

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify), B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, 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: CAPE RADIOLOGY GROUP, P.C. CASH BALANCE PENSION PLAN; 1b Three-digit plan number (PN): 002; 1c Effective date of plan: 01/01/2008; 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code; 2b Employer Identification Number (EIN): 43-0954380; 2c Plan Sponsor's telephone number: 573-334-6071; 2d Business code (see instructions): 621111

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	130
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	112
	<b>6a(2)</b>	105
	<b>6b</b>	1
	<b>6c</b>	14
	<b>6d</b>	120
	<b>6e</b>	1
	<b>6f</b>	121
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

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

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<b>SCHEDULE SB</b> <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>CAPE RADIOLOGY GROUP, P.C. CASH BALANCE PENSION 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>CAPE RADIOLOGY GROUP, P.C.</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0954380</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 type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<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>15010609</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>15010609</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1</u>	<u>17616</u>
	<b>b</b> For terminated vested participants .....	<u>17</u>	<u>146983</u>
	<b>c</b> For active participants .....	<u>112</u>	<u>12845615</u>
	<b>d</b> Total .....	<u>130</u>	<u>13010214</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>5.08 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>593197</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>593197</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>  <u>BRIAN FOX</u> Signature of actuary  <u>OCTOBER THREE CONSULTING LLC</u> Firm name  <u>233 S. WACKER DRIVE, SUITE 8350</u> <u>CHICAGO, IL 60606</u>  Address of the firm	<u>07/23/2025</u> Date  <u>23-08462</u> Most recent enrollment number  <u>312-878-2440</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.12</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		847008
	<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>5.10</u> % .....		43197
	<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 .....		890205
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	114.99 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	114.99 %
<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>	115.61 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2025	746771	0					
			<b>Totals ▶</b>	<b>18(b)</b>	746771	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 700706
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input 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>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 593197
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 593197
<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> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 700706
<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> 700706
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

<b>SCHEDULE C</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>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</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**

<b>A</b> Name of plan <b>CAPE RADIOLOGY GROUP, P.C. CASH BALANCE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CAPE RADIOLOGY GROUP, P.C.</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0954380</b>	

**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

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

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**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)

MONETA GROUP

20-1903821

(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?
27	NONE	71982	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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.

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</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>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CAPE RADIOLOGY GROUP, P.C. CASH BALANCE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CAPE RADIOLOGY GROUP, P.C.</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0954380</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	421	316
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	903982	746771
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	20376	33813
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2513813	829314
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3087228	1599088
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1042245	1589048
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7466094	8349100
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	15034159	13147450
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	19109	17127
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	19109	17127
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	15015050	13130323

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	746771	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		746771
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	37279	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	41921	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	21250	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		100450
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	119569	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		119569
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	4673376	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3587748	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		1085628
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	857045	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-660248
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2249215

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	4061960	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4061960
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	71982	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		71982
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4133942

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1884727
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **TORRILLO & ASSOCIATES, LLC**

(2) EIN: **83-0414789**

**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
<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.)		X	
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 544639.

<b>SCHEDULE R</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>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</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

<b>A</b> Name of plan <u>CAPE RADIOLOGY GROUP, P.C. CASH BALANCE PENSION 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 <u>CAPE RADIOLOGY GROUP, P.C.</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0954380</u>	

<b>Part I</b>	<b>Distributions</b>
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**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		0
---	--	---

**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): 33-6134835

**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		7
---	--	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 07 / 24 / 2019 (MM/DD/YYYY) and the Opinion Letter serial number J501932A.

**CAPE RADIOLOGY GROUP, P.C. CASH BALANCE PENSION PLAN**

**Financial Statements  
As of and for the Years Ended  
December 31, 2024 and 2023  
And  
Supplemental Schedules  
As of and for the Year Ended  
December 31, 2024**

## **Cape Radiology Group, P.C. Cash Balance Pension Plan Index**

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- The supplemental schedules included are presented for purposes of additional analysis and are not a required part of the financial statements but are required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the  
Cape Radiology Group, P.C. Cash Balance Pension Plan

### Opinion

We have audited the accompanying financial statements of the Cape Radiology Group, P.C. Cash Balance Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA") which 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Cape Radiology Group, P.C. Cash Balance Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### 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 Cape Radiology Group, P.C. Cash Balance Pension 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 audit opinion.

### Responsibilities of Plan Management for the Financial Statements

Plan 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.

In preparing the financial statements, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Plan 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

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 internal control of the Cape Radiology Group, P.C. Cash Balance Pension Plan. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Plan 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 ability of the Cape Radiology Group, P.C. Cash Balance Pension Plan to continue as a going concern for a reasonable period of time.

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.

#### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

*Touillo Associates, LLC*

September 22, 2025

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**As of December 31, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ 12,366,550	\$ 14,109,380
Cash	316	421
Accrued income	33,813	20,376
Employer contributions receivable	746,771	903,982
Total receivables	<u>780,584</u>	<u>924,358</u>
Total assets	<u>13,147,450</u>	<u>15,034,159</u>
Liabilities:		
Accrued expenses	<u>17,127</u>	<u>19,109</u>
Total liabilities	<u>17,127</u>	<u>19,109</u>
Net assets available for benefits	<u>\$ 13,130,323</u>	<u>\$ 15,015,050</u>

The accompanying notes are an integral part of the financial statements.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended December 31, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,015,422	\$ 1,641,271
Interest and dividend income	487,022	326,385
Net investment income	<u>1,502,444</u>	<u>1,967,656</u>
Employer contributions	746,771	903,982
Total additions	<u>2,249,215</u>	<u>2,871,638</u>
Deductions:		
Benefits paid	4,061,960	3,431,163
Administrative expenses	71,982	77,625
Total deductions	<u>4,133,942</u>	<u>3,508,788</u>
Net decrease	(1,884,727)	(637,150)
Net assets available for benefits:		
Beginning of year	<u>15,015,050</u>	<u>15,652,200</u>
End of year	<u>\$ 13,130,323</u>	<u>\$ 15,015,050</u>

The accompanying notes are an integral part of the financial statements.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2024 and 2023**

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**1. General Description of Plan**

The Cape Radiology Group, P.C. Cash Balance Pension Plan (the “Plan”) was established on January 1, 2008. The Plan was most recently amended and restated effective January 1, 2025. The Plan is a noncontributory defined benefit plan covering eligible employees of Cape Radiology Group, P.C. (the “Company”). Employees of related employers are not eligible unless the related employer specifically adopts the Plan in writing. Cape Radiology Group, S.C., CRG I, L.L.C, and Physicians Professional Liability Insurance Agency, LLC are related employers that have adopted the provisions of the Plan as participating employers. The Company serves as the Plan sponsor and the Plan administrator. Officers of the Company serve as trustees of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**Eligibility**

To become a Plan participant, an eligible employee must 1) be 20½ years of age and 2) complete 500 hours of service during the first six months following employment or complete a year of service, as defined in the Plan document, if earlier. Collectively bargained employees, non-resident aliens who receive no compensation from the Company which constitutes U.S. source income, leased employees and PRN employees are not eligible to participate in the Plan. Eligible employees enter the Plan as participants on the first day of the Plan year after meeting the Plan’s eligibility requirements. Prior service with Bluff Radiology Group, LLC, Rolla Radiology Group, LLC, and Sikeston Imaging Center, LLC are counted for eligibility and vesting purposes.

**Pension Benefits**

The Plan is a cash balance account plan whereby a participant’s accrued benefit is maintained in a hypothetical cash balance account. A participant’s hypothetical cash balance account consists of the sum of the cash balance contribution credits earned based on eligible compensation, as defined in the Plan document, and cash balance interest credits. Contribution credits vary per participant and are based on a participant grouping method, as defined in the Plan document. Interest credits are generally based on the actual rate of return on Plan assets.

**Vesting**

Participants with three or more years of vesting service, as defined in the Plan document, have a 100% vested interest in their accrued benefits. A participant may also become fully vested upon attainment of normal retirement age, death or disability while an employee.

**Payment of Benefits**

Participants are entitled to Plan benefits beginning at the normal retirement age, death or disability. Normal retirement age is defined as the later of age 62 or the 5<sup>th</sup> anniversary of the participant’s entry date, but no later than the participant’s 65<sup>th</sup> birthday. Participants who terminate after the completion of at least three years of service but prior to eligibility for normal retirement, death or disability are entitled to a deferred vested benefit. In-service distributions of vested accrued benefits are also available, subject to the terms of the Plan document.

The Plan provides that single participants receive their benefit in the form of a straight life annuity and married participants receive their benefit in the form of a 100% joint and survivor annuity. Optional forms of distributions are available under the Plan including lump sum, annuity, or installment payments, which are available for in-service required minimum distributions. If the actuarial present value of the accrued benefit is less than \$7,000 (\$5,000 prior to modification allowed by the Setting Every Community Up for Retirement Enhancement 2.0 Act of 2022, “SECURE Act 2.0”), such benefit will be distributed in a lump sum. In the event of death before retirement, beneficiaries are entitled to the actuarial equivalent of the accrued pension benefit of an active participant or 100% of the value of the vested deferred pension of a former participant.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2024 and 2023**

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**Plan Termination**

Although it has not expressed any intent to do so, the Company reserves the right to discontinue its contributions and terminate the Plan at any time under the provisions of ERISA. In the event the Plan terminates, participants become 100% vested in benefits earned as of the termination date regardless of length of service, to the extent such benefits are then funded, and the assets of the Plan shall be distributed in the manner and order set forth in the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

The financial statements of the Plan are prepared under the accrual basis of accounting.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by trustees, custodians and investment advisors. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

**Administrative Expenses**

In 2024 and 2023, certain administrative expenses were paid out of the Plan. Certain other administrative expenses of the Plan are paid directly by the Plan sponsor and are excluded from these financial statements. Certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2024 and 2023**

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### **3. Investments and Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability'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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used as of December 31, 2024 and 2023.

<i>Marketable equity securities:</i>	Marketable equity securities include exchange traded funds ("ETFs") and mutual funds. ETFs are valued at the closing prices reported on the active market on which the individual securities are traded. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
<i>Interest-bearing cash:</i>	The carrying value of interest-bearing cash approximates fair value as maturities are less than three months and/or include money market funds that are based on quoted prices and are actively traded.
<i>Certificates of deposit:</i>	Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing values on matrix or model pricing by an independent third-party.
<i>U.S. government securities, corporate bonds, and other fixed income securities:</i>	Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing values on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2024 and 2023**

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

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2024:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments, at fair value:				
Marketable equity securities	\$ 8,349,100	\$ 8,349,100	\$ -	\$ -
Interest-bearing cash	579,186	579,186	-	-
Certificates of deposit	250,128	-	250,128	-
U.S. government securities, corporate bonds, and other fixed income securities	3,188,136	-	3,188,136	-
Total	<u>\$ 12,366,550</u>	<u>\$ 8,928,286</u>	<u>\$ 3,438,264</u>	<u>\$ -</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2023:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments, at fair value:				
Marketable equity securities	\$ 7,466,094	\$ 7,466,094	\$ -	\$ -
Interest-bearing cash	2,027,980	2,027,980	-	-
Certificates of deposit	485,833	-	485,833	-
U.S. government securities, corporate bonds, and other fixed income securities	4,129,473	-	4,129,473	-
Total	<u>\$ 14,109,380</u>	<u>\$ 9,494,074</u>	<u>\$ 4,615,306</u>	<u>\$ -</u>

The Plan invests in a certificate of deposit issued by Bank of America N.A. The certificate of deposit as of December 31, 2024, consists of amounts on deposit at banks or savings and loan associations, with an interest rate of 4.90%, with maturity in 2025. The deposit principal was not in excess of federally insured limits as of December 31, 2024. Certificates of deposit as of December 31, 2023 had interest rates ranging from 0.65% to 0.70% and matured during 2024. No certificates of deposit as of December 31, 2023 were in excess of federal insured limits.

**4. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are accumulated based on participants' compensation during each year of credited service. The accumulated plan benefits for active participants will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to participant service rendered to the valuation date.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2024 and 2023**

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The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

As of January 1, 2024, the actuarial present value of accumulated Plan benefits is as follows:

Actuarial present value of accumulated Plan benefits	
Vested benefits:	
Participants currently receiving benefits	\$ 17,616
Other participants	14,169,484
	<u>14,187,100</u>
Non-vested benefits	63,211
Total actuarial present value of accumulated Plan benefits	<u>\$ 14,250,311</u>

The changes in the actuarial present value of accumulated Plan benefits for the year ended January 1, 2024 are as follows:

Actuarial present value of accumulated Plan benefits,	
beginning of period	<u>\$ 15,891,305</u>
Increase (decrease) during the year attributed to:	
Benefits accumulated	903,982
Actuarial (gains)/losses	(2,518)
Interest, updated for impact of investment return	888,705
Benefits paid	<u>(3,431,163)</u>
Net decrease	<u>(1,640,994)</u>
Actuarial present value of accumulated Plan benefits,	
end of period	<u>\$ 14,250,311</u>

The significant methods and assumptions used to determine the actuarial present value of accumulated plan benefits as of January 1, 2024 are as follows:

Effective Interest Rate	5.08%
Interest Crediting Rate	3.75%
Mortality	IRS 2024 Static Mortality Table with separate tables for annuitants and non-annuitants

Since the Plan is a cash balance plan, the actuarial present value of accumulated Plan benefits for active and terminated vested participants is the amount that results from determining the value of the participants' cash balance accounts at the valuation date. The value of a participant's cash balance is not materially affected by the timing of benefit commencement. Therefore, no preretirement withdrawal or disability is assumed and all participants are assumed to retire at age 62, the Plan's normal retirement age. The actuarial present value of accumulated Plan benefits for the single annuitant is based on the funding assumptions summarized above.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2024 and 2023**

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**5. Funding Policy**

Contributions are recorded on the accrual basis of accounting. The Company's policy is to contribute such amounts as are necessary on an actuarial basis to provide sufficient assets to meet the benefits to be paid to the Plan members in accordance with at least the minimum funding requirements of ERISA. Under these requirements, the Company's contributions met or exceeded the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023. Employee contributions are neither required nor permitted.

**6. Tax Status**

Through the adoption of a Kravitz LLC defined benefit volume submitter plan, the Plan was amended and restated effective January 1, 2019. The Internal Revenue Service ("IRS") issued an advisory letter dated July 24, 2019, stating that the defined benefit volume submitter plan document as then designed was in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the advisory letter. However, the Plan administrator believes that the Plan continues to be operated in compliance with the applicable sections of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**7. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities 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 statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**8. Related-Party and Party-in-Interest Transactions**

During 2024 and 2023, certain Plan investments are units of money market funds managed by Fidelity Management & Research Company LLC ("FMR"). Affiliates of FMR provide custodial and brokerage services to the Plan. Transactions involving units of investments managed by FMR or affiliates are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under ERISA regulations. Total administrative expenses paid by the Plan amounted to \$71,982 and \$77,625 for the years ended December 31, 2024 and 2023, respectively.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2024 and 2023**

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**9. Plan Amendments**

Effective December 31, 2024, January 1, 2024, December 31, 2023 and January 1, 2023, the Plan was amended to modify the designated employee groups and related contribution credit allocations.

**10. Subsequent Events**

Effective January 1, 2025, the Plan was amended and restated through the adoption of an October Three Consulting LLC Pre-Approved Plan. As part of the amendment and restatement, Cape Radiology Group, S.C. and Physicians Professional Liability Insurance Agency, LLC were removed as participating employers, the requirement to complete 500 hours of service during the first six months of employment for Plan eligibility was removed, the normal form of retirement benefit for married participants was changed to be the 50% joint and survivor annuity, and the Plan was updated for other administrative changes.

The Plan has evaluated subsequent events through September 22, 2025, the date the financial statements were available to be issued.

## **SUPPLEMENTAL SCHEDULES**

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**As of December 31, 2024**

**EIN: 43-0954380 Plan #002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
<b>EXCHANGE TRADED FUNDS</b>				
Argent	Mid Cap ETF	\$ 249,349	\$ 239,421	
iShares	Core S&P Small-Cap ETF	727,693	848,250	
iShares	Core MSCI EAFE ETF	431,198	431,519	
iShares	Core MSCI Emerging Markets ETF	278,203	313,581	
SPDR	S&P 500 ETF Trust	1,504,040	2,019,322	
Vanguard	S&P Mid-Cap 400 Growth Index ETF	249,735	229,212	
<b>TOTAL EXCHANGE TRADED FUNDS</b>		<u>3,440,218</u>	<u>4,081,305</u>	
<b>MUTUAL FUNDS</b>				
Dodge & Cox	International Stock Fund	307,012	311,637	
Dodge & Cox	Stock Fund	1,676,822	1,729,215	
Oakmark	International Small Cap Fund	156,990	154,665	
Heartland	Mid Cap Value Fund	384,392	347,441	
T. Rowe Price	Large Cap Growth Fund	1,126,587	1,364,832	
WCM	Focused International Growth Fund	295,000	267,215	
Tweedy Browne	International Value Fund	101,101	92,790	
<b>TOTAL MUTUAL FUNDS</b>		<u>4,047,904</u>	<u>4,267,795</u>	
<b>MONEY MARKET FUNDS</b>				
* Fidelity	Government Cash Reserves Fund	411,574	411,574	
* Fidelity	Government Money Market Fund	167,612	167,612	
<b>TOTAL MONEY MARKET FUNDS</b>		<u>579,186</u>	<u>579,186</u>	
<b>CERTIFICATES OF DEPOSIT</b>				
Bank of America	4.900%, matures 2/14/2025, par value 250,000	250,000	250,128	
<b>TOTAL CERTIFICATES OF DEPOSIT</b>		<u>250,000</u>	<u>250,128</u>	
<b>U.S. GOVERNMENT SECURITIES</b>				
United States Treasury Bill	0.000%, due 1/7/2025, par value 1,600,000	1,595,077	1,599,088	
<b>TOTAL U.S. GOVERNMENT SECURITIES</b>		<u>1,595,077</u>	<u>1,599,088</u>	
<b>CORPORATE BONDS</b>				
The Campbells Soup Company Note	3.950% due 3/15/2025, par value 250,000	246,775	249,423	
Oracle Corp Note Call Make Whole	2.500% due 4/1/2025, par value 25,000	24,078	24,856	
CVS Health Corp Note Call Make Whole	3.875% due 7/20/2025, par value 250,000	245,738	248,393	
Starbucks Corp Note Call Make Whole	3.800% due 8/15/2025, par value 250,000	245,570	248,730	
Constellation Brands Inc Note	4.400% due 11/15/2025, par value 25,000	24,610	24,942	
Kellanova Note Call Make Whole	3.250% due 4/1/2026, par value 100,000	98,528	98,357	
Oracle Corp Note Call Make Whole	2.650% due 7/15/2026, par value 100,000	97,222	96,949	
Morgan Stanley Ser F MTN	3.125% due 7/27/2026, par value 100,000	98,320	97,683	
<b>TOTAL CORPORATE BONDS</b>		<u>1,080,841</u>	<u>1,089,333</u>	
<b>OTHER FIXED INCOME SECURITIES</b>				
Columbus Ohio City School District Bond	4.250%, due 12/1/2025, par value 500,000	516,279	499,715	
<b>TOTAL OTHER FIXED INCOME SECURITIES</b>		<u>516,279</u>	<u>499,715</u>	
<b>TOTAL INVESTMENTS, AT FAIR VALUE</b>		<u>\$ 11,509,505</u>	<u>\$ 12,366,550</u>	

\*: Party-in-interest

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**For the Year Ended December 31, 2024**

**EIN: 43-0954380 Plan #002**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>						
SPDR	S&P 500 ETF Trust	\$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
SPDR	S&P 500 ETF Trust	-	1,120,182	819,632	1,120,182	300,550
*Fidelity	Government Cash Reserves Fund	3,600,000	-	3,600,000	3,600,000	-
*Fidelity	Government Cash Reserves Fund	900,000	-	900,000	900,000	-
*Fidelity	Government Cash Reserves Fund	1,000,000	-	1,000,000	1,000,000	-
*Fidelity	Government Cash Reserves Fund	900,000	-	900,000	900,000	-
*Fidelity	Government Cash Reserves Fund	908,626	-	908,626	908,626	-
*Fidelity	Government Cash Reserves Fund	903,982	-	903,982	903,982	-
*Fidelity	Government Cash Reserves Fund	1,038,179	-	1,038,179	1,038,179	-
*Fidelity	Government Cash Reserves Fund	1,740,150	-	1,740,150	1,740,150	-
*Fidelity	Government Cash Reserves Fund	1,280,000	-	1,280,000	1,280,000	-
*Fidelity	Government Cash Reserves Fund	900,000	-	900,000	900,000	-
*Fidelity	Government Cash Reserves Fund	762,266	-	762,266	762,266	-
*Fidelity	Government Cash Reserves Fund	-	1,896,332	1,896,332	1,896,332	-
*Fidelity	Government Cash Reserves Fund	-	2,899,210	2,899,210	2,899,210	-
*Fidelity	Government Cash Reserves Fund	-	1,270,144	1,270,144	1,270,144	-
*Fidelity	Government Cash Reserves Fund	-	1,957,735	1,957,735	1,957,735	-
*Fidelity	Government Cash Reserves Fund	-	1,837,667	1,837,667	1,837,667	-
*Fidelity	Government Cash Reserves Fund	-	1,242,944	1,242,944	1,242,944	-
*Fidelity	Government Cash Reserves Fund	-	999,791	999,791	999,791	-
*Fidelity	Government Cash Reserves Fund	-	1,595,077	1,595,077	1,595,077	-
U.S. Treasury Bill	0.000%, due 01/30/2024	-	3,100,000	3,075,820	3,100,000	24,180
U.S. Treasury Bill	0.000%, due 02/06/2024	896,332	-	896,332	896,332	-
U.S. Treasury Bill	0.000%, due 02/06/2024	-	900,000	896,332	900,000	3,668
U.S. Treasury Bill	0.000%, due 03/05/2024	996,230	-	996,230	996,230	-
U.S. Treasury Bill	0.000%, due 03/05/2024	-	1,000,000	996,230	1,000,000	3,770
U.S. Treasury Bill	0.000%, due 04/02/2024	892,980	-	892,980	892,980	-
U.S. Treasury Bill	0.000%, due 04/02/2024	-	900,000	892,980	900,000	7,020
U.S. Treasury Bill	0.000%, due 06/11/2024	1,270,144	-	1,270,144	1,270,144	-
U.S. Treasury Bill	0.000%, due 06/11/2024	-	1,280,000	1,270,144	1,280,000	9,856
U.S. Treasury Bill	0.000%, due 08/13/2024	893,137	-	893,137	893,137	-
U.S. Treasury Bill	0.000%, due 08/13/2024	-	900,000	893,137	900,000	6,863
U.S. Treasury Bill	0.000%, due 12/03/2024	999,791	-	999,791	999,791	-
U.S. Treasury Bill	0.000%, due 12/03/2024	-	1,012,000	999,791	1,012,000	12,209
U.S. Treasury Bill	0.000%, due 01/07/2025	1,595,077	-	1,595,077	1,595,077	-
<u>Category (iii) – A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>						
iShares	Core S&P Small-Cap ETF					
	2 purchases	\$ 509,402	\$ -	\$ 509,402	\$ 509,402	\$ -
	4 sales	-	849,423	807,592	849,423	41,831
SPDR	S&P 500 ETF Trust					
	1 purchase	1,000,000	-	1,000,000	1,000,000	-
	3 sales	-	1,868,766	1,379,031	1,868,766	489,735
*Fidelity	Government Cash Reserves Fund					
	64 purchases	17,506,101	-	17,506,101	17,506,101	-
	32 sales	-	19,074,895	19,074,895	19,074,895	-
Diamond Hill	Small Cap Fund					
	2 purchases	250,000	-	250,000	250,000	-
	4 sales	-	688,823	682,610	688,823	6,213
Dodge & Cox	Stock Fund					
	4 purchases	845,100	-	845,100	845,100	-
	1 sale	-	250,000	244,646	250,000	5,354
U.S. Treasury Bill	0.000%, due 01/30/2024	-	3,100,000	3,075,820	3,100,000	24,180
U.S. Treasury Bill	0.000%, due 02/06/2024	896,332	-	896,332	896,332	-
U.S. Treasury Bill	0.000%, due 03/05/2024	-	900,000	896,332	900,000	3,668
U.S. Treasury Bill	0.000%, due 03/05/2024	996,230	-	996,230	996,230	-
U.S. Treasury Bill	0.000%, due 04/02/2024	-	1,000,000	996,230	1,000,000	3,770
U.S. Treasury Bill	0.000%, due 04/02/2024	892,980	-	892,980	892,980	-
U.S. Treasury Bill	0.000%, due 06/13/2024	-	900,000	892,980	900,000	7,020
U.S. Treasury Bill	0.000%, due 06/13/2024	394,820	-	394,820	394,820	-
U.S. Treasury Bill	0.000%, due 06/13/2024	-	398,179	394,820	398,179	3,359

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**For the Year Ended December 31, 2024**

**EIN: 43-0954380 Plan #002**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of	
					Asset on Transaction Date	Net Gain (Loss)
U.S. Treasury Bill	0.000%, due 07/05/2024					
	1 purchase	\$ 493,753	\$ -	\$ 493,753	\$ 493,753	\$ -
U.S. Treasury Bill	0.000%, due 06/11/2024					
	1 sale	-	500,000	493,753	500,000	6,247
U.S. Treasury Bill	0.000%, due 08/13/2024					
	1 purchase	1,270,144	-	1,270,144	1,270,144	-
U.S. Treasury Bill	0.000%, due 12/03/2024					
	1 sale	-	1,280,000	1,270,144	1,280,000	9,856
U.S. Treasury Bill	0.000%, due 11/29/2024					
	1 purchase	893,137	-	893,137	893,137	-
U.S. Treasury Bill	0.000%, due 01/07/2025					
	1 sale	-	900,000	893,137	900,000	6,863
U.S. Treasury Bill	0.000%, due 07/05/2024					
	1 purchase	999,791	-	999,791	999,791	-
U.S. Treasury Bill	0.000%, due 06/11/2024					
	1 sale	-	1,012,000	999,791	1,012,000	12,209
U.S. Treasury Bill	0.000%, due 11/29/2024					
	1 purchase	599,634	-	599,634	599,634	-
U.S. Treasury Bill	0.000%, due 01/07/2025					
	1 sale	-	604,000	599,634	604,000	4,366
U.S. Treasury Bill	0.000%, due 01/07/2025					
	1 purchase	1,595,077	-	1,595,077	1,595,077	-

\*: Party-in interest

Transactions in excess of 5% of the current value of the plan's assets at the beginning of the Plan year, as defined, in 29 CFR 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024.



# Cape Radiology Group, P.C. Cash Balance Pension Plan

EIN / PN 43-0954380 / 002

## Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

### Actuarial Assumptions and Methods

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#### Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the month containing the valuation date.

#### Economic Assumptions

	Funding Target		PBGC Funding Target
	with stabilization	without stabilization	
First segment rate (years 0 to 4):	4.75%	4.37%	5.01%
Second segment rate (years 5 to 19):	4.96%	4.96%	5.13%
Third segment rate (years 20 and after):	5.59%	4.95%	5.15%
Effective interest rate (current year):	5.08%	4.93%	N/A
Interest crediting rate:	3.75%		

*The interest rates listed above are compounded annually.*

*The cash balance interest crediting rate is equal to the rate of return on plan assets, subject to cumulative minimum interest crediting rates. Accordingly, the assets needed to provide future cash balance benefits are independent of interest rates and only dependent on the plan's asset allocation to the extent that the cumulative minimum interest crediting rates affect the cash balance accounts. This plan provision is difficult to measure using traditional deterministic valuation procedures. To account for this plan provision, the interest crediting rate was selected from a reasonable range based on the plan's asset allocation that, when combined with the segment interest rates, produced a funding target that was as close as possible to the economic value of the cash balance accounts.*

Cape Radiology Group, P.C. Cash Balance Pension Plan  
EIN / PN 43-0954380 / 002  
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
Actuarial Assumptions and Methods

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## Demographic Assumptions

### RETIREMENT

All participants are assumed to retire according to the following schedule upon attainment of 5 years of service, but no earlier than one year from the valuation date of January 1, 2024:

Assumed retirement age	Percent assumed to retire
62	100.00%

### WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age for the population during the current year, rounded to the nearest whole number, is 63.

### WITHDRAWAL AND DISABILITY

None.

### RATIONALE FOR RETIREMENT AGE, WITHDRAWAL AND DISABILITY ASSUMPTIONS

The economic value of the cash balance benefits is not materially affected by the timing of benefit commencement. Therefore, no preretirement withdrawal or disability is assumed, and all participants are assumed to retire according to the schedule above.

### MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2024 Static Mortality Table, as prescribed by Treasury regulation section 1.430(h)(3)-1. The mortality decrement is assumed to occur as of the beginning of the year.

## Other Assumptions

### FORM OF PAYMENT

Based on the experience of the plan and future expectations, all participants are assumed to elect a lump sum form of payment.

# Cape Radiology Group, P.C. Cash Balance Pension Plan

EIN / PN 43-0954380 / 002

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

Actuarial Assumptions and Methods

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## **EXPENSES**

Assumed expenses are \$0 for 2024, based on the experience of the plan and future expectations. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

## **Changes from Prior Year and Rationale for Changes**

The interest crediting rate was changed from 2.75% in 2023 to 3.75% in 2024 to better reflect anticipated future experience under the plan.

## **Actuarial Methods**

### **VALUATION DATE**

The valuation date is January 1, 2024.

### **ACTUARIAL VALUE OF ASSETS**

The actuarial value of assets is equal to the market value of assets.

### **MINIMUM FUNDING METHOD**

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

## **Changes in Method from Prior Year and Rationale for Changes**

None.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**For the Year Ended December 31, 2024**

**EIN: 43-0954380 Plan #002**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of	Net Gain (Loss)
					Asset on Transaction Date	
<u>Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>						
SPDR	S&P 500 ETF Trust	\$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
SPDR	S&P 500 ETF Trust	-	1,120,182	819,632	1,120,182	300,550
*Fidelity	Government Cash Reserves Fund	3,600,000	-	3,600,000	3,600,000	-
*Fidelity	Government Cash Reserves Fund	900,000	-	900,000	900,000	-
*Fidelity	Government Cash Reserves Fund	1,000,000	-	1,000,000	1,000,000	-
*Fidelity	Government Cash Reserves Fund	900,000	-	900,000	900,000	-
*Fidelity	Government Cash Reserves Fund	908,626	-	908,626	908,626	-
*Fidelity	Government Cash Reserves Fund	903,982	-	903,982	903,982	-
*Fidelity	Government Cash Reserves Fund	1,038,179	-	1,038,179	1,038,179	-
*Fidelity	Government Cash Reserves Fund	1,740,150	-	1,740,150	1,740,150	-
*Fidelity	Government Cash Reserves Fund	1,280,000	-	1,280,000	1,280,000	-
*Fidelity	Government Cash Reserves Fund	900,000	-	900,000	900,000	-
*Fidelity	Government Cash Reserves Fund	762,266	-	762,266	762,266	-
*Fidelity	Government Cash Reserves Fund	-	1,896,332	1,896,332	1,896,332	-
*Fidelity	Government Cash Reserves Fund	-	2,899,210	2,899,210	2,899,210	-
*Fidelity	Government Cash Reserves Fund	-	1,270,144	1,270,144	1,270,144	-
*Fidelity	Government Cash Reserves Fund	-	1,957,735	1,957,735	1,957,735	-
*Fidelity	Government Cash Reserves Fund	-	1,837,667	1,837,667	1,837,667	-
*Fidelity	Government Cash Reserves Fund	-	1,242,944	1,242,944	1,242,944	-
*Fidelity	Government Cash Reserves Fund	-	999,791	999,791	999,791	-
*Fidelity	Government Cash Reserves Fund	-	1,595,077	1,595,077	1,595,077	-
U.S. Treasury Bill	0.000%, due 01/30/2024	-	3,100,000	3,075,820	3,100,000	24,180
U.S. Treasury Bill	0.000%, due 02/06/2024	896,332	-	896,332	896,332	-
U.S. Treasury Bill	0.000%, due 02/06/2024	-	900,000	896,332	900,000	3,668
U.S. Treasury Bill	0.000%, due 03/05/2024	996,230	-	996,230	996,230	-
U.S. Treasury Bill	0.000%, due 03/05/2024	-	1,000,000	996,230	1,000,000	3,770
U.S. Treasury Bill	0.000%, due 04/02/2024	892,980	-	892,980	892,980	-
U.S. Treasury Bill	0.000%, due 04/02/2024	-	900,000	892,980	900,000	7,020
U.S. Treasury Bill	0.000%, due 06/11/2024	1,270,144	-	1,270,144	1,270,144	-
U.S. Treasury Bill	0.000%, due 06/11/2024	-	1,280,000	1,270,144	1,280,000	9,856
U.S. Treasury Bill	0.000%, due 08/13/2024	893,137	-	893,137	893,137	-
U.S. Treasury Bill	0.000%, due 08/13/2024	-	900,000	893,137	900,000	6,863
U.S. Treasury Bill	0.000%, due 12/03/2024	999,791	-	999,791	999,791	-
U.S. Treasury Bill	0.000%, due 12/03/2024	-	1,012,000	999,791	1,012,000	12,209
U.S. Treasury Bill	0.000%, due 01/07/2025	1,595,077	-	1,595,077	1,595,077	-
<u>Category (iii) – A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>						
iShares	Core S&P Small-Cap ETF					
	2 purchases	\$ 509,402	\$ -	\$ 509,402	\$ 509,402	\$ -
	4 sales	-	849,423	807,592	849,423	41,831
SPDR	S&P 500 ETF Trust					
	1 purchase	1,000,000	-	1,000,000	1,000,000	-
	3 sales	-	1,868,766	1,379,031	1,868,766	489,735
*Fidelity	Government Cash Reserves Fund					
	64 purchases	17,506,101	-	17,506,101	17,506,101	-
	32 sales	-	19,074,895	19,074,895	19,074,895	-
Diamond Hill	Small Cap Fund					
	2 purchases	250,000	-	250,000	250,000	-
	4 sales	-	688,823	682,610	688,823	6,213
Dodge & Cox	Stock Fund					
	4 purchases	845,100	-	845,100	845,100	-
	1 sale	-	250,000	244,646	250,000	5,354
U.S. Treasury Bill	0.000%, due 01/30/2024					
	1 sale	-	3,100,000	3,075,820	3,100,000	24,180
U.S. Treasury Bill	0.000%, due 02/06/2024					
	1 purchase	896,332	-	896,332	896,332	-
	1 sale	-	900,000	896,332	900,000	3,668
U.S. Treasury Bill	0.000%, due 03/05/2024					
	1 purchase	996,230	-	996,230	996,230	-
	1 sale	-	1,000,000	996,230	1,000,000	3,770
U.S. Treasury Bill	0.000%, due 04/02/2024					
	1 purchase	892,980	-	892,980	892,980	-
	1 sale	-	900,000	892,980	900,000	7,020
U.S. Treasury Bill	0.000%, due 06/13/2024					
	1 purchase	394,820	-	394,820	394,820	-
	1 sale	-	398,179	394,820	398,179	3,359

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**For the Year Ended December 31, 2024**

**EIN: 43-0954380 Plan #002**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of</u> <u>Asset on</u> <u>Transaction</u> <u>Date</u>	<u>Net Gain (Loss)</u>
U.S. Treasury Bill	0.000%, due 07/05/2024					
	1 purchase	\$ 493,753	\$ -	\$ 493,753	\$ 493,753	\$ -
	1 sale	-	500,000	493,753	500,000	6,247
U.S. Treasury Bill	0.000%, due 06/11/2024					
	1 purchase	1,270,144	-	1,270,144	1,270,144	-
	1 sale	-	1,280,000	1,270,144	1,280,000	9,856
U.S. Treasury Bill	0.000%, due 08/13/2024					
	1 purchase	893,137	-	893,137	893,137	-
	1 sale	-	900,000	893,137	900,000	6,863
U.S. Treasury Bill	0.000%, due 12/03/2024					
	1 purchase	999,791	-	999,791	999,791	-
	1 sale	-	1,012,000	999,791	1,012,000	12,209
U.S. Treasury Bill	0.000%, due 11/29/2024					
	1 purchase	599,634	-	599,634	599,634	-
	1 sale	-	604,000	599,634	604,000	4,366
U.S. Treasury Bill	0.000%, due 01/07/2025					
	1 purchase	1,595,077	-	1,595,077	1,595,077	-

\*: Party-in interest

Transactions in excess of 5% of the current value of the plan's assets at the beginning of the Plan year, as defined, in 29 CFR 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024.

**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 Cape Radiology Group, P.C. Cash Balance Pension 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 Cape Radiology Group, P.C.	<b>D</b> Employer Identification Number (EIN) 43-0954380	
<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 type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

**Part I Basic Information**

<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>	15,010,609
	<b>b</b> Actuarial value .....	<b>2b</b>	15,010,609
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	1	17,616
	<b>b</b> For terminated vested participants .....	17	146,983
	<b>c</b> For active participants .....	112	12,845,615
	<b>d</b> Total .....	130	13,010,214
<b>4</b>	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>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.08%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	593,197
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0
	<b>c</b> Target normal cost .....	<b>6c</b>	593,197

**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>	Brian Fox <u>B7</u> Signature of actuary	<u>7/23/2025</u> Date
	Brian Fox Type or print name of actuary	2308462 Most recent enrollment number
	October Three Consulting LLC Firm name	312-878-2440 Telephone number (including area code)
	233 S. Wacker Drive, Suite 8350 Chicago IL 60606 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 V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input 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>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 593,197
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 593,197
<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> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 700,706
<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> 700,706
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

## Cape Radiology Group, P.C. Cash Balance Pension Plan

EIN / PN 43-0954380 / 002

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

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### **DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

The weighted average retirement age for the population during the current year, rounded to the nearest whole number, is 63. All participants are assumed to retire at the later of their Normal Retirement Age and their current age, but no earlier than one year from the valuation date of January 1, 2024.

# Cape Radiology Group, P.C. Cash Balance Pension Plan

EIN / PN 43-0954380 / 002

Schedule SB, Part V - Summary of Plan Provisions

Plan Provisions and Statutory Limits

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## **EFFECTIVE DATE**

The effective date of the plan was January 1, 2008. The plan was last amended effective January 1, 2024. This valuation reflects a plan sponsor election under IRC section 412(d)(2) to recognize an amendment adopted after the valuation date.

## **PLAN YEAR**

January 1 to December 31.

## **CASH BALANCE ACCOUNT**

The sum of Cash Balance Credits and Earnings Credits. As of January 1, 2024, Cash Balance Accounts, excluding Cash Balance Credits for the year, totaled \$14,232,694.

## **CASH BALANCE CREDITS**

Cash Balance Credits shall be credited to eligible participants' Cash Balance Accounts for the year, based on the plan document's provisions. For the 2024 plan year, Cash Balance Credits are estimated to total \$721,953.

## **EARNINGS CREDITS**

Earnings Credits shall be credited to participants' Cash Balance Accounts based on the rate of return on plan assets, subject to any minimums required by the plan. As of the participant's benefit commencement date, in no event shall cumulative Earnings Credits during a participant's period of plan participation be less than \$0.

## **NORMAL RETIREMENT AGE**

The later of age 62 and 5 years of participation, not to exceed age 65.

## **BENEFIT AMOUNT**

The Cash Balance Account, or its actuarial equivalent payable as an annuity, subject to IRS maximums. Benefits are payable immediately following termination of employment or while in service for participants who have reached age 59.5.

## **VESTING**

Each participant is 100% vested in his or her Cash Balance Account upon completion of three years of service, attainment of Normal Retirement Age, disability, or death.

## **STATUTORY LIMITS**

For 2024, the maximum compensation limit under IRC section 401(a)(17) is \$345,000, and the maximum benefit payable under IRC section 415(b) is \$275,000.

**Cape Radiology Group, P.C. Cash Balance Pension Plan**  
**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**As of December 31, 2024**

**EIN: 43-0954380 Plan #002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
<b>EXCHANGE TRADED FUNDS</b>				
Argent	Mid Cap ETF	\$ 249,349	\$ 239,421	
iShares	Core S&P Small-Cap ETF	727,693	848,250	
iShares	Core MSCI EAFE ETF	431,198	431,519	
iShares	Core MSCI Emerging Markets ETF	278,203	313,581	
SPDR	S&P 500 ETF Trust	1,504,040	2,019,322	
Vanguard	S&P Mid-Cap 400 Growth Index ETF	249,735	229,212	
<b>TOTAL EXCHANGE TRADED FUNDS</b>		<u>3,440,218</u>	<u>4,081,305</u>	
<b>MUTUAL FUNDS</b>				
Dodge & Cox	International Stock Fund	307,012	311,637	
Dodge & Cox	Stock Fund	1,676,822	1,729,215	
Oakmark	International Small Cap Fund	156,990	154,665	
Heartland	Mid Cap Value Fund	384,392	347,441	
T. Rowe Price	Large Cap Growth Fund	1,126,587	1,364,832	
WCM	Focused International Growth Fund	295,000	267,215	
Tweedy Browne	International Value Fund	101,101	92,790	
<b>TOTAL MUTUAL FUNDS</b>		<u>4,047,904</u>	<u>4,267,795</u>	
<b>MONEY MARKET FUNDS</b>				
* Fidelity	Government Cash Reserves Fund	411,574	411,574	
* Fidelity	Government Money Market Fund	167,612	167,612	
<b>TOTAL MONEY MARKET FUNDS</b>		<u>579,186</u>	<u>579,186</u>	
<b>CERTIFICATES OF DEPOSIT</b>				
Bank of America	4.900%, matures 2/14/2025, par value 250,000	250,000	250,128	
<b>TOTAL CERTIFICATES OF DEPOSIT</b>		<u>250,000</u>	<u>250,128</u>	
<b>U.S. GOVERNMENT SECURITIES</b>				
United States Treasury Bill	0.000%, due 1/7/2025, par value 1,600,000	1,595,077	1,599,088	
<b>TOTAL U.S. GOVERNMENT SECURITIES</b>		<u>1,595,077</u>	<u>1,599,088</u>	
<b>CORPORATE BONDS</b>				
The Campbells Soup Company Note	3.950% due 3/15/2025, par value 250,000	246,775	249,423	
Oracle Corp Note Call Make Whole	2.500% due 4/1/2025, par value 25,000	24,078	24,856	
CVS Health Corp Note Call Make Whole	3.875% due 7/20/2025, par value 250,000	245,738	248,393	
Starbucks Corp Note Call Make Whole	3.800% due 8/15/2025, par value 250,000	245,570	248,730	
Constellation Brands Inc Note	4.400% due 11/15/2025, par value 25,000	24,610	24,942	
Kellanova Note Call Make Whole	3.250% due 4/1/2026, par value 100,000	98,528	98,357	
Oracle Corp Note Call Make Whole	2.650% due 7/15/2026, par value 100,000	97,222	96,949	
Morgan Stanley Ser F MTN	3.125% due 7/27/2026, par value 100,000	98,320	97,683	
<b>TOTAL CORPORATE BONDS</b>		<u>1,080,841</u>	<u>1,089,333</u>	
<b>OTHER FIXED INCOME SECURITIES</b>				
Columbus Ohio City School District Bond	4.250%, due 12/1/2025, par value 500,000	516,279	499,715	
<b>TOTAL OTHER FIXED INCOME SECURITIES</b>		<u>516,279</u>	<u>499,715</u>	
<b>TOTAL INVESTMENTS, AT FAIR VALUE</b>		<u>\$ 11,509,505</u>	<u>\$ 12,366,550</u>	

\*: Party-in-interest

# Cape Radiology Group, P.C. Cash Balance Pension Plan

EIN / PN 43-0954380 / 002

Schedule SB, Line 24 - Change in Actuarial Assumptions

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## **CHANGES FROM PRIOR YEAR AND RATIONALE FOR CHANGES**

The interest crediting rate was changed from 2.75% in 2023 to 3.75% in 2024 to better reflect anticipated future experience under the plan.