Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a one-participant plan
- [ ] a foreign plan

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AUSTIN RADIOLOGICAL ASSOCIATION P.A. CASH BALANCE PENSION PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2013

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)
AUSTIN RADIOLOGICAL ASSOCIATION, P.A.

12554 RIATA VISTA CIRCLE
AUSTIN, TX 78727

2b Employer Identification Number (EIN) 74-1597116

2c Sponsor's telephone number 512-795-5100

2d Business code (see instructions) 621111

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	80
b Total number of participants at the end of the plan year	**5b**	91
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	78
d(2) Total number of active participants at the end of the plan year	**5d(2)**	87
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2019	KIRSTIN SWENSON
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4150656. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	22847281	26640725
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	22847281	26640725
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	4822832	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-985534	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3837298
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1353	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	42501	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		43854
i Net income (loss) (subtract line 8h from line 8c)	8i		3793444
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	[X] Yes [ ] No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	**11a** 0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	[ ] Yes [X] No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____	

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

b	Enter the minimum required contribution for this plan year	**12b**	
c	Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
AUSTIN RADIOLOGICAL ASSOCIATION P.A. CASH BALANCE PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AUSTIN RADIOLOGICAL ASSOCIATION, P.A.

D Employer Identification Number (EIN)
74-1597116

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	22846743
b Actuarial value	**2b**	21893134

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	2	113285	113285
c For active participants	86	19965384	19965384
d Total	88	20078669	20078669

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.17 %
6 Target normal cost	**6**	4328406

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 08/22/2019

DAVID R. KOTICK — Type or print name of actuary

17-06323 — Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES — Firm name

330-908-4741 — Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286-5050

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2827299
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2827299
10	Interest on line 9 using prior year's actual return of 12.10 %	0	342103
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		323925
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.42%		17557
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		341482
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3169402

Part III Funding Percentages

14	Funding target attainment percentage	14	93.25%
15	Adjusted funding target attainment percentage	15	109.03%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.70%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/15/2018	415911	0	08/15/2018	18963	0
03/14/2018	409993	0	09/14/2018	546815	0
04/13/2018	452209	0	10/12/2018	490058	0
05/10/2018	457729	0	11/14/2018	547734	0
06/13/2018	531021	0	12/12/2018	513713	0
07/13/2018	438686	0			
			Totals ► 18(b)	4822832	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4692642

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 59

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	4328406
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4328406

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	4328406
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4692642

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	364236
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 26 – Schedule of Active Participant Data

Age versus Service Scatter for Active Plan Participants:

Credited Service:	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
Age											
under 25											0
25 to 29											0
30 to 34											0
35 to 39	3	2									5
40 to 44	1	1	18								20
45 to 49	2		17								19
50 to 54	2		9								11
55 to 59			14								14
60 to 64	1		11								12
65 to 69			5								5
over 70											0
Total	9	3	74	0	0	0	0	0	0	0	86

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method - The actuarial value of assets equals the market value of assets plus/(minus) a portion of asset losses/(gains) experienced during the prior two plan years. Gains or losses are determined by comparing the actual returns to assumed returns of 5.00% for 2016 and 2017. The resulting actuarial value is further limited to no more than 110% and no less than 90% of the market value of assets.

Discount Rates for Funding - The assumed discount rates on benefits paid in the future are based on the January 2018 PPA Segment rates, reflecting the funding stabilization under HATFA as prescribed by the IRS:

Segment	Rate	Applicable to benefit payments made:
1	3.92%	During first 5 years from the valuation date
2	5.52%	During years 6-20 from the valuation date
3	6.29%	During year 21 and beyond from the valuation date

The effective rate is the equivalent single rate that would result in the same funding target or target normal cost, and is 5.17% for 2018. For 2017, the effective interest rate was 5.42%.

For the Maximum Tax Deductible Contribution, January 2018 PPA Segment rates were used, disregarding the funding stabilization under HATFA:

Segment	Rate	Applicable to benefit payments made:
1	1.81%	During first 5 years from the valuation date
2	3.68%	During years 6-20 from the valuation date
3	4.53%	During year 21 and beyond from the valuation date

Mortality – The 2018 Static Optional Small Plan Mortality Tables as prescribed by the IRS including adoption of the RP-2006 based tables as published in regulations.

Withdrawal Rates – The select & ultimate table from the 2003 Society of Actuaries Pension Plan Turnover Study.

Disability – None assumed.

Assumed Form of Payment – Participants are assumed to elect a lump sum upon retirement, termination, or death.

Compensation – Compensation for 2018 is assumed to equal 2017 compensation.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Retirement Rates – Active participants are assumed to retire based on the following rates:

Age	Rate	Age	Rate
<55	0.0%	62-64	25.0%
55	20.0%	65-66	40.0%
56-59	15.0%	67-69	50.0%
60	30.0%	>=70	100.0%
61	20.0%		

– Terminated vesteds are assumed to commence their benefit on the valuation date.

Percent Married – N/A

Age of Spouse – N/A

Administrative Expenses - $40,000 assumed to be paid from the trust annually.

Assumed Future Interest Crediting Rate – Future interest crediting rates are assumed to be 3.75% each year.

Participant Data:

Participant Data – Participant census data was provided by the Plan Sponsor.

Changes in Prescribed Methods and Assumptions since the Preceding Valuation:

The target liability interest rates were changed from the 2017 HATFA segment rates to the 2018 HATFA segment rates.

The mortality tables prescribed by the IRS for funding purposes were changed from the 2017 Static Optional Small Plan Mortality Tables to the 2018 Static Optional Small Plan Mortality Tables.

All other prescribed actuarial assumptions remained unchanged from the prior valuation.

Changes in Non-Prescribed Methods and Assumptions since the Preceding Valuation:

The Assumed Future Interest Crediting Rate was changed from 4.25% to 3.75%. This change was made to more closely align with expected future results.

All other non-prescribed actuarial assumptions remained unchanged from the prior valuation.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Austin Radiological Association P.A. Cash Balance Pension Plan and Trust

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Austin Radiological Association, P.A.

D Employer Identification Number (EIN)
74-1597116

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2018		
2	Assets:		
	a Market value	2a	22,846,743
	b Actuarial value	2b	21,893,134

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	2	113,285	113,285
c For active participants	86	19,965,384	19,965,384
d Total	88	20,078,669	20,078,669

4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.17%
6	Target normal cost	6	4,328,406

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

8/22/2019
Date

DAVID R. KOTICK
Type or print name of actuary

1706323
Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES
Firm name

330-908-4741
Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD OH 44286-5050
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2,827,299
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2,827,299
10	Interest on line 9 using prior year's actual return of 12.10%	0	342,103
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		323,925
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.42%		17,557
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		341,482
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3,169,402

Part III Funding Percentages

14	Funding target attainment percentage	14	93.25%
15	Adjusted funding target attainment percentage	15	109.03%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.70%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/15/2018	415,911	0			
03/14/2018	409,993	0			
04/13/2018	452,209	0			
05/10/2018	457,729	0			
06/13/2018	531,021	0			
07/13/2018	438,686	0			
08/15/2018	18,963	0			
09/14/2018	546,815	0			
10/12/2018	490,058	0			
11/14/2018	547,734	0			
12/12/2018	513,713	0			
			Totals ► 18(b)	4,822,832	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,692,642

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.92 %	5.52 %	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	59

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	4,328,406
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4,328,406

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	4,328,406
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,692,642
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	364,236
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 19 – Discounted Employer Contributions

Schedule of Discounted Contributions

Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to which the Contribution is Applied
2/15/2018	415,911	413,334	2018
3/14/2018	409,993	405,936	2018
4/13/2018	452,209	445,884	2018
5/10/2018	457,729	449,647	2018
6/13/2018	531,021	519,201	2018
7/13/2018	438,686	427,148	2018
8/15/2018	18,963	18,380	2018
9/14/2018	546,815	527,820	2018
10/12/2018	490,058	471,209	2018
11/14/2018	547,734	524,272	2018
12/12/2018	513,713	498,811	2018
Total	4,822,832	4,692,642	

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Weighted Average Retirement Age

(A)	(B)	(C)	(D)	(E)
	Retirement		Number	Weighting
Age	Decrement	Lx	Retiring	(A) times (D)
55	20.0%	100,000	20,000	1,100,000
56	15.0%	80,000	12,000	672,000
57	15.0%	68,000	10,200	581,400
58	15.0%	57,800	8,670	502,860
59	15.0%	49,130	7,370	434,830
60	30.0%	41,760	12,528	751,680
61	20.0%	29,232	5,846	356,606
62	25.0%	23,386	5,847	362,514
63	25.0%	17,539	4,385	276,255
64	25.0%	13,154	3,289	210,496
65	40.0%	9,865	3,946	256,490
66	40.0%	5,919	2,368	156,288
67	50.0%	3,551	1,776	118,992
68	50.0%	1,775	888	60,384
69	50.0%	887	444	30,636
70	100.0%	443	443	31,010
			100,000	5,902,441

Weighted Average Retirement Age = 59

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Definitions:

Original Plan effective date – January 1, 2013. The Plan was most recently amended and restated as of January 1, 2018.

Covered Employees – Employees of Austin Radiological Association P.A. that are Shareholders as indicated in the Plan Document.

Eligibility & Participation – The service requirement for initial eligibility to participate in the Plan is two Years of Service. The minimum age at participation is 21.

Entry Date – January 1 or July 1 first following satisfaction of the Eligibility and Participation requirements.

Year of Service – 1,000 Hours of Service in the Eligibility Computation Period.

Eligibility Computation Period – is the twelve-month period beginning on the Employee's Employment Commencement Date and each anniversary of such date.

Compensation – Includable pay as provided by the plan sponsor. Please refer to the Plan Document for the detailed description. Compensation used to calculate Cash Balance Credits is not limited by 401(a)(17). To calculate Cash Balance Credits, Compensation is limited to no greater than $240,000 per year.

Vesting – A participant is immediately 100% vested in their accrued benefit upon termination.

Normal Retirement Date (NRD) – The first of the month coincident with or next following age 62.

Mortality Table for Actuarial Equivalence – The mortality table set forth in Revenue Ruling 2001-62.

Actuarial Equivalence – Forms of Payment are set equal to the value of the Cash Balance Account using a 5% interest rate and the Applicable Mortality Table.

Lump Sum Amount – The amount of benefit payable under the lump sum form of payment equals the value of the Cash Balance Account.

Cash Balance Account:

Cash Balance Account – Each participant has a Cash Balance Account, the value of which equals the sum of Cash Balance Credits and Interest Credits.

Interest Credits – Credited are based on the return on the market value of assets, are calculated as of the last day of the plan year, and are based on the Cash Balance Account as of the last day of the preceding year and Pay Credits granted during the year. Interest Credits are limited to no greater than 5% annually and not less than 0% on a cumulative basis.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Cash Balance Credits – Credits are granted each year equal to a percentage of compensation based on the following coverage groups:

Coverage Group	Annual Credit as a Percentage of Compensation	Annual Credit as a Percentage of Maximum Cash Balance
A	5%	n/a
B	10%	n/a
C	15%	n/a
D	20%	n/a
E-1	25%	n/a
E-2	32%	n/a
F-1	40%	n/a
F-2	50%	n/a
G	75%	n/a
H	100%	n/a
I	40%	50%
J	20%	30%

Eligibility for Benefits:

Normal Retirement - Retirement on Normal Retirement Date.

Termination – Termination after meeting the eligibility and participation requirements.

Pre-Retirement Death Benefit - The beneficiary may elect to receive the entire benefit based on the value of the Participant's Cash Balance Account.

Payment of Benefits:

Normal Form of Payment – The normal form of payment is the Life Annuity option for single participants, and the Qualified Joint and Survivor for married participants.

Optional Forms of Payment – participants are offered a single sum distribution, life annuity, 50%, 75%, or 100% joint and survivor annuities, a 10-year certain and continuous annuity, or a 20-year certain and continuous annuity.

Maximum on Benefits and Pay - benefits may not exceed the maximum limitations as defined in the Internal Revenue Code.

Amount of Benefits – Benefit amounts are based on the actuarially equivalent value of the Participant's Cash Balance Account.

Schedule SB, line 24 – Change in Actuarial Assumptions

The Assumed Future Interest Crediting Rate was changed from 4.25% to 3.75%. This change was made to more closely align with expected future results.