

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 08/31/2023

A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [] the first return/report [X] the final return/report [] an amended return/report [X] 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)

D If the plan is a collectively-bargained plan, check here []

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

Part II Basic Plan Information—enter all requested information

1a Name of plan KETTERING NETWORK RADIOLOGISTS, INC. DEFINED BENEFIT PLAN A 1b Three-digit plan number (PN) 003 1c Effective date of plan 01/01/2011

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) KETTERING NETWORK RADIOLOGISTS, INC. 3451 NEWMARK DRIVE MIAMISBURG, OH 45342 2b Employer Identification Number (EIN) 31-0874388 2c Sponsor's telephone number 937-297-6307 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

Table with 2 columns: Description and Value. Rows include 5a Total number of participants at the beginning of the plan year (46), 5b Total number of participants at the end of the plan year (0), 5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item), 5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item), 5d(1) Total number of active participants at the beginning of the plan year (43), 5d(2) Total number of active participants at the end of the plan year (0), 5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested (0).

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

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

Table with 4 columns: SIGN HERE, Description, Date, and Name. Row 1: Filed with authorized/valid electronic signature, 05/11/2024, JOSEPH BLAKE. Row 2: Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 3: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 511536. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 14558604	0
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 14558604	0
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 30620	
(2)	Participants	8a(2)	
(3)	Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 200682	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	231302
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 14590965	
e	Certain deemed and/or corrective distributions (see instructions) .	8e	
f	Administrative service providers (salaries, fees, commissions)	8f	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	14590965
i	Net income (loss) (subtract line 8h from line 8c)	8i	-14359663
j	Transfers to (from) the plan (see instructions)	8j -198941	

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: 1C 3D 1H 1I
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		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)	10a	<input checked="" type="checkbox"/>	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	<input checked="" type="checkbox"/>	
c	Was the plan covered by a fidelity bond?	10c	<input checked="" type="checkbox"/>	1000000
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
f	Has the plan failed to provide any benefit when due under the plan?	10f	<input checked="" type="checkbox"/>	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	<input checked="" type="checkbox"/>	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation _____

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

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

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

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

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
KETTERING NETWORK RADIOLOGISTS, INC. 401(K) PROFIT SHARING PLAN	31-0874388	002

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03/30/2018 (MM/DD/YYYY) and the Opinion Letter serial number J501704A.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 08/31/2023

▶ **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 <u>KETTERING NETWORK RADIOLOGISTS, INC. DEFINED BENEFIT PLAN A</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KETTERING NETWORK RADIOLOGISTS, INC.</u>	D Employer Identification Number (EIN) <u>31-0874388</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>14558604</u>
	b Actuarial value	2b	<u>14558604</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>3</u>	<u>1328</u>
	c For active participants	<u>43</u>	<u>11781720</u>
	d Total	<u>46</u>	<u>11783048</u>
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	<u>5.08 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

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 <u>HANS NIENABER</u> Type or print name of actuary <u>CUNI, RUST & STRENK, INC.</u> Firm name <u>4555 LAKE FOREST DRIVE</u> <u>SUITE 620</u> <u>CINCINNATI, OH 45242</u> Address of the firm	<u>05/08/2024</u> Date <u>23-05737</u> Most recent enrollment number <u>513-985-6164</u> Telephone number (including area code)
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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	0
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	0
10	Interest on line 9 using prior year's actual return of <u>0.91</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		751503
	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 <u>5.23</u> %		39304
	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		790807
	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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	123.55 %
15	Adjusted funding target attainment percentage	15	123.55 %
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	128.70 %
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		
02/07/2023	30620	0					
			Totals ▶	18(b)	30620	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 30467
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 6c).....				31a 0
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 30467
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 30467
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 the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

2023 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A
EIN: 31-0874388
PN: 003

1. Interest Rates:

a. Minimum Funding	IRS segment rates as of the month of the valuation date subject to the MAP-21 95% - 105% corridor as amended by HAFTA:
Segment 1	4.75%
Segment 2	5.00%
Segment 3	5.74%
Post-retirement Lump Sum Rate	5.50%
Cash Balance Interest Rate	2.50%
b. Maximum Funding	IRS segment rates as of the month of the valuation date:
Segment 1	2.13%
Segment 2	3.62%
Segment 3	3.93%
Post-retirement Lump Sum Rate	5.50%
Cash Balance Interest Rate	2.50%
c. Present Value of Accumulated Benefits (ASC 960)	Equal to Hypothetical Balance.

2. Mortality Rates:

<u>Preretirement:</u>	None.
<u>Postretirement:</u>	Target Liability: IRS 2023 Combined Small Plan Mortality. Lump Sums: IRS 2023 Applicable Mortality Table.

3. Salary Scale: 3.00%.

2023 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A
EIN: 31-0874388
PN: 003

4. Retirement Rates: Later of Age 62 and fifth Anniversary of Plan Participation.
5. Termination Rates: None.
6. Disability Rates: None.
7. Plan Expenses: None.
8. Actuarial Cost Method: Unit Credit under PPA Rules.
9. Asset Valuation Method: Market Value.
10. Assumed Form of Benefit Payment: Lump sum distribution.
11. Rationale for Assumptions: The IRS segment rates and mortality tables used to determine minimum funding and maximum deductible amounts are pursuant to IRS regulations. The discount rate for accounting liabilities is equal to the plan's actual rate of investment return, cumulative rate not less than zero. The selection of other actuarial assumptions is based on the actuary's best estimate of future expectations based on an examination of historical results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes.
12. Changes Since Last Year: Interest rates changed as required by PPA.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2023 <hr/> This Form is Open to Public Inspection
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
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 08/31/2023

▶ **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 KETTERING NETWORK RADIOLOGISTS, INC. DEFINED BENEFIT PLAN A	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KETTERING NETWORK RADIOLOGISTS, INC.	D Employer Identification Number (EIN) 31-0874388	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2023</u>
2 Assets:			
a Market value.....	2a	14,558,604	
b Actuarial value	2b	14,558,604	
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.....	3	1,328	1,328
c For active participants.....	43	11,781,720	11,781,720
d Total	46	11,783,048	11,783,048
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.08%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b	0	
c Target normal cost.....	6c	0	

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	<u>05/08/2024</u> Date
	HANS NIENABER Type or print name of actuary	<u>2305737</u> Most recent enrollment number
	CUNI, RUST & STRENK, INC. Firm name	<u>513-985-6164</u> Telephone number (including area code)
	4555 LAKE FOREST DRIVE SUITE 620 CINCINNATI OH 45242 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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) 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 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? 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 6c).....	31a	0
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** 0

	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** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 30,467

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

a Total (excess, if any, of line 37 over line 36)	38a	30,467
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

2023 Schedule SB, line 19(c) – Discounted Employer Contributions

Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A
EIN: 31-0874388
PN: 003

Effective Interest Rate: 5.08%
Effective Interest Rate for Late Quarterlies: N/A

<u>Date</u>	<u>Contribution Amount</u>	<u># Days to 1/1/2023</u>	<u>Discounted Contributions @ 5.08%</u>
2/7/2023	30,620	37	30,467

2023 Schedule SB, line 22 -- Description of Weighted Average Retirement Age
Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A
EIN: 31-0874388
PN: 003

(A)	(B)	(C)	(D)	(E)
Retirement Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Sum Weighted Average Age
62	38.0000	0.97370	37.0006	2294.03720
63	3.0000	0.33330	0.9999	62.99370
64	2.0000	0.00000	0.0000	0.00000
65	7.0000	0.85710	5.9997	389.98050
66	2.0000	1.00000	2.0000	132.00000
Total			46.0002	2879.0114
Weighted Average Retirement Age				62.59

2023 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A

EIN: 31-0874388

PN: 003

1. Effective Date: January 1, 2011. Restated effective January 1, 2018. The Plan was terminated effective as of January 31, 2023.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: Employees of Kettering Network Radiologists, Inc., except physicians who are neither Shareholders nor Shareholder Track Physicians. Effective 1/1/2022, former Shareholders or Shareholder Track Physicians who become employees remain eligible to participate in the Plan.
4. Eligibility: June 1st or December 1st following the attainment of age 20 1/2 and the completion of one-quarter of one year of service. Effective January 1, 2019, the entry dates will be January 1st and July 1st following six months of service. Effective January 1, 2020, the entry dates will be the first of the month following six months of service.
5. Vesting Service: One Year of Vesting Service is granted for each Plan Year in which the Employee was credited with 1,000 hours.
6. Benefit Service: One Year of Benefit Service is granted for each Plan Year in which the Employee was credited with 1,000 hours while a Plan Participant. Effective January 1, 2016, if a Plan Participant does not work 1000 hours during a Plan year, one-quarter of a Year of Benefit Service will be granted for each calendar year quarter in which the Participant works 250 or more hours. Effective January 1, 2022, if a Plan Participant does not work 1000 hours during a Plan year, one-quarter of a Year of Benefit Service will be granted for each calendar year quarter in which the Participant works 100 or more hours.

2023 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A

EIN: 31-0874388

PN: 003

7. Normal Retirement:

a. Eligibility

Later of attainment of Age 65 or the fifth anniversary of Plan participation. Effective January 1, 2019, the later of attainment of Age 62 or the fifth anniversary of Plan participation.

b. Monthly Benefit

1/12th of the Actuarial Equivalent of the Participant's Cash Balance Account. The Cash Balance Account is the sum of the Contribution Credits (as described below) and Interest Credits using the Cash Balance Interest Rate (also described below). For each Year of Benefit Service, the Contribution Credit shall be allocated to a Participant's Cash Balance Account on the last day of the Plan Year in an amount equal to the following:

Prior to January 1, 2014:

<u>Participant's Age</u>	<u>Contribution Credit</u>
Age 40 or younger	\$30,000
Age 41 to 45	\$40,000
Age 46 to 51	\$50,000
Age 52 to 56	\$55,000
Age 57 or older	\$60,000

After December 31, 2013:

Group	Contribution Credit
1	\$280,000
2	\$229,000
3	\$200,000
4	\$145,000
5	\$125,000
6	\$95,000
7	\$80,000
8	See above
9	\$1,000
10	\$100

2023 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A

EIN: 31-0874388

PN: 003

After December 31, 2017:

Group	Contribution Credit
1	\$484,000
2	\$400,000
3	\$369,000
4	\$350,000
5	\$263,000
6	\$228,000
7	\$200,000
8	\$199,000
9	\$192,000
10	\$180,000
11	\$156,000
12	\$150,000
13	\$148,000
14	\$144,000
15	\$106,000
16	\$80,000
17	\$90,000
18	\$1,000
19	\$1,000
20	\$100

After December 31, 2018:

Group	Contribution Credit
1	\$484,000
2	\$400,000
3	\$369,000
4	\$350,000
5	\$267,000
6	\$263,000
7	\$228,000
8	\$200,000
9	\$199,000
10	\$192,000
11	\$180,000
12	\$156,000
13	\$150,000
14	\$148,000
15	\$144,000
16	\$106,000
17	\$80,000
18	\$90,000
19	\$1,000
20	\$100

2023 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A

EIN: 31-0874388

PN: 003

After December 31, 2019:

Group	Contribution Credit
1	\$490,000
2	\$20,000
3	\$92,250
4	\$87,000
5	\$100,000
6	\$165,000
7	\$175,000
8	\$13,500
9	\$300,000
10	\$48,000
11	\$55,000
12	\$39,000
13	\$37,500
14	\$46,500
15	\$138,000
16	\$26,500
17	\$220,000
18	\$140,000
19	\$17,500
20	\$175,000
21	\$0
22	\$0
23	\$1,000
24	\$100

The Cash Balance Interest Rate shall be the actual rate of return on the investment of the Plan's assets; however, the cumulative Cash Balance Interest Rate for all years of Plan participation may not be less than zero, and the cumulative Cash Balance Interest Rate for the period on or after January 1, 2016 shall not exceed 8.50%.

8. Early Retirement:

a. Eligibility

No Early Retirement benefit offered.

b. Monthly Benefit

N/A

2023 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A

EIN: 31-0874388

PN: 003

9. Vested Retirement:

- a. Eligibility 3 Years of Vesting Service.
- b. Monthly Benefit Accrued Benefit times the participant's vesting percentage.

10. Disability Retirement:

- a. Eligibility Total and permanent disability.
- b. Benefit Accrued Benefit as of the Disability Retirement Date, reduced by one-fifteenth (1/15) for each of the first five years and one-thirtieth (1/30) for each of the next five years by which the starting date of the benefit precedes the Normal Retirement Date, and reduced actuarially for each additional year.

11. Pre-Retirement Death:

- a. Eligibility A Participant with an Accrued Benefit.
- b. Benefit Actuarial Present Value of the Participant's Accrued Benefit.

12. Payment Forms:

- a. Normal Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants.
- b. Optional Actuarially equivalent single premium, nontransferable annuity, periodic installment payments, or lump sum distribution.

13. Actuarial Equivalency:

Pre-retirement: No mortality and 5.50% interest.
Post-retirement: 417(e) Applicable Mortality Table, and 5.50% interest.

2023 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kettering Network Radiologists, Inc. Defined Benefit Plan A

EIN: 31-0874388

PN: 003

14. Maximum Annual Benefit: \$265,000 per year for participants retiring at age 62 or later during the 2023 Plan Year.

15. Changes Since Last Year: The Plan terminated effective January 31, 2023.