

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: ADVANCED RADIOLOGY, P.A. CASH BALANCE PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2008
2a Plan sponsor's name (employer, if for a single-employer plan): ADVANCED RADIOLOGY, P.A.
2b Employer Identification Number (EIN): 52-2055746
2c Sponsor's telephone number: 443-436-1215
2d Business code (see instructions): 621111
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 99
5b Total number of participants at the end of the plan year: 100
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 98
5d(2) Total number of active participants at the end of the plan year: 99
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 09/25/2025, EDWARD MISHNER, MD. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548035. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	21652409	21597176
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	21652409	21597176
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	2465987	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	1788714	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		4254701
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	4189083	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	572	
<b>g</b> Other expenses .....	<b>8g</b>	120279	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		4309934
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-55233
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1A 1C</u>
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		2000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

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

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

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

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

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

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

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

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

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

**Part VIII IRS Compliance Questions**

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

**14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

<b>A</b> Name of plan <u>ADVANCED RADIOLOGY, P.A. CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ADVANCED RADIOLOGY, P.A.</u>	<b>D</b> Employer Identification Number (EIN) <u>52-2055746</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>21652409</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>21652409</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1</u>	<u>38826</u>	<u>38826</u>
<b>b</b> For terminated vested participants .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>c</b> For active participants .....	<u>98</u>	<u>21585440</u>	<u>21585440</u>
<b>d</b> Total .....	<u>99</u>	<u>21624266</u>	<u>21624266</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>4.99 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>1545995</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>1546995</u>	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		
	Signature of actuary	Date
	<u>JAMES E. RITCHIE, ASA</u>	<u>23-05643</u>
	Type or print name of actuary	Most recent enrollment number
	<u>BOLTON PARTNERS, INC.</u>	<u>410-547-0500</u>
	Firm name	Telephone number (including area code)
	<u>1 W. PENNSYLVANIA AVENUE, SUITE 600</u> <u>TOWSON, MD 21204</u>	
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024**  
v. 240311

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1460333
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1460333
<b>10</b>	Interest on line 9 using prior year's actual return of <u>5.52</u> % .....	0	80610
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		728873
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11</u> % .....		37245
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		766118
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	1540943

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	93.00 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	100.13 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	94.28 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/17/2024	201077	0	07/16/2024	205509	0		
02/20/2024	201196	0	08/19/2024	207234	0		
03/18/2024	205509	0	09/17/2024	207234	0		
04/16/2024	205509	0	10/16/2024	207234	0		
05/16/2024	205509	0	11/18/2024	207234	0		
06/20/2024	205509	0	12/18/2024	207233	0		
			<b>Totals ▶</b>	<b>18(b)</b>	2465987	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	2406321

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 1
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	1546995	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	1546995	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	1546995	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	2406321	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	859326	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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## **Schedule SB, Part V – Statement of Actuarial Methods and Assumptions**

### **Actuarial Cost Method**

Traditional Unit Credit. The actuarial cost method for determining the Target Liability and Target Normal Cost is prescribed by the Pension Protection Act of 2006.

For determining the Target Liability, the present value of the benefits accumulated as of the valuation date is calculated by projecting future benefit payments of the accrued benefit, adjusted for the probability of payment according to the demographic assumptions, and discounting the payments to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but less than 20 years after the valuation date are discounted using the second segment rate, and payments made at least 20 years after the valuation date are discounted using the third segment rate. The Target Normal Cost is calculated in an identical manner, substituting the future benefit payments anticipated based on service earned during the current plan year (if any).

### **Asset Method**

Market Value of Assets, including contributions receivable discounted to the valuation date using the prior plan year Effective Interest Rate.

### **Valuation Date**

January 1.

### **Interest**

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

December segment rates adjusted by the 25-year average segment rates for the applicable plan year.

	1/1/2023		1/1/2024	
	Without Stabilization	With Stabilization	Without Stabilization	With ARPA Stabilization
First Segment	1.95%	4.75%	4.21%	4.75%
Second Segment	3.50%	5.00%	4.86%	4.87%
Third Segment	3.85%	5.74%	4.87%	5.59%
Effective Interest Rate	3.35%	5.11%	4.78%	4.99%

## **Schedule SB, Part V – Statement of Actuarial Methods and Assumptions**

### **Mortality**

2024 IRS Fully Generational Mortality Table per Treasury Reg. Section 430(h)(3). For the 2023 valuation, the 2023 IRS Combined Static Mortality.

No mortality improvement is assumed beyond any improvements already included in the underlying assumption.

### **Retirement Age**

Active participants are assumed to retire upon reaching their Normal Retirement Date, or current age if older. Terminated vested participants are assumed to retire on the valuation date.

### **Turnover**

None assumed.

### **Disablement**

None assumed.

### **Compensation Increases**

3.50% per year.

### **Increase in Compensation Limit**

3.00% per year.

### **Interest Crediting Rate**

4.50% compounded monthly. For the 2023 valuation, 3.75% compounded monthly.

### **Form of Payment**

Active participants are assumed to elect a lump sum distribution at Normal Retirement Date or current age, if older. Terminated vested participants are assumed to elect a lump sum distribution as of the valuation date. Death benefits are assumed to be paid as a lump sum to the beneficiary immediately following the death of the participant.

### **Expenses**

Plan-related expenses expected to be paid from plan assets, \$1,000 for the 2024 plan year, were added to the Target Normal Cost. For the prior year, \$110,000 was added to the Target Normal Cost.

### **Changes Since Prior Year**

The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions, maximum tax-deductible contribution, and PBGC premiums were updated per IRS regulations.

The interest crediting rate assumption was updated from 3.75% compounded monthly for the 2023 valuation to 4.50% compounded monthly for the 2024 valuation.

## **Schedule SB, Part V – Statement of Actuarial Methods and Assumptions**

### **Changes Since Prior Year (continued)**

The expense load included in the Target Normal Cost was updated from \$110,000 in 2023 to \$1,000 in 2024, as the plan has historically paid all non-investment expenses outside of plan funds except for a few de minimis charges, and Bolton is not aware of any plan to alter this practice.

### **Rationale for the Selection of Significant Actuarial Assumptions**

The mortality table and interest rates used to value the Target Liability are prescribed by Law, and selected based on certain elections by the Plan Sponsor. The Plan Sponsor has elected to use the three segment interest rates for the month of December preceding the valuation date (i.e., a one-month lookback period was elected) and the small plan combined version of the statutory mortality tables. For determining the PBGC variable-rate premium, the Plan Sponsor elected the Standard Method in 2019, a revocation of the Alternative Method elected in 2013.

The following actuarial assumptions having a significant effect on the measurement of plan assets or benefit obligations presented in the report were selected by the actuary on the basis described, with the concurrence of the Plan Sponsor:

#### **Retirement**

Because the Plan does not have a large enough population to perform a fully credible experience analysis, the retirement age assumption takes into account the actuary's experience with other plans of a similar size, demographic composition, and plan design.

During 2020, we reviewed the Plan's small population experience 2012-2019. We determined that those who retired during that period who had a non-zero account balance had an average age not materially different than Normal Retirement Age.

#### **Turnover and Disablement**

Due to the small group of active participants covered by the Plan, there is not sufficient data to determine any appropriate plan-specific assumption. An assumption of no pre-retirement decrements (other than death) is more likely to produce no gain/loss (i.e., when the assumption that an employee will not terminate is realized); however, if an employee does terminate before retirement, the gain/loss at that time will be greater. The effect of assuming pre-retirement turnover is not expected to produce materially different results than if an assumption regarding pre-retirement turnover was included.

#### **Compensation Increases and Increase in the Compensation Limit**

Compensation increases in excess of the statutory compensation limit are not applicable for this Plan. Therefore, the increase in the statutory limit itself has more of an impact on the Plan's normal cost than the compensation increase rate. The compensation increases for participants earning less than the statutory limit were reviewed with the Plan Sponsor, who confirmed the assumption is consistent with their current compensation practices. The statutory compensation limit assumption is based on common actuarial practices.

## **Schedule SB, Part V – Statement of Actuarial Methods and Assumptions**

### **Rationale for the Selection of Significant Actuarial Assumptions**

#### Interest Credits

The future interest crediting rate was increased to 4.50% per year beginning with the 2024 valuation, a change from the 3.75% in 2023 and 3.25% used for the 2020 through 2022 valuations, after reviewing histories of the underlying 10-year Treasury Rate and Third Segment Rate along with the actuary's anticipation of future economic experience.

Actual monthly experience of the underlying rates are reviewed at least annually to confirm the economic trend and the assumption is updated at the beginning of the next valuation year if warranted. Reviewing the trend of the underlying rates and the Plan's actual past interest crediting rate allows the actuary to smooth out short-term deviations due to rapidly changing economic conditions.

#### Form of Payment

Plan experience suggests that virtually all active and deferred vested participants, as well as surviving beneficiaries, will elect a lump sum distribution at termination (or death), or as soon as administratively practicable.

Other assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed in this section are not considered significant relative to the measurement.

### **Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB, which is attached in .pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule SB.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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

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

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

<b>A</b> Name of plan ADVANCED RADIOLOGY, P.A. CASH BALANCE PLAN		<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Advanced Radiology, P.A.		<b>D</b> Employer Identification Number (EIN) 52-2055746	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

**2** Assets:

<b>a</b> Market value	<b>2a</b>	21,652,409
<b>b</b> Actuarial value	<b>2b</b>	21,652,409

**3** Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment	1	38,826	38,826
<b>b</b> For terminated vested participants	0	0	0
<b>c</b> For active participants	98	21,585,440	21,585,440
<b>d</b> Total	99	21,624,266	21,624,266

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

<b>a</b> Funding target disregarding prescribed at-risk assumptions	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	<b>4b</b>	


**5** Effective interest rate **5** 4.99%

**6** Target normal cost

<b>a</b> Present value of current plan year accruals	<b>6a</b>	1,545,995
<b>b</b> Expected plan-related expenses	<b>6b</b>	1,000
<b>c</b> Target normal cost	<b>6c</b>	1,546,995

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		<u>9/15/2025</u>
	Signature of actuary	Date
JAMES E. RITCHIE, ASA	Type or print name of actuary	2305643
		Most recent enrollment number
BOLTON PARTNERS, INC.	Firm name	410-547-0500
		Telephone number (including area code)
1 W. PENNSYLVANIA AVENUE, SUITE 600		
TOWSON MD 21204	Address of the firm	

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

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1,460,333
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
9	Amount remaining (line 7 minus line 8) .....	0	1,460,333
10	Interest on line 9 using prior year's actual return of <u>5.52%</u> .....	0	80,610
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year) .....		728,873
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11%</u> .....		37,245
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	c Total available at beginning of current plan year to add to prefunding balance .....		766,118
	d Portion of (c) to be added to prefunding balance .....		0
12	Other reductions in balances due to elections or deemed elections .....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	1,540,943

Part III Funding Percentages			
14	Funding target attainment percentage .....	14	93.00%
15	Adjusted funding target attainment percentage .....	15	100.13%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	16	94.28%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/17/2024	201,077	0				
02/20/2024	201,196	0				
03/18/2024	205,509	0				
04/16/2024	205,509	0				
05/16/2024	205,509	0				
06/20/2024	205,509	0				
07/16/2024	205,509	0				
08/19/2024	207,234	0				
09/17/2024	207,234	0				
10/16/2024	207,234	0				
11/18/2024	207,234	0				
12/18/2024	207,233	0				
<b>Totals ▶</b>			<b>18(b)</b>	2,465,987	<b>18(c)</b>	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years .....	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date .....	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	19c	2,406,321

20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code):				<b>21b</b> 1
<b>22</b> Weighted average retirement age				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.				<b>27</b>

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c)	<b>31a</b>	1,546,995	
<b>b</b> Excess assets, if applicable, but not greater than line 31a	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment	0		0
<b>b</b> Waiver amortization installment	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	<b>34</b>	1,546,995	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement		0	0
<b>36</b> Additional cash requirement (line 34 minus line 35)	<b>36</b>	1,546,995	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	<b>37</b>	2,406,321	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	859,326	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

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

Advanced Radiology, P.A.  
Cash Balance Plan  
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**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

All participants are assumed to retire upon attainment of age 62, the plan's normal retirement age. The weighted average retirement age is 62.

## **Schedule SB, Part V – Summary of Plan Provisions**

### **Effective Date**

January 1, 2008. Most recent two plan amendments were adopted March 31, 2021, and are each effective January 1, 2021.

The plan was amended effective January 1, 2024, to allow the opportunity for an in-service distribution once each year to employees who were at least age 59 on the first day of that plan year. Once an in-service distribution is elected, an additional in-service distribution cannot be elected until a 5-year period has elapsed. Because the amendment was not adopted until June 27, 2024, it has not been incorporated into the 2024 valuation results and is not reflected in the Schedule SB.

### **Plan Year**

January 1 through December 31.

### **Period of Service**

Years and months of employment with the Employer or an Affiliate.

### **Eligibility**

All employees are eligible to participate in the plan on the first day of the month following the attainment of age 21 and completion of a one-year period of service with the Employer.

### **Compensation**

Compensation is the total compensation included on Form W-2 for the plan year, including any amounts contributed through a salary reduction agreement by the Employee to a Section 401(k), 403(b) or 125 plan. Compensation for all participants shall be limited to \$200,000 as adjusted by the Commissioner for cost-of-living increases (\$345,000 for 2024).

### **Account Balance**

A hypothetical account maintained for each participant which consists of the Participant's Contribution Credits and Interest Credits.

### **Contribution Credits**

As of the last day of each month, each Participant's Account Balance shall be credited with an amount equal to the Participant's Contribution Credit rate multiplied by Compensation for the plan year. Contribution Credits will be credited in equal monthly installments based on the lesser of the Participant's:

- a) annual Compensation rate determined at the beginning of the plan year, or
- b) annual Compensation as limited by Code Section 401(a)(17)(B) for the plan year.

Contribution Credit rates range from 0% to 25% and are set forth for each Participant in Schedule A of the plan document.

## **Schedule SB, Part V – Summary of Plan Provisions**

### **Interest Credits**

As of the last day of each month, each Participant's Account Balance will earn interest credits on the balance of the Account Balance of the preceding month. The interest crediting rate is equal to the lesser of:

- a) the yield for ten-year Treasury Constant Maturities for the month of November preceding the first day of the Plan Year, plus 2%, or
- b) the 24-month average corporate bond third segment rate described in Internal Revenue Code section 417(e)(3) applicable to the November preceding the first day of the Plan Year.

### **Retirement Dates**

#### Normal Retirement

First day of the month coincident with or next following the attainment of age 62 and five years of plan participation.

#### Postponed Retirement

First day of the month coincident with or next following the participant's actual retirement date.

#### In-Service Retirement

Effective January 1, 2024, offered once each year (August in 2024, July in all subsequent years) to participants who were at least age 59 on the first day of the plan year. This provision is not incorporated into the 2024 valuation results.

### **Retirement Benefits**

#### Normal Retirement

Upon Normal Retirement a Participant shall be eligible to receive benefits based on the value of his vested Account Balance on Normal Retirement Date.

#### Postponed Retirement

Calculated in the same manner as the Normal Retirement Benefit, based on the Participant's Vested Account Balance as of the date payment commences.

#### In-Service Retirement

Calculated in the same manner as the Normal Retirement Benefit, based on the Participant's Vested Account Balance as of the first day of the Plan Year with interest credits through the date payment commences. This provision is not incorporated into the 2024 valuation results.

### **Normal Form of Benefit Payment**

Joint and 50% Survivor Annuity (with spouse as beneficiary) for married participants and a Single Life Annuity for unmarried Participants.

Advanced Radiology, P.A.  
Cash Balance Plan  
EIN/PN: 52-2055746/002

## **Schedule SB, Part V – Summary of Plan Provisions**

### **Optional Forms of Benefit Payment**

Single Life annuity, Ten Years Certain and Life annuity, Joint and Survivor annuity with 50%, 75% or 100% to beneficiary, Lump Sum.

Optional forms are determined using the 417(e) mortality table for the year in which distribution begins, and the lump sum segment rates for November prior to the plan year in which distribution begins.

### **Termination of Employment Benefits**

Upon termination of employment, a vested Participant may elect to receive distribution of his benefit as a lump sum or immediate annuity, or may defer receipt of benefits until Normal Retirement Date.

### **Pre-Retirement Death Benefits**

In the event an employee dies prior to the Normal Retirement Date, his beneficiary shall be entitled to receive a death benefit based on the value of the Participant's Vested Account Balance as of the date payment commences.

### **Vesting**

Any Participant shall be 100% vested in his or her Account Balance immediately upon participation.

### **Contributions**

The Employer pays the entire cost of the Plan.

### **Changes Since Prior Year**

The plan was amended effective January 1, 2024, to allow the opportunity for an in-service distribution once each year to employees who were at least age 59 on the first day of that plan year. Once an in-service distribution is elected, an additional in-service distribution cannot be elected until a 5-year period has elapsed. Because the amendment was not adopted until June 27, 2024, it has not been incorporated into the 2024 valuation results and is not reflected in the Schedule SB.

Advanced Radiology, P.A.  
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**Schedule SB, line 32 - Schedule of Shortfall Amortization Bases**

With Stabilization

No bases have been established since the Plan's funded percentage is greater than 100%.

Without Stabilization

<b>Date Established</b>	<b>Present Value</b>	<b>Annual Payment</b>	<b>Years Remaining</b>
1/1/2024	1,685,548	152,644	15
<b>Totals</b>	<b>\$ 1,685,548</b>	<b>\$ 152,644</b>	

Advanced Radiology, P.A.  
Cash Balance Plan  
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**Schedule SB, line 24 – Change in Actuarial Assumptions**

The interest crediting rate was updated from 3.75% in 2023 to 4.50% for 2024. The plan's cash balance interest crediting rate is based upon the lesser of 1) the 10-year Treasury Constant Maturities for the month of November preceding the first day of the Plan Year, plus 2%, and 2) The 24-month average corporate bond third segment rate described in IRS Code Section 417(e)(3) applicable to the November preceding the first day of the Plan Year. The interest crediting rate assumption used in the valuation has been increased after reviewing a history of the underlying rates along with the actuary's anticipation of future economic experience.

The expense load included in the Target Normal Cost was updated from \$110,000 in 2023 to \$1,000 in 2024, as the plan has historically paid all non-investment expenses outside of plan funds except for a few de minimis charges, and Bolton is not aware of any plan to alter this practice.