

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: RADIOLOGICAL SOCIETY OF NORTH AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): RADIOLOGICAL SOCIETY OF NORTH AMERICA
2b Employer Identification Number (EIN): 15-0539115
2c Plan Sponsor's telephone number: 630-571-2670
2d Business code (see instructions): 813000

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	577
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	255
	6a(2)	273
	6b	0
	6c	315
	6d	588
	6e	1
	6f	589
	6g(1)	575
	6g(2)	583
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2L 2M 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan RADIOLOGICAL SOCIETY OF NORTH AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGICAL SOCIETY OF NORTH AMERICA	D Employer Identification Number (EIN) 15-0539115

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	314908	418	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	13129866
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	48549253

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 12591944

c Additions: (1) Contributions deposited during the year	7c(1)	249585
	7c(2)	0
	7c(3)	569469
	7c(4)	794633
	7c(5)	4535

(6) Total additions **7c(6)** 1618222

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 14210166

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	521496
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account	7e(3)	558804
(4) Other (specify below)	7e(4)	0

(5) Total deductions **7e(5)** 1080300

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 13129866

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan RADIOLOGICAL SOCIETY OF NORTH AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGICAL SOCIETY OF NORTH AMERICA	D Employer Identification Number (EIN) 15-0539115	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA - TEACHERS INS & ANNUITY ASSN

13-1624203

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

CREF-TIAA INVESTMENT MGMT LLC

13-3586142

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

T. ROWE PRICE

52-0556948

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

VANGUARD

23-1945930

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

INVESCO - OPPENHEIMER

13-2527171

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

LOOMIS SAYLES

04-3200030

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

JP MORGAN CHASE BANK N.A.

13-4994650

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

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

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

TIAA - TEACHERS INSURANCE AND

ANNUITY ASSOCIATION OF AMERICA
730 THIRD AVE.
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	6077	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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

A Name of plan <u>RADIOLOGICAL SOCIETY OF NORTH AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RADIOLOGICAL SOCIETY OF NORTH AMERICA</u>	D Employer Identification Number (EIN) <u>15-0539115</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3173752</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (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>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RADIOLOGICAL SOCIETY OF NORTH AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGICAL SOCIETY OF NORTH AMERICA	D Employer Identification Number (EIN) 15-0539115

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	125142	
(2) Participant contributions	1b(2)	15522	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	73565	57848
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3324184	3173752
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	54231406	63759732
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12591944	13129866
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	70361763	80121198
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	70361763	80121198

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3138399	
(B) Participants.....	2a(1)(B)	387513	
(C) Others (including rollovers).....	2a(1)(C)	73641	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3599553
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	6626	
(F) Other.....	2b(1)(F)	569469	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		576095
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	661200	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		661200
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-132666
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7923824
c Other income	2c		41922
d Total income. Add all income amounts in column (b) and enter total	2d		12669928

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2890941	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2890941
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		13850
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	375	
(3) Recordkeeping fees	2i(3)	5327	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5702
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2910493

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9759435
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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

A Name of plan <u>RADIOLOGICAL SOCIETY OF NORTH AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIOLOGICAL SOCIETY OF NORTH AMERICA</u>	D Employer Identification Number (EIN) <u>15-0539115</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-1624203

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500954A.




Radiological Society of North America Defined Contribution Retirement Plan

EIN 15-0539115 PN 001

**Independent Auditor's Report, Financial Statements
and Supplemental Schedule**

December 31, 2024 and 2023



**Radiological Society of North America
Defined Contribution Retirement Plan
Contents
December 31, 2024 and 2023**

Independent Auditor’s Report..... 1

Financial Statements

 Statements of Net Assets Available for Benefits 4

 Statements of Changes in Net Assets Available for Benefits..... 5

 Notes to Financial Statements 6

Supplemental Schedule

 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for the Year Ended
 December 31, 2024 15

Independent Auditor's Report

Trustees
Radiological Society of North America
Defined Contribution Retirement Plan
Oak Brook, Illinois

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

We have performed audits of the financial statements of Radiological Society of North America Defined Contribution Retirement Plan, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Radiological Society of North America Defined Contribution Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Radiological Society of North America Defined Contribution Retirement Plan and to

meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Radiological Society of North America Defined Contribution Retirement Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Radiological Society of North America Defined Contribution Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Radiological Society of North America Defined Contribution Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and

disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

**Chicago, Illinois
September 5, 2025**

Federal Employer Identification Number: 44-0160260

**Radiological Society of North America
Defined Contribution Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Investments		
At fair value	\$ 80,027,842	\$ 70,111,720
At contract value	35,508	35,814
Total Investments	<u>80,063,350</u>	<u>70,147,534</u>
Receivables		
Employer contributions	-	125,142
Employee contributions	-	15,522
Notes receivable from participants	78,960	80,827
Total Receivables	<u>78,960</u>	<u>221,491</u>
Net Assets Available for Benefits	<u>\$ 80,142,310</u>	<u>\$ 70,369,025</u>

**Radiological Society of North America
Defined Contribution Retirement Plan
Statements of Changes in Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions		
Investment Income		
Net appreciation in fair value of investments	\$ 8,221,987	\$ 9,138,488
Interest and dividends	799,840	543,387
Net Investment Income	<u>9,021,827</u>	<u>9,681,875</u>
Interest Income on Notes Receivable From Participants	<u>6,626</u>	<u>3,763</u>
Contributions		
Participants	387,513	347,294
Employer	3,138,399	2,862,073
Rollovers	73,641	22,478
Total Contributions	<u>3,599,553</u>	<u>3,231,845</u>
Revenue Sharing Credits in Excess of Administrative Expenses	<u>36,220</u>	<u>34,436</u>
Total Additions	<u>12,664,226</u>	<u>12,951,919</u>
Deductions		
Benefits paid directly to participants	<u>2,890,941</u>	<u>3,649,610</u>
Net Increase	9,773,285	9,302,309
Net Assets Available for Benefits, Beginning of Year	<u>70,369,025</u>	<u>61,066,716</u>
Net Assets Available for Benefits, End of Year	<u>\$ 80,142,310</u>	<u>\$ 70,369,025</u>

**Radiological Society of North America
 Defined Contribution Retirement Plan
 Notes to Financial Statements
 December 31, 2024 and 2023**

Note 1. Description of the Plan

The following description of Radiological Society of North America Defined Contribution Retirement Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of Radiological Society of North America, Inc. (Society) as defined in the plan document. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended by subsequent legislation. The Plan was adopted on January 1, 1978. The Plan was initially restated effective January 1, 2009, and was subsequently restated on January 1, 2019 and July 1, 2022.

The assets of the Plan are held by Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) (together, TIAA-CREF).

Eligibility

Employees are eligible to participate in the Plan upon attaining the age of 21 and completing twelve consecutive months of service. Effective July 1, 2022, the Plan allows voluntary participation by eligible employees on the first day of each month upon being hired. Prior to July 1, 2022, participants were required to contribute a percentage of their eligible compensation, based upon their age. Employees are eligible for employer contributions upon attaining the age of 21 and completing twelve consecutive months of service.

Contributions

Effective July 1, 2022, employees are automatically enrolled in the Plan unless the employee elects not to participate in the Plan. Auto enrollment will be based upon their age and corresponding contribution percentage in the table below.

<u>Age</u>	<u>Contribution Percentage</u>
21 to 29	5.0%
30 to 49	2.5%
50 and older	-

The Society will contribute a percentage of a participant’s eligible compensation, based upon their age:

<u>Age</u>	<u>Contribution Percentage</u>
21 to 29	10.0%
30 to 49	12.5%
50 and older	15.0%

Eligible compensation for any plan year shall not exceed the maximum provided by the Internal Revenue Code. Contributions in 2024 and 2023 could be made on a before-tax basis only and could not exceed \$23,000 and

**Radiological Society of North America
Defined Contribution Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

\$22,500, respectively. Age 50 and over participants could contribute an additional \$7,500 in 2024 and 2023. A participant's account may include contributions made to another plan and transferred to the Plan as part of a rollover contribution.

Investment Options

The Plan currently offers a pooled separate account, various registered investment companies, variable annuity accounts and a fixed annuity contract as investment options for participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Society's contribution and plan earnings and charged with an allocation of any fees. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon as well as in the Society's contribution portion of their accounts plus actual earnings thereon. Effective for employees hired on or after July 1, 2022, Society's contribution portion of their accounts plus actual earnings thereon are vested at a rate of 20% for each year of service, being fully vested after five years of credited service, or upon death, disability, or normal retirement. Employees hired prior to July 1, 2022, will remain 100% immediately vested.

Payment of Benefits

Upon termination, the distribution of a participant's account is payable at his/her option in either a lump-sum, installment payment, the purchase of an annuity contract or a rollover into a qualified plan or IRA. A participant is entitled to in-service distributions from plan contributions upon the attainment of age 59½. A participant may elect to receive a distribution of their rollover contributions at any time.

Notes Receivable From Participants

Beginning in 2022, eligible participants could borrow from their eligible fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, subject to other terms of the plan document. Loan terms may not exceed five years; however, loans made for the purpose of acquiring the principal residence of the participant may be made for a longer period. The loans are secured by the balance in the participant's account, and the interest on the loans is based on prime plus 1% (7.25% to 9.50% at December 31, 2024). Loan repayments can be made through payroll withholdings or directly to TIAA. No more than three outstanding loans are allowed at any time.

Revenue Sharing

The Plan has entered into an agreement with TIAA under which TIAA will share any revenue collected for recordkeeping and administrative services that is in excess of what TIAA has agreed to charge for recordkeeping and administrative services. Amounts deposited in the "revenue credit" account may be used to pay reasonable and necessary plan expenses, and/or to provide participants with a benefit in the form of "revenue credit allocation" to their accounts. The amounts deposited may vary over time, and may, in fact, be zero.

During 2024, revenue sharing credits of \$41,922 were offset against administrative fees of \$5,702 for a net of \$36,220 which is included in additions on the statement of changes in net assets available for benefits. During 2023, revenue sharing credits of \$38,520 were offset against administrative fees of \$4,084 for a net of \$34,436 which is included in additions on the statement of changes in net assets available for benefits. The balance of unused credits from this account at December 31, 2024 and 2023, was \$43,291 and \$19,794, respectively.

**Radiological Society of North America
Defined Contribution Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Credits of approximately \$19,794 and \$71,767 were reallocated to eligible participant accounts during 2024 and 2023, respectively.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Certain TIAA Traditional Annuity contract types are considered fully benefit-responsive and contract value approximates fair value as of December 31, 2024 and 2023.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results may differ from those estimates.

Valuation of Investments and Income Recognition

The Plan is funded by individually controlled TIAA and CREF investments. Contributions are allocated to the TIAA Traditional Annuity contract, TIAA and CREF Variable Annuity accounts, TIAA-CREF registered investment companies and the TIAA Real Estate pooled separate account. See Note 4 for discussion of fair value measurements.

The TIAA Real Estate pooled separate account is valued at the net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. The underlying real estate holdings or other real estate related investments are valued principally utilizing external appraisals. Transfers out of the pooled separate account are limited to one per calendar quarter. There are no participant redemption restrictions for these investments, and participant redemptions are allowed daily. There are no unfunded commitments at December 31, 2024 and 2023.

The TIAA Traditional Annuity is a fixed rate annuity contract that is fully and unconditionally guaranteed and backed by TIAA. See Note 3.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan provides for investments that, in general, are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

**Radiological Society of North America
Defined Contribution Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Notes Receivable From Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses are paid by the Society on behalf of the Plan. Fees related to the investment advisory program offered by TIAA are charged directly to the participant's account and are included in administrative expenses. Additionally, certain employees of the Society provide administrative and trustee services to the Plan and are not reimbursed by the Plan for such services.

Note 3. TIAA Traditional Annuity Contract

The TIAA Traditional Annuity is an unallocated fixed-dollar annuity and investment product offered by TIAA, an insurance company that is fully and unconditionally guaranteed by TIAA. The TIAA Traditional Annuity is maintained in the TIAA general account. Contributions to the TIAA Traditional Annuity purchase a contractual or guaranteed amount of future benefits for the participants and are secured by the general assets of TIAA.

The TIAA Traditional Annuity fully benefit-responsive account is recorded at contract value. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus interest at the contract rate, less funds to pay withdrawal benefits and administrative expenses. The investment contract with TIAA contains liquidity restrictions that require withdrawals and transfers from the investment contract to other investment options available to the Plan to be spread over a period of ten annual installments or five annual installments for withdrawals after a participant's termination of employment.

A portion of the TIAA Traditional Annuity has been determined to be fully benefit-responsive. Among other requirements, fully benefit-responsive contracts require all permitted participant-initiated transactions with the Plan to occur at contract value with no restrictions. At December 31, 2024, the value of the nonbenefit-responsive contracts totaled \$13,094,358, and the benefit-responsive contracts totaled \$35,508. At December 31, 2023, the value of the nonbenefit-responsive contracts totaled \$12,556,130, and the benefit-responsive contracts totaled \$35,814.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Note 4. Fair Value Measurements

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodologies used at December 31, 2024 and 2023.

The registered investment companies are valued at fair value determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

The variable annuity accounts in mutual funds, except for the money market account, are recorded at their estimated fair value, which is based upon the underlying value of the assets. Participants purchase accumulation units in the variable annuity contracts, and their value is calculated daily. The money market account is recorded at amortized cost, which approximates fair value. The amortized cost of an instrument is determined by valuing it at its original cost and thereafter amortizing any discount or premium from its face value at a contact rate until maturity. Unit prices are published daily (Level 1 inputs).

The TIAA Traditional Annuity is valued at the accumulated cash contributions, interest credited and transfers, if any, less any withdrawals and transfers (Level 3 input). This nonbenefit-responsive investment contract contains certain liquidity restrictions on the redemption of accumulations, which could impact the value realized upon exiting the contract.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**Radiological Society of North America
Defined Contribution Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	December 31, 2024			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	\$ 18,384,231	\$ 18,384,231	\$ -	\$ -
Variable annuities in mutual funds	45,375,501	45,375,501	-	-
TIAA Traditional Annuity - nonbenefit-responsive	13,094,358	-	-	13,094,358
Total assets in the fair value hierarchy	76,854,090	63,759,732	-	13,094,358
Investments measured at net asset value (A)	3,173,752	-	-	-
Total	<u>\$ 80,027,842</u>	<u>\$ 63,759,732</u>	<u>\$ -</u>	<u>\$ 13,094,358</u>
	December 31, 2023			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	\$ 14,109,472	\$ 14,109,472	\$ -	\$ -
Variable annuities in mutual funds	40,121,934	40,121,934	-	-
TIAA Traditional Annuity - nonbenefit-responsive	12,556,130	-	-	12,556,130
Total assets in the fair value hierarchy	66,787,536	54,231,406	-	12,556,130
Investments measured at net asset value (A)	3,324,184	-	-	-
Total	<u>\$ 70,111,720</u>	<u>\$ 54,231,406</u>	<u>\$ -</u>	<u>\$ 12,556,130</u>

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in

**Radiological Society of North America
Defined Contribution Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Changes in fair value of assets measured on a recurring basis using significant unobservable inputs (Level 3) for the years ended December 31, 2024 and 2023, are as follows:

	TIAA Traditional Annuity - Nonbenefit- Responsive
Balance, December 31, 2022	\$ 12,179,180
Purchases	211,549
Plan servicing credits	12,817
Sales	(485,253)
Issuances and settlements	65,072
Investment income	572,765
Balance, December 31, 2023	12,556,130
Purchases	249,585
Plan servicing credits	3,308
Sales	(520,090)
Issuances and settlements	236,748
Investment income	568,677
Balance, December 31, 2024	<u>\$ 13,094,358</u>

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements at December 31, 2024 and 2023:

December 31, 2024				
	Fair Value	Valuation Technique	Unobservable Inputs	Range
TIAA Traditional Annuity - nonbenefit-responsive	\$ 13,094,358	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	RA - 3.65% - 6.50% RC - 3.90% - 6.75%
December 31, 2023				
	Fair Value	Valuation Technique	Unobservable Inputs	Range
TIAA Traditional Annuity - nonbenefit-responsive	\$ 12,556,130	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	RA - 4.00% - 6.75% RC - 4.25% - 7.00%

**Radiological Society of North America
Defined Contribution Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Note 5. Certification of Plan Trustee

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA-CREF, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment income (loss) and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investment information and notes receivable from participants included in the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements and ERISA-required supplemental schedule.

Note 6. Transactions With Parties-in-Interest

Certain plan investments are units in variable annuity accounts, registered investment companies, a pooled separate account and a fixed annuity contract managed by TIAA-CREF. TIAA-CREF is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred for the investment management services are included in net appreciation in fair value of investments.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Society has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

Note 8. Tax Status

The Plan operates under an adoption agreement in connection with a volume submitter 403(b) plan sponsored by TIAA and CREF. This volume submitter plan document has obtained an advisory letter dated August 7, 2017, from the Internal Revenue Service stating that the volume submitter satisfies the requirements under Section 403(b) of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the advisory letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified, and the related trust is tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Radiological Society of North America
Defined Contribution Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 80,142,310	\$ 70,369,025
Loans deemed distributed	(21,112)	(7,262)
Net assets available for benefits per Form 5500	<u>\$ 80,121,198</u>	<u>\$ 70,361,763</u>

The following is a reconciliation of notes receivable from participants per the financial statements to the Form 5500 at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Notes receivable from participants per the financial statements	\$ 78,960	\$ 80,827
Loans deemed distributed	(21,112)	(7,262)
Notes receivable from participants per Form 5500	<u>\$ 57,848</u>	<u>\$ 73,565</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net increase in net assets available for benefits per the financial statements	\$ 9,773,285	\$ 9,302,309
Loans deemed distributed, end of year	(21,112)	(7,262)
Loans deemed distributed, beginning of year	7,262	-
Net increase in net assets available for benefits per Form 5500	<u>\$ 9,759,435</u>	<u>\$ 9,295,047</u>

Deemed distributions represent a portion of participant loans in default or nonpayment status as of December 31, 2024 and 2023. This amount is included in the current value of the participant loans reported in the statements of net assets available for benefits but excluded from the current value reported on the Form 5500.

Note 10. Subsequent Events

Effective March 1, 2025, the Radiological Society of North America Tax-Deferred Annuity Plan was merged into the Plan, and assets in the amount of \$13,302,888 were transferred into the Plan. Additionally, the Plan changed its Plan Administrator from the Society to Pentegra Services, Inc.

Subsequent events have been evaluated through September 5, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedule

Radiological Society of North America
Defined Contribution Retirement Plan
EIN 15-0539115 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Pooled separate account		
*	TIAA-CREF	TIAA Real Estate Fund	**	\$ 3,173,752
		Variable annuity accounts		
*	TIAA-CREF	CREF Stock Fund	**	13,131,433
*	TIAA-CREF	CREF Social Choice Fund	**	1,431,158
*	TIAA-CREF	CREF Bond Market Fund	**	1,380,383
*	TIAA-CREF	CREF Global Equities Fund	**	5,078,266
*	TIAA-CREF	CREF Growth Fund	**	7,937,875
*	TIAA-CREF	CREF Equity Index Fund	**	2,872,853
*	TIAA-CREF	CREF Inflation-Linked Bond Fund	**	973,614
*	TIAA-CREF	CREF Money Market Fund	**	1,067,151
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2015 Fund	**	3,081
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2020 Fund	**	40,134
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2025 Fund	**	615,465
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2030 Fund	**	273,045
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2035 Fund	**	1,481,319
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2040 Fund	**	56,067
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2045 Fund	**	154,983
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2050 Fund	**	143,742
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2055 Fund	**	18,388
*	TIAA-CREF	TIAA Access Nuv Lifecycle Retirement Income Fund	**	1,683
*	TIAA-CREF	TIAA Access Nuv Core Bond Plus Fund	**	126,721
*	TIAA-CREF	TIAA Access Nuv Equity Index Fund	**	11,285
*	TIAA-CREF	TIAA Access Nuv Core Equity Fund	**	187,038
*	TIAA-CREF	TIAA Access Nuv High-Yield Fund	**	479,396
*	TIAA-CREF	TIAA Access Nuv International Equity Index Fund	**	1,129,344
*	TIAA-CREF	TIAA Access Nuv International Equity Fund	**	121,655
*	TIAA-CREF	TIAA Access Nuv Large Cap Growth Index Fund	**	249,832
*	TIAA-CREF	TIAA Access Nuv Large Cap Growth Fund	**	45,466
*	TIAA-CREF	TIAA Access Nuv Large Cap Value Index Fund	**	824,835
*	TIAA-CREF	TIAA Access Nuv Large Cap Value Fund	**	403,245
*	TIAA-CREF	TIAA Access Nuv Large Cap Res Equity Fund	**	522,260
*	TIAA-CREF	TIAA Access Nuv Mid Cap Growth Fund	**	106,730
*	TIAA-CREF	TIAA Access Nuv Mid Cap Value Fund	**	99,960
*	TIAA-CREF	TIAA Access Nuv Small Cap Blend Index Fund	**	143,326
*	TIAA-CREF	TIAA Access Nuv Quant Small Cap Equity Fund	**	358,592
*	TIAA-CREF	TIAA Access Nuv Short Term Bond Fund	**	16,104
*	TIAA-CREF	TIAA Access Nuv Real Estate Securities Fund	**	329,951

**Radiological Society of North America
Defined Contribution Retirement Plan
EIN 15-0539115 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024**

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	TIAA-CREF	TIAA Access Nuv S&P 500 Index Fund	**	\$ 304,132
*	TIAA-CREF	TIAA Access Nuv Bond Index Fund	**	93,476
*	TIAA-CREF	TIAA Access Nuv Emerging Markets Equity Fund	**	22,462
*	TIAA-CREF	TIAA Access Nuv Emerging Markets Equity Index Fund	**	1,494
*	TIAA-CREF	TIAA Access DFA Emerging Markets Portfolio Fund	**	476,191
*	TIAA-CREF	TIAA Access Dodge & Cox International Stock Fund	**	114,325
*	TIAA-CREF	TIAA Access TRP Inst Large Cap Growth Fund	**	406,829
*	TIAA-CREF	TIAA Access Vanguard Emerging Markets Stock Index Fund	**	106,287
*	TIAA-CREF	TIAA Access Vanguard Explorer Fund	**	575,531
*	TIAA-CREF	TIAA Access Vanguard Intermediate Term Treasury Fund	**	53,267
*	TIAA-CREF	TIAA Access Vanguard Selected Value Fund	**	120,371
*	TIAA-CREF	TIAA Access Vanguard Small Cap Value Index Fund	**	450,939
*	TIAA-CREF	TIAA Access Vanguard Wellington Fund	**	558,049
*	TIAA-CREF	TIAA Access Western Asset Core Plus Bond Portfolio Fund	**	275,768
				<u>45,375,501</u>
		Registered investment companies		
	Nuveen	Bond Index Retirement Fund	**	109,862
	Nuveen	Core Equity Retirement Fund	**	462,216
	Nuveen	High-Yield Retirement Fund	**	296,765
	Nuveen	International Equity Index Retirement Fund	**	2,156,920
	Nuveen	Lifecycle Retirement Income Fund	**	720
	Nuveen	Large Cap Growth Index Retirement Fund	**	224,588
	Nuveen	Large Cap Value Index Retirement Fund	**	681,584
	Nuveen	Large Cap Value Retirement Fund	**	507,238
	Nuveen	Lifecycle 2010 Retirement Fund	**	677
	Nuveen	Lifecycle 2015 Retirement Fund	**	6,282
	Nuveen	Lifecycle 2020 Retirement Fund	**	82,047
	Nuveen	Lifecycle 2025 Retirement Fund	**	85,209
	Nuveen	Lifecycle 2030 Retirement Fund	**	659,253
	Nuveen	Lifecycle 2035 Retirement Fund	**	860,701
	Nuveen	Lifecycle 2040 Retirement Fund	**	1,520,584
	Nuveen	Lifecycle 2045 Retirement Fund	**	1,145,372
	Nuveen	Lifecycle 2050 Retirement Fund	**	1,083,706
	Nuveen	Lifecycle 2055 Retirement Fund	**	1,259,314
	Nuveen	Lifecycle 2060 Retirement Fund	**	287,097
	Nuveen	Lifecycle 2065 Retirement Fund	**	25,263
	Nuveen	Mid Cap Value Retirement Fund	**	177,974
	Nuveen	Money Market Retirement Fund	**	756,650
	Nuveen	Real Estate Securities Select Retirement Fund	**	306,166

**Radiological Society of North America
Defined Contribution Retirement Plan
EIN 15-0539115 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024**

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Nuveen	S&P 500 Index Retirement Fund	**	\$ 1,161,977
	Nuveen	Short-Term Bond Retirement Fund	**	32,432
	Nuveen	Small Cap Blend Index Retirement Fund	**	116,498
	Nuveen	Quant Small Cap Equity Retirement Fund	**	184,451
	Nuveen	Large Cap Resp Equity Retirement Fund	**	419,846
	Invesco	Invesco Discovery Mid Cap Growth Fund	**	129,269
	Loomis Sayles	Loomis Sayles Investment Grade Bond Fund	**	209,709
	T. Rowe	T. Rowe Price Institutional Large Cap Growth Fund	**	1,356,178
	Vanguard	Vanguard Intermediate-Term Treasury Investment Fund	**	117,922
	Vanguard	Vanguard Explorer Investment Fund	**	494,568
	Vanguard	Vanguard Selected Value Investment Fund	**	141,029
	Vanguard	Vanguard Small Cap Value Index Fund	**	423,162
	Vanguard	Vanguard Wellington Investment Fund	**	901,002
				<u>18,384,231</u>
*	TIAA-CREF	TIAA Traditional Annuity Account TIAA Traditional Nonbenefit-Responsive	**	<u>13,094,358</u>
		Total at fair value		<u>80,027,842</u>
*	TIAA-CREF	TIAA Traditional Annuity Account TIAA Traditional Benefit-Responsive	**	<u>35,508</u>
		Total at contract value		<u>35,508</u>
*	Participant loans	Interest rates between 7.25% and 9.50%, maturing through October 2029	-0-	<u>57,848</u>
				<u>\$ 80,121,198</u>

*Indicates a party-in-interest.

**Costs not required for participant-directed investments.

Radiological Society of North America
Defined Contribution Retirement Plan
EIN 15-0539115 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Pooled separate account		
*	TIAA-CREF	TIAA Real Estate Fund	**	\$ 3,173,752
		Variable annuity accounts		
*	TIAA-CREF	CREF Stock Fund	**	13,131,433
*	TIAA-CREF	CREF Social Choice Fund	**	1,431,158
*	TIAA-CREF	CREF Bond Market Fund	**	1,380,383
*	TIAA-CREF	CREF Global Equities Fund	**	5,078,266
*	TIAA-CREF	CREF Growth Fund	**	7,937,875
*	TIAA-CREF	CREF Equity Index Fund	**	2,872,853
*	TIAA-CREF	CREF Inflation-Linked Bond Fund	**	973,614
*	TIAA-CREF	CREF Money Market Fund	**	1,067,151
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2015 Fund	**	3,081
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2020 Fund	**	40,134
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2025 Fund	**	615,465
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2030 Fund	**	273,045
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2035 Fund	**	1,481,319
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2040 Fund	**	56,067
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2045 Fund	**	154,983
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2050 Fund	**	143,742
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2055 Fund	**	18,388
*	TIAA-CREF	TIAA Access Nuv Lifecycle Retirement Income Fund	**	1,683
*	TIAA-CREF	TIAA Access Nuv Core Bond Plus Fund	**	126,721
*	TIAA-CREF	TIAA Access Nuv Equity Index Fund	**	11,285
*	TIAA-CREF	TIAA Access Nuv Core Equity Fund	**	187,038
*	TIAA-CREF	TIAA Access Nuv High-Yield Fund	**	479,396
*	TIAA-CREF	TIAA Access Nuv International Equity Index Fund	**	1,129,344
*	TIAA-CREF	TIAA Access Nuv International Equity Fund	**	121,655
*	TIAA-CREF	TIAA Access Nuv Large Cap Growth Index Fund	**	249,832
*	TIAA-CREF	TIAA Access Nuv Large Cap Growth Fund	**	45,466
*	TIAA-CREF	TIAA Access Nuv Large Cap Value Index Fund	**	824,835
*	TIAA-CREF	TIAA Access Nuv Large Cap Value Fund	**	403,245
*	TIAA-CREF	TIAA Access Nuv Large Cap Res Equity Fund	**	522,260
*	TIAA-CREF	TIAA Access Nuv Mid Cap Growth Fund	**	106,730
*	TIAA-CREF	TIAA Access Nuv Mid Cap Value Fund	**	99,960
*	TIAA-CREF	TIAA Access Nuv Small Cap Blend Index Fund	**	143,326
*	TIAA-CREF	TIAA Access Nuv Quant Small Cap Equity Fund	**	358,592
*	TIAA-CREF	TIAA Access Nuv Short Term Bond Fund	**	16,104
*	TIAA-CREF	TIAA Access Nuv Real Estate Securities Fund	**	329,951

**Radiological Society of North America
Defined Contribution Retirement Plan
EIN 15-0539115 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024**

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	TIAA-CREF	TIAA Access Nuv S&P 500 Index Fund	**	\$ 304,132
*	TIAA-CREF	TIAA Access Nuv Bond Index Fund	**	93,476
*	TIAA-CREF	TIAA Access Nuv Emerging Markets Equity Fund	**	22,462
*	TIAA-CREF	TIAA Access Nuv Emerging Markets Equity Index Fund	**	1,494
*	TIAA-CREF	TIAA Access DFA Emerging Markets Portfolio Fund	**	476,191
*	TIAA-CREF	TIAA Access Dodge & Cox International Stock Fund	**	114,325
*	TIAA-CREF	TIAA Access TRP Inst Large Cap Growth Fund	**	406,829
*	TIAA-CREF	TIAA Access Vanguard Emerging Markets Stock Index Fund	**	106,287
*	TIAA-CREF	TIAA Access Vanguard Explorer Fund	**	575,531
*	TIAA-CREF	TIAA Access Vanguard Intermediate Term Treasury Fund	**	53,267
*	TIAA-CREF	TIAA Access Vanguard Selected Value Fund	**	120,371
*	TIAA-CREF	TIAA Access Vanguard Small Cap Value Index Fund	**	450,939
*	TIAA-CREF	TIAA Access Vanguard Wellington Fund	**	558,049
*	TIAA-CREF	TIAA Access Western Asset Core Plus Bond Portfolio Fund	**	275,768
				45,375,501
		Registered investment companies		
	Nuveen	Bond Index Retirement Fund	**	109,862
	Nuveen	Core Equity Retirement Fund	**	462,216
	Nuveen	High-Yield Retirement Fund	**	296,765
	Nuveen	International Equity Index Retirement Fund	**	2,156,920
	Nuveen	Lifecycle Retirement Income Fund	**	720
	Nuveen	Large Cap Growth Index Retirement Fund	**	224,588
	Nuveen	Large Cap Value Index Retirement Fund	**	681,584
	Nuveen	Large Cap Value Retirement Fund	**	507,238
	Nuveen	Lifecycle 2010 Retirement Fund	**	677
	Nuveen	Lifecycle 2015 Retirement Fund	**	6,282
	Nuveen	Lifecycle 2020 Retirement Fund	**	82,047
	Nuveen	Lifecycle 2025 Retirement Fund	**	85,209
	Nuveen	Lifecycle 2030 Retirement Fund	**	659,253
	Nuveen	Lifecycle 2035 Retirement Fund	**	860,701
	Nuveen	Lifecycle 2040 Retirement Fund	**	1,520,584
	Nuveen	Lifecycle 2045 Retirement Fund	**	1,145,372
	Nuveen	Lifecycle 2050 Retirement Fund	**	1,083,706
	Nuveen	Lifecycle 2055 Retirement Fund	**	1,259,314
	Nuveen	Lifecycle 2060 Retirement Fund	**	287,097
	Nuveen	Lifecycle 2065 Retirement Fund	**	25,263
	Nuveen	Mid Cap Value Retirement Fund	**	177,974
	Nuveen	Money Market Retirement Fund	**	756,650
	Nuveen	Real Estate Securities Select Retirement Fund	**	306,166

**Radiological Society of North America
Defined Contribution Retirement Plan
EIN 15-0539115 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024**

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Nuveen	S&P 500 Index Retirement Fund	**	\$ 1,161,977
	Nuveen	Short-Term Bond Retirement Fund	**	32,432
	Nuveen	Small Cap Blend Index Retirement Fund	**	116,498
	Nuveen	Quant Small Cap Equity Retirement Fund	**	184,451
	Nuveen	Large Cap Resp Equity Retirement Fund	**	419,846
	Invesco	Invesco Discovery Mid Cap Growth Fund	**	129,269
	Loomis Sayles	Loomis Sayles Investment Grade Bond Fund	**	209,709
	T. Rowe	T. Rowe Price Institutional Large Cap Growth Fund	**	1,356,178
	Vanguard	Vanguard Intermediate-Term Treasury Investment Fund	**	117,922
	Vanguard	Vanguard Explorer Investment Fund	**	494,568
	Vanguard	Vanguard Selected Value Investment Fund	**	141,029
	Vanguard	Vanguard Small Cap Value Index Fund	**	423,162
	Vanguard	Vanguard Wellington Investment Fund	**	901,002
				<u>18,384,231</u>
*	TIAA-CREF	TIAA Traditional Annuity Account TIAA Traditional Nonbenefit-Responsive	**	<u>13,094,358</u>
		Total at fair value		<u>80,027,842</u>
*	TIAA-CREF	TIAA Traditional Annuity Account TIAA Traditional Benefit-Responsive	**	<u>35,508</u>
		Total at contract value		<u>35,508</u>
*	Participant loans	Interest rates between 7.25% and 9.50%, maturing through October 2029	-0-	<u>57,848</u>
				<u>\$ 80,121,198</u>

*Indicates a party-in-interest.

**Costs not required for participant-directed investments.