8,234,782
*	Fidelity	Fidelity Advisor Floating Rate High Income	43,609
*	Fidelity	Fidelity International Index Fund	15,390
*	Fidelity	Fidelity Government Money Market	234,963
*	Fidelity	Fidelity Large Cap Growth Index Fund	104,288
*	Fidelity	Fidelity Large Cap Value	98,086
*	Fidelity	Fidelity Mid Cap Growth Index Fd	45,365
*	Fidelity	Fidelity Mid Cap Value Index Fd	124,433
*	Fidelity	Fidelity New Markets	70,912
*	Fidelity	Fidelity US Index Fund	2,310,916
	First Eagle	First Eagle Overseas Class 1	124,863
	First Eagle	First Eagle Small Cap Opportunity	120,075
	FMI	FMI International Fund	54,841
	Franklin	Franklin Gold Prec Mtls	176,310
	Franklin	Franklin Small Cap Value Fund	48,075
	Glenmede	Glenmede Secured Options	22,077
	Goldman Sachs Group	GS Intl Opps	10,303

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Goldman Sachs Group	GS Intl Sm Cap Insights-Inst	90,215
	Harding Loevner International	Harding Loevner International	48,118
	Hartford	Hartford Dynamic Bond Fund	49,907
	Hartford	Hartford Inernational Value Fund	40,862
	Invesco	Invesco Main Street	25,596
	iShares	iShares 0-5 Year Tips	27,645
	JP Morgan	JP Morgan Strategic Income Opp Fund	17,556
	JP Morgan	JP Morgan Hedged Equity	106,738
	Lord Abbett	Lord Abbett Growth Leaders Fund	140,445
	MFS Research International	MFS Research International Fd R6	147,219
	MFS Research International	Mid-Cap Equity Fund Class I	55,111
*	Nationwide	Nationwide Fixed Select Option	374,540
	Neuberger Berman Genesis	Neuberger Berman Genesis	11,543
	Nuveen	Nuveen Large Cap Growth	112,390
	Nuveen	Nuveen Large Cap Value Index	68,739
	Oakmark	Oakmark International Fund	56,510
	PGIM	PGIM Short-Term	38,342
	PGIM	PGIM Total Return Bond CL Z	90,677
	PIMCO	PIMCO 15+ Year US Tips ETF	72,450
	PIMCO	PIMCO Commodity	74,206
	PIMCO	PIMCO Emerging Markets	8,456
	PIMCO	PIMCO Emerging Markets Local Currency	42,382
	PIMCO	PIMCO Income Fund	87,703
	PIMCO	PIMCO Income Fund Instit	21,949
	RBC	RBC Emerging Markets Equity Fund	16,493
	T Rowe	T Rowe Price Growth Stock Fund	142,612
	T Rowe	T Rowe Price Overseas Stock Fund	64,270
	US Treasury	US Benchmark Ser US Treasury 3 Month Bill	74,870
	Vanguard	Vanguard Short Term Invt Grade Fund	29,110
	Vanguard	Vanguard Balanced Index Fund	1,372,447
	Vanguard	Vanguard Developed Markets Index Fund	1,465,359
	Vanguard	Vanguard Equity Income Fund	326,501
	Vanguard	Vanguard Growth Index Fund	1,103,438
	Vanguard	Vanguard Info Tech	830,290
	Vanguard	Vanguard Mid Cap Index FD Inst	3,985,592
	Vanguard	Vanguard Small Cap Index Fund	2,278,600
	Vanguard	Vanguard Target Retirement 2030 Fund	286,168
	Vanguard	Vanguard Target Retirement 2040 Fund	96,902
	Vanguard	Vanguard Target Retirement 2045 Fund	93,543
	Vanguard	Vanguard Target Retirement 2050 Fund	164,586
	Vanguard	Vanguard Target Retirement 2055 Fund	690,339
	Vanguard	Vanguard Target Retirement 2060 Fund	17,689
	Vanguard	Vanguard Target Retirement 2065 Fund	65,064
	Vanguard	Vanguard Target Retirement Income Fund	404
	Victory Sycamore	Victory Sycamore Established	5,398
	Western Asset	Western Asset Core Fund	84,554
	Total mutual funds		**$ 28,805,801**
	Common stocks		
	Abbvie Inc	Abbvie Inc Shs	$ 2,285
	Adobe Inc	Adobe Inc	2,450
	Advanced Micro Devices	Advanced Micro Devices	3,427
	Agnico Eagle Mines LTD	Agnico Eagle Mines LTD	156,696

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Alnylam Pharmaceuticals	Alnylam Pharmaceuticals	19,883
	Alphabet Inc	Alphabet Inc CL A	184,391
	Amazon Com Inc	Amazon Com Inc	36,470
	Amazon.Com Inc	Amazon.Com Inc	69,246
	American Express Co Com	American Express Co Com	69,803
	American Water Works Co Inc	American Water Works Co Inc	3,524
	Apple Inc	Apple Inc	100,316
	Applied Materials Inc	Applied Materials Inc	11,051
	Arista Networks Inc	Arista Networks Inc	17,558
	ASML Holding	ASML Holding	4,279
	Bank of America Corp	Bank of America Corp	2,970
	Berkley W R Corp	Berkley W R Corp	58,101
	Berkshire Hathaway Inc	Berkshire Hathaway Inc Class B	132,700
	Boston Scientific Corp	Boston Scientific Corp	10,679
	Bristol Myers Squibb	Bristol Myers Squibb	1,295
	BWX Technologies	BWX Technologies	45,067
	BXP Inc	BXP Inc (REIT)	$ 19,285
	Cameco Corp	Cameco Corp	21,656
	Capital One Financial Corp	Capital One Financial Corp	15,753
	Catepillar Inc	Catepillar Inc	10,885
	Cava Group	Cava Group	35,214
*	Charles Schwab	Charles Schwab Corp	1,898
	Chevron Corp	Chevron Corp	10,211
	Cintas Corp	Cintas Corp	64,943
	CME Group	CME Group	5,091
	Coca-Cola Co	Coca-Cola Co	37,782
	Conoco Phillips	Conoco Phillips	6,740
	Costco Wholesale Corp Com	Costco Wholesale Corp Com	25,870
	CRA Intl Inc	CRA Intl Inc	5,673
	Deere & Co	Deere & Co	8,846
	Diamondback Energy Inc	Diamondback Energy Inc	31,043
	Donaldson Inc	Donaldson Inc	2,919
	Draftkings	Draftkings	34,460
	Elevance Health Inc Com	Elevance Health Inc Com	9,465
	Emerson Elec Co	Emerson Elec Co	8,361
	EQT Corp	EQT Corp	21,926
	Equinox Gold Copr	Equinox Gold Copr	126,823
	Exxon Mobil Corp	Exxon Mobil Corp	23,045
	FedEx Corp	FedEx Corp	2,600
	First Majestic Silver	First Majestic Silver	58,993
	Franco Nevada Corp Com	Franco Nevada Corp Com	231,289
	Future Holdings LTD	Future Holdings LTD	14,615
	GDS Holdings LLTD	GDS Holdings LLTD	20,172
	GE Vernova	GE Vernova	20,923
	Gilead Sciences Inc	Gilead Sciences Inc	6,179
	Goldman Sachs Group	Goldman Sachs Group	13,185
	Henry Jack & Assoc	Henry Jack & Assoc	2,987
	Hershey Co	Hershey Co	50,904
	Hilton Worldwide Hldgs	Hilton Worldwide Hldgs	8,905
	Home Depot Inc	Home Depot Inc	34,585
	Hyatt Hotels Corp	Hyatt Hotels Corp	12,155
	Intercontinential Exchange Inc	Intercontinential Exchange Inc	7,612
	Intuit	Intuit	6,624

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Intuitive Surgical Inc	Intuitive Surgical Inc	10,761
	IQVIA Holdings	IQVIA Holdings	9,242
	Jazz Pharmaceuticals	Jazz Pharmaceuticals	2,550
	JP Morgan Chase & Co	JP Morgan Chase & Co	42,211
	Kinross Gold Corp	Kinross Gold Corp	197,599
	KLA Corp	KLA Corp	10,936
	L3 Harris Technologoes Inc	L3 Harris Technologoes Inc	8,514
	Lam Research Corp	Lam Research Corp	15,577
	Liberty Energy Inc	Liberty Energy Inc	167
	Lilly Eli & Co	Lilly Eli & Co	47,286
	Linde Plc	Linde Plc	4,690
	LPL Finl Hldgs Inc	LPL Finl Hldgs Inc	8,572
	Marathon Petroleum	Marathon Petroleum	3,253
	Mastercard Inc	Mastercard Inc	17,126
	Mcdonalds Corp Com	Mcdonalds Corp Com	2,518
	McKesson Corp	McKesson Corp	13,945
	Merck & Co. Inc.	Merck & Co. Inc.	18,210
	Meta Platforms	Meta Platforms	62,048
	Microsoft Corp	Microsoft Corp	136,650
	MP Matls Corp	Matls Corp	19,854
	Netflix	Netflix	23,440
	Nextera Energy	Nextera Energy	8,670
	Nvidia Corp	Nvidia Corp	82,060
	NVR Inc	NVR Inc	94,806
	O'Reilly Automotive	O'Reilly Automotive	6,841
	Omega Healthcare	Omega Healthcare (REIT)	8,757
	Oscar Health	Oscar Health	2,874
	Palo Alto	Palo Alto	51,392
	Pam American Silver Corp	Pam American Silver Corp	133,514
	Parker Hannifin Corp	Parker Hannifin Corp	14,942
	Paypal Holdings	Paypal Holdings	2,458
	Pegasystems Inc	Pegasystems Inc	19,827
	Pepsico Inc	Pepsico Inc	8,435
	Philip Morris	Philip Morris	25,948
	Primoris Svcs Corp	Primoris Svcs Corp	18,993
	Procter & Gamble Co	Procter & Gamble Co	8,169
	Qualcomm Inc	Qualcomm Inc	3,934
	Roivant Sciences	Roivant Sciences	57,136
	Royal Gold	Royal Gold	205,975
	RTX	RTX	9,904
	S&P Global Inc	S&P Global Inc	35,835
	Sagimet Biosciences	Sagimet Biosciences	47,360
	Salesforce.Com	Salesforce.Com	17,313
	Seabridge Gold Inc Com	Seabridge Gold Inc Com	305,635
	ServiceNow Inc	ServiceNow Inc	6,128
	Sharplink Gaming Inc	Sharplink Gaming Inc	29,466
	Sherwin Williams	Sherwin Williams	7,129
	Shopify Inc	Shopify Inc	2,415
	Skeena Res Ltd	Skeena Res Ltd	245,487
	South Plains Finl	South Plains Finl	5,820
	Sprott Inc	Sprott Inc	34,357
	Sprott Physical Gold and Silve Tr Unit	Sprott Physical Gold and Silve Tr Unit	343,648
	Starbucks Corp	Starbucks Corp	30,444

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Sterling Infrastructure	Sterling Infrastructure	17,149
	Taiwan Semiconductor	Taiwan Semiconductor	22,792
	Thermo Fisher Scientific Inc	Thermo Fisher Scientific Inc	14,486
	TJX Cos	TJX Cos	9,831
	Torex Gold Resources Inc Com	Torex Gold Resources Inc Com	162,179
	Travelers Cos Inc	Travelers Cos Inc	69,124
	Triple Flag Precious	Triple Flag Precious	33,220
	UI Path Corp	UI Path Corp	4,917
	Union Pac Corp	Union Pac Corp	6,940
	United Health Group	United Health Group	44,582
	United Parcel Service	United Parcel Service	25,214
	Valero Energy Corp	Valero Energy Corp	6,023
	Valtera Platinum	Valtera Platinum	85,666
	Verisign Inc	Verisign Inc	4,373
	Vertex Pharmaceuticals	Vertex Pharmaceuticals	4,987
	Visa Inc Cl A	Visa Inc Cl A	46,456
	Walmart Stores Inc	Walmart Inc	52,140
	Wheaton Precious Metals	Wheaton Precious Metals	278,788
	Options liability	Stock Options	(135,790)
	Total common stocks		**$ 5,235,703**
	Exchange traded funds		
	Aberdeen STD Platinium	Aberdeen STD Platinium ETF	$ 67,226
	ABRDN Physical Palladium	ABRDN Physical Palladium	62,513
	Alpha Architect	Alpha Architect Tail Risk	115,901
	Alps ETF Trust	Alps ETF Trust	114,259
	ARK 21Share Bitcoin	ARK 21Share Bitcoin	216,116
	Avantis US Small Cap	Avantis US Small Cap	132,982
	Avantis International Small Cap	Avantis International Small Cap	90,643
	Cambria	Cambria Shareholder	50,438
	Capital Group	Capital Group Dividend Value	88,365
*	Charles Schwab	Schwab Strategic TR US REIT ETF	99,269
*	Charles Schwab	Schwab US Dividend Equity	173,714
	Dimensional ETF Trust	Dimensional ETF Trust International	494,005
	Dimensional ETF Trust	Dimensional ETF Trust US Core	792,646
	Dimensional ETF Trust	Dimensional ETF Trust US Large Cap	273,710
	Dimensional ETF Trust	Dimensional ETF Trust US Small Cap	434,353
	Fidelity	Covington TR Enahnced Mid Cap	57,844
	FlexShares Morningstar Global	FlexShares Morningstar Global	40,852
	Franklin Bitcoin	Franklin Bitcoin	5,060
	Grayscale Bitcoin Mini	Grayscale Bitcoin Mini	310
	Grayscale Bitcoin Trust	Grayscale Bitcoin Trust	21,055
	Harbor Commodity	Harbor Commodity All-Weather Stategy	15,190
	Harris Oakmark	Harris Oakmark US Large Cap	42,540
	Invesco	Invesco NASDAQ	346,312
	Invesco	Invsc Wilderhill Clean	10,607
	iShares	iShares 7-10 Year Trsury Bond ETF IV	753,169
	iShares	iShares Biotechnology	23,822
	iShares	iShares Core MSCI Emerging Markets	157,362
	iShares	iShares MSCI Germany	68,278
	iShares	iShares MSCI Italy	59,758
	iShares	iShares MSCI South Korea	53,674
	iShares	iShares MSCI Spain	71,855

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment		(e) Current Value
	iShares	iShares Core S&P Small Cap		163,805
	iShares	iShares S&P Mid Cap		70,488
	iShares	iShares Silver Trust		299,940
	iShares	iShares TR 20+		37,827
	iShares	iShares Tr Core MSCI EAFE		260,060
	iShares	iShares Tr Core S&P 500		622,610
	iShares	iShares Tr Core US Aggregate		307,630
	iShares	iShares Trust 3-7 Year Treasury Bond ETF		73,997
	iShares	iShares Trust EAFE Sml Cp		98,463
	iShares	iShares U.S. Home		17,846
	iShares	iSharess Inc Core MSCI Emerging Mkts		270,561
	iShares	iShares MSCI INTL Quality Factor		38,678
	JP Morgan	JP Morgan Equity Premium		58,385
	JP Morgan	JP Morgan NASDAQ Eqt		125,801
	Janus Henderson	Janus Henderson AAA Clo		16,944
	Kraneshares	Kraneshares CSI China		66,642
	Kraneshares	Kranshares BR MS CH 50		73,409
	Proshares Ultra	Proshares Ultra FTSE		69,801
	Proshares Ultra	Proshares Ultra Gold		133,470
	Proshares Ultra	Proshares Ultra Health		61,239
	Proshares Ultra	Proshares Ultra NASDAQ		27,810
	Proshares Ultra	Proshares Ultra ROM		78,515
	Proshares Ultra	Proshares Ultra USD		52,282
	Simplify	Simplifu Managed Futures		4,225
	SPDR Bloomberg	SPDR Bloomberg		286,759
	SPDR Energy Select	SPDR Energy Select		1,073
	SPDR Euro Stoxx 50	SPDR Euro Stoxx 50		87,596
	SPDR Gold Shares	SPDR Gold Shares		230,652
	SPDR S&P 500	SPDR S&P 500		56,201
	SPDR S&P Midcap	SPDR S&P Midcap		115,830
	SPDR Energy Select	SPDR Utilities Select		1,878
	State Street	St Street Spdr Prtfl S T		53,484
	State Street	State Street SPDR S&P Semiconductor		20,273
	Vaneck	Vaneck ETF Fallen Angel		42,403
	Vaneck	Vaneck Junior Gold		80,109
	Vanguard	Vanguard FTSE Developed Markets		72,090
	Vanguard	Vanguard High DVD Yield		114,816
	Vanguard	Vanguard Total Stock Market		171,323
	Vanguard	Vanguard Utils		16,284
	Vanguard	Vangard FTSE Developed Markets ETF		210,461
	Vanguard	Vanguard Index Fds Real Estate Index		48,139
	Vanguard	Vanguard Intermediate		160,381
	Vanguard	Vanguard Mid Cap ETF		198,510
	Vanguard	Vanguard S&P 500 Index ETF		897,638
	Vanguard	Vanguard Total Bnd Mrkt		431,458
	Wisdomtree Japan	Wisdomtree Japan Small Cap		32,791
	Total exchange traded funds		**$**	**11,294,411**
Notes and mortgages				
	American Millenium	11.50% due 12/31/2028	$	411,278
	Total notes and mortgages		**$**	**411,278**
Corporate bonds				

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

	(a) (b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Anheiser Busch		$ 25,876
	Autozone		29,103
	Bank of America Corp		16,655
	Bank of America Corp		248,014
	Barclays Bank		66,301
	Citigroup Global Markets		68,219
	Citigroup Inc		62,247
	Fifth Third Bancorp		28,455
	Goldman Sachs Group		35,175
	Illinois Cent RR Co		26,233
	JP Morgan Chase & Co		68,172
	Keurig Dr. Pepper		24,528
	Koninklijke		24,748
	Kroger		26,188
	Morgan Stanley		116,945
	Walt Disney		24,983
	Total corporate bonds		**$ 891,843**
	State and local government securities		
	Beaverton Ore Spl Rev		$ 8,708
	Commonwealth Fing Auth PA		4,540
	Las Cruces NM ST Shred Gross Receipts Tax Revenue Txbl		35,005
	Maricopa Cnty		5,064
	Marshall TEX Indpt		16,622
	San Antonio Texas Arpt Sys Revenue		9,208
	Univ Place Washington		13,997
	Wylit Tex Tndpt Sch Dist		8,474
	Total state and local government securities		**$ 101,616**
	U.S. Government securities		
	Federal Farm Credit		$ 141,605
	Federal Home Loan		94,965
	GNMA DTD RENIC Pass 2019-152		3,790
	United States Treasury Notes		390,122
	Total U.S. government securities		**$ 630,481**
	Participant loans		
*	Participant loans	Interest rates of 4.25% to 9.50%	$ 172,501
	Total participant loans		**$ 172,501**
	Total investments and participant loans		**$48,587,420**

* Party-in-interest

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

	(a) (b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Interest-bearing cash and cash equivalents		
	Cash and cash equivalents	Interest-bearing cash and cash equivalents	$ 1,043,786
	Total interest-bearing cash and cash equivalents		**$ 1,043,786**
	Mutual funds		
	Ambassdor Fund	Ambassdor Fund	$ 116,595
	American Century	American Century Small Cap	4,897
	Artisan	Artisan Mid Cap Fd	18,097
	Baird	Baird Aggregate Bond Fund Instl	62,283
	BBH	BBH Limited Duration Fund	90,507
	Blackrock	Blackrock Systematic Multi-Strategy	17,368
	Blackrock	Blackrock Total Return Fund	88,469
	Blackrock	Blacrock Strategic Income Opp Port	18,254
	Blackrock	Blackrock Commodity Strategies Fund	14,188
	BNY Melon Global	BNY Melon Global	42,998
	Capital Group	American New World Fund	49,974
	Capital Group	American Strategic Bond Fund	50,193
	Catalyst	Catalyst Millburn Hedge Strategy Fund	134,826
	Causeway	Causeway Emerging Markets	76,215
*	Charles Schwab	Schwab US Tips ETF	214,039
	Clearbridge Small Cap Growth Fd	Clearbridge Small Cap Growth Fd	3,846
	Cohen & Steers	Cohen & Steers Preferred Securities & income Fund	17,535
	Cohen & Steers	Cohen & Steers Real Estate	66,589
	Column Small Cap Select Fund	Column Small Cap Select Fund	33,186
*	Commerce	Commerce Bond Fd	182,926
*	Commerce	Commerce Growth Fund	49,069
*	Commerce	Commerce Midcap Growth Fund	20,890
*	Commerce	Commerce Value Fund	85,611
	DFA	DFA Emerging Markets	53,594
	DFA	DFA US Large Cap Inernational Port	63,006
	DFA	DFA US Large Cap Value Prtf Instl	173,933
	DFA	DFA US Targeted Value Portfolio	9,534
	Dodge & Cox	Dodge & Cox Income Fd	53,806
	Eaton Vance	Eaton Vance Emerging Markets Debt Opp	40,695
	Eaton Vance	Eaton Vance Floating Rate R6 Fund	33,178
	Eaton Vance	Eaton Vance Global Macro Absolute Return Advantage Fund CL	76,688
*	Fidelity	Fidelity 500 Index Fund	8,234,782
*	Fidelity	Fidelity Advisor Floating Rate High Income	43,609
*	Fidelity	Fidelity International Index Fund	15,390
*	Fidelity	Fidelity Government Money Market	234,963
*	Fidelity	Fidelity Large Cap Growth Index Fund	104,288
*	Fidelity	Fidelity Large Cap Value	98,086
*	Fidelity	Fidelity Mid Cap Growth Index Fd	45,365
*	Fidelity	Fidelity Mid Cap Value Index Fd	124,433
*	Fidelity	Fidelity New Markets	70,912
*	Fidelity	Fidelity US Index Fund	2,310,916
	First Eagle	First Eagle Overseas Class 1	124,863
	First Eagle	First Eagle Small Cap Opportunity	120,075
	FMI	FMI International Fund	54,841
	Franklin	Franklin Gold Prec Mtls	176,310
	Franklin	Franklin Small Cap Value Fund	48,075
	Glenmede	Glenmede Secured Options	22,077
	Goldman Sachs Group	GS Intl Opps	10,303

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Goldman Sachs Group	GS Intl Sm Cap Insights-Inst	90,215
	Harding Loevner International	Harding Loevner International	48,118
	Hartford	Hartford Dynamic Bond Fund	49,907
	Hartford	Hartford Inernational Value Fund	40,862
	Invesco	Invesco Main Street	25,596
	iShares	iShares 0-5 Year Tips	27,645
	JP Morgan	JP Morgan Strategic Income Opp Fund	17,556
	JP Morgan	JP Morgan Hedged Equity	106,738
	Lord Abbett	Lord Abbett Growth Leaders Fund	140,445
	MFS Research International	MFS Research International Fd R6	147,219
	MFS Research International	Mid-Cap Equity Fund Class I	55,111
*	Nationwide	Nationwide Fixed Select Option	374,540
	Neuberger Berman Genesis	Neuberger Berman Genesis	11,543
	Nuveen	Nuveen Large Cap Growth	112,390
	Nuveen	Nuveen Large Cap Value Index	68,739
	Oakmark	Oakmark International Fund	56,510
	PGIM	PGIM Short-Term	38,342
	PGIM	PGIM Total Return Bond CL Z	90,677
	PIMCO	PIMCO 15+ Year US Tips ETF	72,450
	PIMCO	PIMCO Commodity	74,206
	PIMCO	PIMCO Emerging Markets	8,456
	PIMCO	PIMCO Emerging Markets Local Currency	42,382
	PIMCO	PIMCO Income Fund	87,703
	PIMCO	PIMCO Income Fund Instit	21,949
	RBC	RBC Emerging Markets Equity Fund	16,493
	T Rowe	T Rowe Price Growth Stock Fund	142,612
	T Rowe	T Rowe Price Overseas Stock Fund	64,270
	US Treasury	US Benchmark Ser US Treasury 3 Month Bill	74,870
	Vanguard	Vanguard Short Term Invt Grade Fund	29,110
	Vanguard	Vanguard Balanced Index Fund	1,372,447
	Vanguard	Vanguard Developed Markets Index Fund	1,465,359
	Vanguard	Vanguard Equity Income Fund	326,501
	Vanguard	Vanguard Growth Index Fund	1,103,438
	Vanguard	Vanguard Info Tech	830,290
	Vanguard	Vanguard Mid Cap Index FD Inst	3,985,592
	Vanguard	Vanguard Small Cap Index Fund	2,278,600
	Vanguard	Vanguard Target Retirement 2030 Fund	286,168
	Vanguard	Vanguard Target Retirement 2040 Fund	96,902
	Vanguard	Vanguard Target Retirement 2045 Fund	93,543
	Vanguard	Vanguard Target Retirement 2050 Fund	164,586
	Vanguard	Vanguard Target Retirement 2055 Fund	690,339
	Vanguard	Vanguard Target Retirement 2060 Fund	17,689
	Vanguard	Vanguard Target Retirement 2065 Fund	65,064
	Vanguard	Vanguard Target Retirement Income Fund	404
	Victory Sycamore	Victory Sycamore Established	5,398
	Western Asset	Western Asset Core Fund	84,554
	Total mutual funds		**$ 28,805,801**
	Common stocks		
	Abbvie Inc	Abbvie Inc Shs	$ 2,285
	Adobe Inc	Adobe Inc	2,450
	Advanced Micro Devices	Advanced Micro Devices	3,427
	Agnico Eagle Mines LTD	Agnico Eagle Mines LTD	156,696

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Alnylam Pharmaceuticals	Alnylam Pharmaceuticals	19,883
	Alphabet Inc	Alphabet Inc CL A	184,391
	Amazon Com Inc	Amazon Com Inc	36,470
	Amazon.Com Inc	Amazon.Com Inc	69,246
	American Express Co Com	American Express Co Com	69,803
	American Water Works Co Inc	American Water Works Co Inc	3,524
	Apple Inc	Apple Inc	100,316
	Applied Materials Inc	Applied Materials Inc	11,051
	Arista Networks Inc	Arista Networks Inc	17,558
	ASML Holding	ASML Holding	4,279
	Bank of America Corp	Bank of America Corp	2,970
	Berkley W R Corp	Berkley W R Corp	58,101
	Berkshire Hathaway Inc	Berkshire Hathaway Inc Class B	132,700
	Boston Scientific Corp	Boston Scientific Corp	10,679
	Bristol Myers Squibb	Bristol Myers Squibb	1,295
	BWX Technologies	BWX Technologies	45,067
	BXP Inc	BXP Inc (REIT)	$ 19,285
	Cameco Corp	Cameco Corp	21,656
	Capital One Financial Corp	Capital One Financial Corp	15,753
	Catepillar Inc	Catepillar Inc	10,885
	Cava Group	Cava Group	35,214
*	Charles Schwab	Charles Schwab Corp	1,898
	Chevron Corp	Chevron Corp	10,211
	Cintas Corp	Cintas Corp	64,943
	CME Group	CME Group	5,091
	Coca-Cola Co	Coca-Cola Co	37,782
	Conoco Phillips	Conoco Phillips	6,740
	Costco Wholesale Corp Com	Costco Wholesale Corp Com	25,870
	CRA Intl Inc	CRA Intl Inc	5,673
	Deere & Co	Deere & Co	8,846
	Diamondback Energy Inc	Diamondback Energy Inc	31,043
	Donaldson Inc	Donaldson Inc	2,919
	Draftkings	Draftkings	34,460
	Elevance Health Inc Com	Elevance Health Inc Com	9,465
	Emerson Elec Co	Emerson Elec Co	8,361
	EQT Corp	EQT Corp	21,926
	Equinox Gold Copr	Equinox Gold Copr	126,823
	Exxon Mobil Corp	Exxon Mobil Corp	23,045
	FedEx Corp	FedEx Corp	2,600
	First Majestic Silver	First Majestic Silver	58,993
	Franco Nevada Corp Com	Franco Nevada Corp Com	231,289
	Future Holdings LTD	Future Holdings LTD	14,615
	GDS Holdings LLTD	GDS Holdings LLTD	20,172
	GE Vernova	GE Vernova	20,923
	Gilead Sciences Inc	Gilead Sciences Inc	6,179
	Goldman Sachs Group	Goldman Sachs Group	13,185
	Henry Jack & Assoc	Henry Jack & Assoc	2,987
	Hershey Co	Hershey Co	50,904
	Hilton Worldwide Hldgs	Hilton Worldwide Hldgs	8,905
	Home Depot Inc	Home Depot Inc	34,585
	Hyatt Hotels Corp	Hyatt Hotels Corp	12,155
	Intercontinential Exchange Inc	Intercontinential Exchange Inc	7,612
	Intuit	Intuit	6,624

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Intuitive Surgical Inc	Intuitive Surgical Inc	10,761
	IQVIA Holdings	IQVIA Holdings	9,242
	Jazz Pharmaceuticals	Jazz Pharmaceuticals	2,550
	JP Morgan Chase & Co	JP Morgan Chase & Co	42,211
	Kinross Gold Corp	Kinross Gold Corp	197,599
	KLA Corp	KLA Corp	10,936
	L3 Harris Technologoes Inc	L3 Harris Technologoes Inc	8,514
	Lam Research Corp	Lam Research Corp	15,577
	Liberty Energy Inc	Liberty Energy Inc	167
	Lilly Eli & Co	Lilly Eli & Co	47,286
	Linde Plc	Linde Plc	4,690
	LPL Finl Hldgs Inc	LPL Finl Hldgs Inc	8,572
	Marathon Petroleum	Marathon Petroleum	3,253
	Mastercard Inc	Mastercard Inc	17,126
	Mcdonalds Corp Com	Mcdonalds Corp Com	2,518
	McKesson Corp	McKesson Corp	13,945
	Merck & Co. Inc.	Merck & Co. Inc.	18,210
	Meta Platforms	Meta Platforms	62,048
	Microsoft Corp	Microsoft Corp	136,650
	MP Matls Corp	Matls Corp	19,854
	Netflix	Netflix	23,440
	Nextera Energy	Nextera Energy	8,670
	Nvidia Corp	Nvidia Corp	82,060
	NVR Inc	NVR Inc	94,806
	O'Reilly Automotive	O'Reilly Automotive	6,841
	Omega Healthcare	Omega Healthcare (REIT)	8,757
	Oscar Health	Oscar Health	2,874
	Palo Alto	Palo Alto	51,392
	Pam American Silver Corp	Pam American Silver Corp	133,514
	Parker Hannifin Corp	Parker Hannifin Corp	14,942
	Paypal Holdings	Paypal Holdings	2,458
	Pegasystems Inc	Pegasystems Inc	19,827
	Pepsico Inc	Pepsico Inc	8,435
	Philip Morris	Philip Morris	25,948
	Primoris Svcs Corp	Primoris Svcs Corp	18,993
	Procter & Gamble Co	Procter & Gamble Co	8,169
	Qualcomm Inc	Qualcomm Inc	3,934
	Roivant Sciences	Roivant Sciences	57,136
	Royal Gold	Royal Gold	205,975
	RTX	RTX	9,904
	S&P Global Inc	S&P Global Inc	35,835
	Sagimet Biosciences	Sagimet Biosciences	47,360
	Salesforce.Com	Salesforce.Com	17,313
	Seabridge Gold Inc Com	Seabridge Gold Inc Com	305,635
	ServiceNow Inc	ServiceNow Inc	6,128
	Sharplink Gaming Inc	Sharplink Gaming Inc	29,466
	Sherwin Williams	Sherwin Williams	7,129
	Shopify Inc	Shopify Inc	2,415
	Skeena Res Ltd	Skeena Res Ltd	245,487
	South Plains Finl	South Plains Finl	5,820
	Sprott Inc	Sprott Inc	34,357
	Sprott Physical Gold and Silve Tr Unit	Sprott Physical Gold and Silve Tr Unit	343,648
	Starbucks Corp	Starbucks Corp	30,444

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Sterling Infrastructure	Sterling Infrastructure	17,149
	Taiwan Semiconductor	Taiwan Semiconductor	22,792
	Thermo Fisher Scientific Inc	Thermo Fisher Scientific Inc	14,486
	TJX Cos	TJX Cos	9,831
	Torex Gold Resources Inc Com	Torex Gold Resources Inc Com	162,179
	Travelers Cos Inc	Travelers Cos Inc	69,124
	Triple Flag Precious	Triple Flag Precious	33,220
	UI Path Corp	UI Path Corp	4,917
	Union Pac Corp	Union Pac Corp	6,940
	United Health Group	United Health Group	44,582
	United Parcel Service	United Parcel Service	25,214
	Valero Energy Corp	Valero Energy Corp	6,023
	Valtera Platinum	Valtera Platinum	85,666
	Verisign Inc	Verisign Inc	4,373
	Vertex Pharmaceuticals	Vertex Pharmaceuticals	4,987
	Visa Inc Cl A	Visa Inc Cl A	46,456
	Walmart Stores Inc	Walmart Inc	52,140
	Wheaton Precious Metals	Wheaton Precious Metals	278,788
	Options liability	Stock Options	(135,790)
	Total common stocks		**$ 5,235,703**
	Exchange traded funds		
	Aberdeen STD Platinium	Aberdeen STD Platinium ETF	$ 67,226
	ABRDN Physical Palladium	ABRDN Physical Palladium	62,513
	Alpha Architect	Alpha Architect Tail Risk	115,901
	Alps ETF Trust	Alps ETF Trust	114,259
	ARK 21Share Bitcoin	ARK 21Share Bitcoin	216,116
	Avantis US Small Cap	Avantis US Small Cap	132,982
	Avantis International Small Cap	Avantis International Small Cap	90,643
	Cambria	Cambria Shareholder	50,438
	Capital Group	Capital Group Dividend Value	88,365
*	Charles Schwab	Schwab Strategic TR US REIT ETF	99,269
*	Charles Schwab	Schwab US Dividend Equity	173,714
	Dimensional ETF Trust	Dimensional ETF Trust International	494,005
	Dimensional ETF Trust	Dimensional ETF Trust US Core	792,646
	Dimensional ETF Trust	Dimensional ETF Trust US Large Cap	273,710
	Dimensional ETF Trust	Dimensional ETF Trust US Small Cap	434,353
	Fidelity	Covington TR Enahnced Mid Cap	57,844
	FlexShares Morningstar Global	FlexShares Morningstar Global	40,852
	Franklin Bitcoin	Franklin Bitcoin	5,060
	Grayscale Bitcoin Mini	Grayscale Bitcoin Mini	310
	Grayscale Bitcoin Trust	Grayscale Bitcoin Trust	21,055
	Harbor Commodity	Harbor Commodity All-Weather Stategy	15,190
	Harris Oakmark	Harris Oakmark US Large Cap	42,540
	Invesco	Invesco NASDAQ	346,312
	Invesco	Invsc Wilderhill Clean	10,607
	iShares	iShares 7-10 Year Trsury Bond ETF IV	753,169
	iShares	iShares Biotechnology	23,822
	iShares	iShares Core MSCI Emerging Markets	157,362
	iShares	iShares MSCI Germany	68,278
	iShares	iShares MSCI Italy	59,758
	iShares	iShares MSCI South Korea	53,674
	iShares	iShares MSCI Spain	71,855

Schedule H, Line 4i — Schedule of Assets Held at Year End

MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment		(e) Current Value
	iShares	iShares Core S&P Small Cap		163,805
	iShares	iShares S&P Mid Cap		70,488
	iShares	iShares Silver Trust		299,940
	iShares	iShares TR 20+		37,827
	iShares	iShares Tr Core MSCI EAFE		260,060
	iShares	iShares Tr Core S&P 500		622,610
	iShares	iShares Tr Core US Aggregate		307,630
	iShares	iShares Trust 3-7 Year Treasury Bond ETF		73,997
	iShares	iShares Trust EAFE Sml Cp		98,463
	iShares	iShares U.S. Home		17,846
	iShares	iSharess Inc Core MSCI Emerging Mkts		270,561
	iShares	iShares MSCI INTL Quality Factor		38,678
	JP Morgan	JP Morgan Equity Premium		58,385
	JP Morgan	JP Morgan NASDAQ Eqt		125,801
	Janus Henderson	Janus Henderson AAA Clo		16,944
	Kraneshares	Kraneshares CSI China		66,642
	Kraneshares	Kranshares BR MS CH 50		73,409
	Proshares Ultra	Proshares Ultra FTSE		69,801
	Proshares Ultra	Proshares Ultra Gold		133,470
	Proshares Ultra	Proshares Ultra Health		61,239
	Proshares Ultra	Proshares Ultra NASDAQ		27,810
	Proshares Ultra	Proshares Ultra ROM		78,515
	Proshares Ultra	Proshares Ultra USD		52,282
	Simplify	Simplifu Managed Futures		4,225
	SPDR Bloomberg	SPDR Bloomberg		286,759
	SPDR Energy Select	SPDR Energy Select		1,073
	SPDR Euro Stoxx 50	SPDR Euro Stoxx 50		87,596
	SPDR Gold Shares	SPDR Gold Shares		230,652
	SPDR S&P 500	SPDR S&P 500		56,201
	SPDR S&P Midcap	SPDR S&P Midcap		115,830
	SPDR Energy Select	SPDR Utilities Select		1,878
	State Street	St Street Spdr Prtfl S T		53,484
	State Street	State Street SPDR S&P Semiconductor		20,273
	Vaneck	Vaneck ETF Fallen Angel		42,403
	Vaneck	Vaneck Junior Gold		80,109
	Vanguard	Vanguard FTSE Developed Markets		72,090
	Vanguard	Vanguard High DVD Yield		114,816
	Vanguard	Vanguard Total Stock Market		171,323
	Vanguard	Vanguard Utils		16,284
	Vanguard	Vangard FTSE Developed Markets ETF		210,461
	Vanguard	Vanguard Index Fds Real Estate Index		48,139
	Vanguard	Vanguard Intermediate		160,381
	Vanguard	Vanguard Mid Cap ETF		198,510
	Vanguard	Vanguard S&P 500 Index ETF		897,638
	Vanguard	Vanguard Total Bnd Mrkt		431,458
	Wisdomtree Japan	Wisdomtree Japan Small Cap		32,791
	Total exchange traded funds		**$**	**11,294,411**
Notes and mortgages				
	American Millenium	11.50% due 12/31/2028	$	411,278
	Total notes and mortgages		**$**	**411,278**
Corporate bonds				

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MISSOURI CARDIOVASCULAR SPECIALISTS, LLC 401(k) PROFIT SHARING PLAN | EIN 43-1566193

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	Total investments and participant loans		**$48,587,420**

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