

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] 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: [X] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: BOISE PATHOLOGY GROUP, P.A. CASH BALANCE RETIREMENT PLAN
1b Three-digit plan number (PN): 005
1c Effective date of plan: 01/01/2024
2a Plan sponsor's name (employer, if for a single-employer plan): BOISE PATHOLOGY GROUP, P.A.
2b Employer Identification Number (EIN): 82-0328732
2c Plan Sponsor's telephone number: 208-381-2378
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |          |
|---|--|----------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |          |
|   | <b>3c</b> Administrator's telephone number |          |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |          |
|   | <b>4d</b> PN                               |          |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | <b>7</b> |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | <b>7</b> |
|   | <b>6a(2)</b>                               | <b>7</b> |
|   | <b>6b</b>                                  | <b>0</b> |
|   | <b>6c</b>                                  | <b>0</b> |
|   | <b>6d</b>                                  | <b>7</b> |
|   | <b>6e</b>                                  | <b>0</b> |
|   | <b>6f</b>                                  | <b>7</b> |
|   | <b>6g(1)</b>                               |          |
| <b>6g(2)</b>  |  |          |
| <b>6h</b>   |  | <b>0</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |          |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C 3D

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input type="checkbox"/> Insurance                                  |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> 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)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

▶ **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.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>BOISE PATHOLOGY GROUP, P.A. CASH BALANCE RETIREMENT PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶   | <u>005</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>BOISE PATHOLOGY GROUP, P.A.</u>                            | <b>D</b> Employer Identification Number (EIN)<br><u>82-0328732</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> 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**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | 0                         |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | 0                         |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | 0                          | 0                         |
|          | <b>b</b> For terminated vested participants .....   | 0                          | 0                         |
|          | <b>c</b> For active participants .....  | 7                          | 0                         |
|          | <b>d</b> Total .....  | 7                          | 0                         |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</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 ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | 5.41 %                    |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 462153                    |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 0                         |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | 462153                    |

**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.

|                  |   |                     |  |
|------------------|---|---------------------|--|
| <b>SIGN HERE</b> |   |                     |  |
|                  | Signature of actuary                                      | <u>04/18/2025</u>   | Date                                   |
|                  | <u>MICHELLE SODERLUND, EA</u>                             | <u>23-04602</u>     | Most recent enrollment number          |
|                  | <u>PINNACLE PENSION SERVICES, INC.</u>                    | <u>208-344-2111</u> | Telephone number (including area code) |
|                  | <u>3101 W. MAIN STREET, SUITE 100<br/>BOISE, ID 83702</u> |                     |  |
|                  | 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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>0.00</u> % .....   | 0                     | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
|  | <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       | 0                      |
|  | <b>b(1)</b> 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>3.32</u> % ..... |                       | 0                      |
|  | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
|  | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |                       | 0                      |
|  | <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 100.00 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 107.80 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 100.00 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |              |   |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (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 |              |   |
| 04/01/2024  | 126000                         | 0  | 10/01/2024            | 45000                          | 0                            |              |   |
| 05/01/2024  | 45000                          | 0  | 11/01/2024            | 45000                          | 0                            |              |   |
| 06/01/2024  | 45000                          | 0  | 12/01/2024            | 45000                          | 0                            |              |   |
| 07/01/2024  | 45000                          | 0  |                       |                                |                              |              |   |
| 08/01/2024  | 45000                          | 0  |                       |                                |                              |              |   |
| 09/01/2024  | 45000                          | 0  |                       |                                |                              |              |   |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   | 486000                       | <b>18(c)</b> | 0 |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|   |            |        |
|---|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 498210 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  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 |
|  |         |         |         |

|   |   |  |   |
|---|---|--|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |   |  |   |
| <b>21</b> Discount rate:  |   |  |   |
| <b>a</b> Segment rates:   | 1st segment:<br>5.05 %                                    | 2nd segment:<br>5.31 %                         | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |   |  | <b>21b</b> 2  |
| <b>22</b> Weighted average retirement age .....                                   |   |  | <b>22</b> 62  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input checked="" type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |

|   |  |  |           |
|---|--|--|-----------|
| <b>Part VI Miscellaneous Items</b>  |  |  |           |
| <b>24</b> 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 |  |  |           |
| <b>25</b> 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                                      |  |  |           |
| <b>26</b> Demographic and benefit information   |  |  |           |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                            |  |  |           |
| <b>b</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                      |  |  |           |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....   |  |  | <b>27</b> |

|   |  |  |             |
|---|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    |  |  | <b>30</b> 0 |

|  |                     |                    |                   |
|--|---------------------|--------------------|-------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |                   |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |                   |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    | <b>31a</b> 462153 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    | <b>31b</b> 0      |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |                   |
| <b>a</b> Net shortfall amortization installment .....  | 0                   | 0                  |                   |
| <b>b</b> Waiver amortization installment .....   | 0                   | 0                  |                   |
| <b>33</b> 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 ..... |                     |                    | <b>33</b>         |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    | <b>34</b> 462153  |
|  | Carryover balance   | Prefunding balance | Total balance     |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0                 |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    | <b>36</b> 462153  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    | <b>37</b> 498210  |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |                   |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    | <b>38a</b> 36057  |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  |                     |                    | <b>38b</b> 0      |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    | <b>39</b> 0       |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    | <b>40</b> 0       |

|   |  |  |  |
|---|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>   |  |  |  |
| <b>41</b> 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 |  |  |  |

|   |   |   |
|---|---|---|
| <b>SCHEDULE I</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information—Small Plan</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|---|---|

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

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>BOISE PATHOLOGY GROUP, P.A. CASH BALANCE RETIREMENT PLAN</b>            | <b>B</b> Three-digit plan number (PN) ▶ <b>005</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOISE PATHOLOGY GROUP, P.A.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>82-0328732</b> |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

|   |              | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| <b>1 Plan Assets and Liabilities:</b>   |              |                       |                 |
| <b>a</b> Total plan assets .....  | <b>1a</b>    | 0                     | 491107          |
| <b>b</b> Total plan liabilities .....   | <b>1b</b>    |                       |                 |
| <b>c</b> Net plan assets (subtract line 1b from line 1a) .....                      | <b>1c</b>    | 0                     | 491107          |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                        |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable:                                      |              |                       |                 |
| <b>(1)</b> Employers .....  | <b>2a(1)</b> | 486000                |                 |
| <b>(2)</b> Participants .....   | <b>2a(2)</b> |                       |                 |
| <b>(3)</b> Others (including rollovers) .....                                       | <b>2a(3)</b> |                       |                 |
| <b>b</b> Noncash contributions .....  | <b>2b</b>    |                       |                 |
| <b>c</b> Other income .....   | <b>2c</b>    | 5107                  |                 |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                       | 491107          |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    |                       |                 |
| <b>f</b> Corrective distributions (see instructions) .....                          | <b>2f</b>    |                       |                 |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) ..... | <b>2g</b>    |                       |                 |
| <b>h</b> Administrative service providers (salaries, fees, and commissions) .....   | <b>2h</b>    |                       |                 |
| <b>i</b> Other expenses .....   | <b>2i</b>    |                       |                 |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                       | 0               |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) .....                    | <b>2k</b>    |                       | 491107          |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                       |                 |

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|  |           | Yes | No | Amount |
|--|-----------|-----|----|--------|
| <b>a</b> Partnership/joint venture interests .....             | <b>3a</b> |     | X  |        |
| <b>b</b> Employer real property .....                          | <b>3b</b> |     | X  |        |
| <b>c</b> Real estate (other than employer real property) ..... | <b>3c</b> |     | X  |        |
| <b>d</b> Employer securities .....                             | <b>3d</b> |     | X  |        |
| <b>e</b> Participant loans .....                               | <b>3e</b> |     | X  |        |
| <b>f</b> Loans (other than to participants) .....              | <b>3f</b> |     | X  |        |
| <b>g</b> Tangible personal property .....                      | <b>3g</b> |     | X  |        |

|                |                             |
|----------------|-----------------------------|
| <b>Part II</b> | <b>Compliance Questions</b> |
|----------------|-----------------------------|

|  |           | Yes | No | Amount |
|--|-----------|-----|----|--------|
| <b>4</b> During the plan year:   |           |     |    |        |
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) ..... | <b>4a</b> |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....  | <b>4b</b> |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....  | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....  | <b>4d</b> |     | X  |        |
| <b>e</b> Was the plan covered by a fidelity bond? .....  | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....  | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....   | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....   | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....   | <b>4i</b> |     | X  |        |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  | <b>4j</b> |     | X  |        |
| <b>k</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? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 | <b>4k</b> | X   |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....   | <b>4m</b> |     |    |        |
| <b>n</b> 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 .....   | <b>4n</b> |     |    |        |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

BOISE PATHOLOGY GROUP, PA CASH BALANCE RETIREMENT PLAN

Schedule SB, Part V  
Statement of Actuarial  
Assumptions/Methods  
Employer Identification Number 82-0328732 Plan Number 005  
As of December 31, 2024

| Assumption                | For<br>Funding  |
|---------------------------|---|
| Turnover                  | None  |
| Disability                | None  |
| Future Salary Increases   | None  |
| Assumed Retirement Age    | Normal Retirement   |
| Assumed Benefit Form      | Percent Assumed Plan Normal Form 0%<br>Percent Assumed Lump Sum 100%<br>Percent Assumed Life Only 0%<br>Percent Assumed Joint and Survivor 0% |
| Actuarial Value of Assets | Market Value  |

**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

**2024**

**This Form is Open to Public Inspection**

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

▶ **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.


|   |  |   |     |
|---|--|---|-----|
| <b>A</b> Name of plan<br>Boise Pathology Group, P.A. Cash Balance Retirement Plan   |  | <b>B</b> Three-digit plan number (PN) ▶   | 005 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Boise Pathology Group, P.A.                                   |  | <b>D</b> Employer Identification Number (EIN)<br>82-0328732   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> 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**

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2024</u>   |                            |                           |                          |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | 0                         |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | 0                         |                          |
| <b>3</b> Funding target/participant count breakdown   |                            |                           |                          |
|   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | 0                          | 0                         | 0                        |
| <b>b</b> For terminated vested participants .....   | 0                          | 0                         | 0                        |
| <b>c</b> For active participants .....  | 7                          | 0                         | 0                        |
| <b>d</b> Total .....  | 7                          | 0                         | 0                        |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>  |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | 5.41%                     |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 462,153                   |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 0                         |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | 462,153                   |                          |

**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.

|                                 |   |  |
|---------------------------------|---|--|
| <b>SIGN HERE</b>                |  | 04/18/2025                             |
|                                 | Signature of actuary  | Date                                   |
| MICHELLE SODERLUND, EA          | Type or print name of actuary   | 2304602                                |
|                                 |   | Most recent enrollment number          |
| PINNACLE PENSION SERVICES, INC. | Firm name   | 208-344-2111                           |
|                                 |   | Telephone number (including area code) |
| 3101 W. MAIN STREET, SUITE 100  |   |  |
| BOISE ID 83702                  |   |  |
| 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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

| <b>Part II</b> |  | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|--|--|------------------------|
|                |  | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0  | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0  | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....   | 0  | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>0.00</u> % .....   | 0  | 0                      |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:   |  |                        |
| <b>a</b>       | Present value of excess contributions (line 38a from prior year) .....   |  | 0                      |
| <b>b(1)</b>    | 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>3.32</u> % ..... |  | 0                      |
| <b>b(2)</b>    | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |  | 0                      |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....   |  | 0                      |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....   |  | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....  | 0  | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....   | 0  | 0                      |

| <b>Part III</b> |  | <b>Funding Percentages</b> |         |
|-----------------|--|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....   | <b>14</b>                  | 100.00% |
| <b>15</b>       | Adjusted funding target attainment percentage .....  | <b>15</b>                  | 107.80% |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 100.00% |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b>                  | %       |

| <b>Part IV</b>   |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|--|-----------------------------------|---|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |   |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)   | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/01/2024   | 126,000                           | 0   |                          |                                   |                                 |
| 05/01/2024   | 45,000                            | 0   |                          |                                   |                                 |
| 06/01/2024   | 45,000                            | 0   |                          |                                   |                                 |
| 07/01/2024   | 45,000                            | 0   |                          |                                   |                                 |
| 08/01/2024   | 45,000                            | 0   |                          |                                   |                                 |
| 09/01/2024   | 45,000                            | 0   |                          |                                   |                                 |
| 10/01/2024   | 45,000                            | 0   |                          |                                   |                                 |
| 11/01/2024   | 45,000                            | 0   |                          |                                   |                                 |
| 12/01/2024   | 45,000                            | 0   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
| <b>Totals ▶</b>  |                                   |   | <b>18(b)</b>             | 486,000                           | <b>18(c)</b>                    |
|  |                                   |   |                          |                                   | 0                               |

|  |            |         |
|--|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....   | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 498,210 |

|   |   |
|---|---|
| <b>20</b> Quarterly contributions and liquidity shortfalls:   |   |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</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            |
| <b>c</b> 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**

|   |   |  |   |
|---|---|--|---|
| <b>21</b> Discount rate:                        |   |  |   |
| <b>a</b> Segment rates:                         | 1st segment:<br>5.05 %                                    | 2nd segment:<br>5.31 %                         | 3rd segment:<br>5.59 %                              |
|   |   |  | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |   |  | <b>21b</b> 2  |
| <b>22</b> Weighted average retirement age ..... |   |  | <b>22</b> 62  |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

|   |                              |  |
|---|------------------------------|--|
| <b>24</b> 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 |
| <b>25</b> 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 |
| <b>26</b> Demographic and benefit information   |                              |  |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</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 |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                    |  |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|   |           |   |
|---|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....   | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|  |            |                     |                    |
|--|------------|---------------------|--------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |            |                     |                    |
| <b>a</b> Target normal cost (line 6c).....   | <b>31a</b> | 462,153             |                    |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   | <b>31b</b> | 0                   |                    |
| <b>32</b> Amortization installments:   |            |                     |                    |
|  |            | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....  |            | 0                   | 0                  |
| <b>b</b> Waiver amortization installment .....   |            | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>  |                     |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....   | <b>34</b>  | 462,153             |                    |
|  |            | Carryover balance   | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   |            | 0                   | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   | <b>36</b>  | 462,153             |                    |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   | <b>37</b>  | 498,210             |                    |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |            |                     |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   | <b>38a</b> | 36,057              |                    |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  | <b>38b</b> | 0                   |                    |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....   | <b>39</b>  | 0                   |                    |
| <b>40</b> Unpaid minimum required contributions for all years .....  | <b>40</b>  | 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

BOISE PATHOLOGY GROUP, PA CASH BALANCE RETIREMENT PLAN

Schedule SB, line 19

Discounted Employer Contributions

Employer Identification Number 82-0328732 Plan Number 005

As of December 31, 2024

| <b>Code</b>  | <b>Date</b> | <b>Contribution Amount</b> | <b>Effective Rate</b> | <b>For Months</b> | <b>Quarterly Due</b> | <b>Effective Rate Plus 5%</b> | <b>For Months</b> | <b>Discounted Contribution</b> |
|--------------|-------------|----------------------------|-----------------------|-------------------|----------------------|-------------------------------|-------------------|--------------------------------|
| C            | 4/1/2024    | 126,000.00                 | 5.41                  | -8.97             |                      |                               |                   | 131,060.07                     |
| C            | 5/1/2024    | 45,000.00                  | 5.41                  | -7.97             |                      |                               |                   | 46,602.11                      |
| C            | 6/1/2024    | 45,000.00                  | 5.41                  | -6.97             |                      |                               |                   | 46,397.94                      |
| C            | 7/1/2024    | 45,000.00                  | 5.41                  | -5.97             |                      |                               |                   | 46,194.67                      |
| C            | 8/1/2024    | 45,000.00                  | 5.41                  | -4.97             |                      |                               |                   | 45,992.30                      |
| C            | 9/1/2024    | 45,000.00                  | 5.41                  | -3.97             |                      |                               |                   | 45,790.80                      |
| C            | 10/1/2024   | 45,000.00                  | 5.41                  | -2.97             |                      |                               |                   | 45,590.20                      |
| C            | 11/1/2024   | 45,000.00                  | 5.41                  | -1.97             |                      |                               |                   | 45,390.47                      |
| C            | 12/1/2024   | 45,000.00                  | 5.41                  | -0.97             |                      |                               |                   | 45,191.61                      |
| <b>Total</b> |             | <b>486,000.00</b>          |                       |                   |                      |                               |                   | <b>498,210.17</b>              |

Code 'C' is a contribution, 'B' is a balance reduction

BOISE PATHOLOGY GROUP, PA CASH BALANCE RETIREMENT PLAN

Schedule SB, line 22  
Description of Weighted  
Average Retirement Age  
Employer Identification Number 82-0328732 Plan Number 005  
As of December 31, 2024

All participants are assumed to retire at the later of their Normal Retirement Age, or the end of the current plan year

BOISE PATHOLOGY GROUP, PA CASH BALANCE RETIREMENT PLAN

Schedule SB, Part V  
Summary of Plan Provisions

Employer Identification Number 82-0328732 Plan Number 005

As of December 31, 2024

|                           |  |
|---------------------------|--|
| Plan effective date       | January 1, 2024  |
| Plan Year                 | January 1 to December 31   |
| Eligibility               | Employees are eligible to enter on the January 1 that is coincident with or next following the date the participant completes 0 years of service with 1000 hours and attains the age of 21   |
| Normal Retirement         | All participants are eligible to retire upon attainment of age 62  |
| Normal Retirement Benefit | Upon retirement a participant will be entitled to a benefit payable in the normal form which is equal to the following:<br><br>Hypothetical allocation and interest credit of:<br>Group Flat \$<br>0 \$93,000<br>1 \$54,000<br>2 \$83,000<br>3 \$24,000<br>4 \$102,000<br>5 \$100,000<br>6 \$30,000<br>7 \$102,000 |

The benefit is then the actuarial equivalent of the hypothetical account balance at normal retirement, accumulated with hypothetical interest at the rate of 5% per year

In no event is the benefit greater than 100% of final average compensation

Reduced for years of service less than 10

Credited years are measured as plan years starting with the plan year of hire. Only years during which a participant is credited with at least 1000 hours of service are counted.

or greater than

BOISE PATHOLOGY GROUP, PA CASH BALANCE RETIREMENT PLAN

Schedule SB, Part V  
Summary of Plan Provisions

Employer Identification Number 82-0328732 Plan Number 005  
As of December 31, 2024

\$22916.67

Reduced for years of participation less than 10

Credited years are measured as plan years starting with the plan year of entry. Only years during which a participant is credited with at least 1000 hours of service are counted.

with the dollar limit reduced for payment prior to 62, and increased for payment after 65

|                     |   |
|---------------------|---|
| Normal Form         | A monthly benefit payable for the life of the participant   |
| Accrued Benefit     | The accrued benefit is the benefit based upon service and compensation to the date of determination |
| Termination Benefit | All participants are fully vested at all times  |