

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic 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 MSR/RAMS RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1997
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MAIN STREET RADIOLOGY AT BAYSIDE, LLC 32-25 FRANCIS LEWIS BLVD. BAYSIDE, NY 11358
2b Employer Identification Number (EIN) 11-3545588
2c Plan Sponsor's telephone number 718-428-1500
2d Business code (see instructions) 541990

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	439
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	337
	6a(2)	349
	6b	0
	6c	86
	6d	435
	6e	0
	6f	435
	6g(1)	400
6g(2)	408	
6h	11	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2K 2R 2T 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:

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

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

A Name of plan MSR/RAMS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MAIN STREET RADIOLOGY AT BAYSIDE, LLC	D Employer Identification Number (EIN) 11-3545588	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NORTHWESTERN MUTUAL

611 E. WISCONSIN AVE
MILWAUKEE, WI 53202

(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?
26 27 50 51	INVESTMENT ADVISORY	37375	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)

ASCENSUS LLC

11-3665754

(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?
13 15 37 50 64	RECORD KEEPER	24392	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)

THE BENEFIT PRACTICE

13-4144565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 99	THIRD PARTY ADMIN	16550	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"/>

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)

DOUGLAS LANE & ASSOCIATES, LLC

81-0698246

(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?
50 71	SERVICE PROVIDER	14801	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)

ENVESTNET RETIREMENT SOLUTIONS

1801 CALIFORNIA STREET
DENVER, CO 80202

(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?
50 99	SERVICE PROVIDER	9157	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)

CHARLES SCHWAB & CO.

3000 SCHWAB WAY
WESTLAKE, TX 76262

(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?
50 71	SERVICE PROVIDER	150	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MSR/RAMS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MAIN STREET RADIOLOGY AT BAYSIDE, LLC	D Employer Identification Number (EIN) 11-3545588

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	298070	221045
(2) Participant contributions	1b(2)	0	885
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	724309	498935
(2) U.S. Government securities	1c(2)	1503202	1030448
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	483705
(B) All other	1c(3)(B)	118380	120915
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	725696	853346
(B) Common	1c(4)(B)	14041480	13342426
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	450499	393741
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	44835151	60487869
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	62696787	77433315
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	62696787	77433315

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2417529	
(B) Participants.....	2a(1)(B)	2351690	
(C) Others (including rollovers).....	2a(1)(C)	714551	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5483770
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9506	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	2969	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	30665	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43140
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	34249	
(B) Common stock.....	2b(2)(B)	162141	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	81917	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		278307
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5445418	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5391256	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		54162
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3776439	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5739560
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15375378

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	536425	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		536425
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	41092	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	61333	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		102425
j Total expenses. Add all expense amounts in column (b) and enter total	2j		638850

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14736528
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FRENDEL BROWN & WEISSMAN LLP**

(2) EIN: **13-1569808**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

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

A Name of plan <u>MSR/RAMS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAIN STREET RADIOLOGY AT BAYSIDE, LLC</u>	D Employer Identification Number (EIN) <u>11-3545588</u>	

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

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

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

1		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): 45-0404698

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.

MAIN STREET RADIOLOGY, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024



MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

INDEX

	<u>Page</u>
Report of Independent Certified Public Accountants	1 - 3
Statements of net assets available for benefits as of December 31, 2024 and 2023	4
Statement of changes in net assets available for benefits for the year ended December 31, 2024	5
Notes to financial statements	6 - 11

SUPPLEMENTAL SCHEDULE

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)	12 - 16
---	---------



Frendel, Brown & Weissman LLP
Certified Public Accountants

655 Third Avenue • Suite 1400
New York, New York • 10017
Tel 212.867.9630
Fax 212.867.9644

4 Cornwall Drive • Suite 102
East Brunswick, New Jersey • 08816
Tel 732.254.4848
Fax 732.254.6828

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees
Main Street Radiology, Inc. Retirement Plan

Opinion

We have audited the accompanying financial statements of Main Street Radiology, Inc. Retirement 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, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Main Street Radiology, Inc. Retirement Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, 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 (US GAAS). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Main Street Radiology, Inc. Retirement Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS - Continued

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.

Auditors' Responsibility 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 auditors' 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 US 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 US GAAS, we:

- a. Exercise professional judgment and maintain professional skepticism throughout the audit.
- b. 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.
- c. 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 Main Street Radiology, Inc. Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- d. Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- e. Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Main Street Radiology, Inc. Retirement Plan's ability 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 Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's 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 audit 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 US GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule 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 for Reporting and Disclosures under ERISA.



Certified Public Accountants

New York, New York
October 14, 2025

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
ASSETS:	2024	2023
Investments at fair value	\$76,817,644	\$61,948,218
Receivables:		
Employer contributions	221,045	298,070
Participant contributions	885	-
Notes receivable from participants	393,741	450,499
Total receivables	615,671	748,569
Total assets	77,433,315	62,696,787
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	\$77,433,315	\$62,696,787

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

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS:

Additions to net assets attributed to -	
Investment income:	
Net appreciation in fair value of investments	\$ 7,717,674
Dividends	2,130,794
Interest	<u>12,475</u>
Total	9,860,943
Interest income on notes receivable from participants	30,665
Contributions:	
Employer	2,417,529
Participants	2,351,690
Rollovers	<u>714,551</u>
Total	<u>5,483,770</u>
Total additions	15,375,378

DEDUCTIONS:

Deductions from net assets attributed to -	
Benefits paid to participants	536,425
Administration expenses	<u>102,425</u>
Total deductions	<u>638,850</u>
Net increase	14,736,528
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>62,696,787</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 77,433,315</u>

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

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Main Street Radiology, Inc. Retirement Plan (“the Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General

The Plan is a participant-directed, defined contribution plan with elective deferral 401(k) arrangements. The Plan covers all full-time employees of Main St. Radiology at Bayside and Radiology Associates of Main St. (collectively “the Company” or “the Employer”) who are over twenty-one years old and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan’s Trustee is responsible for oversight of the Plan. The Plan’s Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Trustee.

Employee Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined by the Plan. Participants may also contribute a minimum of 1% of Roth after-tax employee contributions. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Contributions are subject to certain statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Participants direct the investment of their contributions and the Company’s contributions into various investment options offered by the Plan. Contributions from Plan participants and matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

Employer Contributions

As per the Plan documents, the Company may decide to make matching contributions to the Plan at its own discretion. For the year ended December 31, 2024, the Company made contributions to the Plan of \$2,417,529. Contributions are subject to certain IRS limitations.

Rollover Contributions

A participant may, with the consent of the Plan Administrator, make a rollover contribution to the Plan at any time. Rollover contributions are assets transferred to the Plan from a qualified savings plan in which employees participated prior to their employment by the Employer.

Participant Accounts

Each participant’s account is credited with the participant’s contributions and the Company’s matching contributions, as well as allocations of the Company’s profit-sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - Continued
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN - Continued

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service, or upon death, or termination because of disability. The vesting schedule of the Company's contribution is stated as follows:

<u>Years of Service</u>	<u>Percentage</u>
Less than 2	0
2 but less than 3	20
3 but less than 4	40
4 but less than 5	60
5 but less than 6	80
6 or more	100

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms may not exceed five years unless made for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and bear interest rates ranging from 4.25% to 9.50%. Principal and interest are either deducted from the participant's account or paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his/her account or annual installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his/her account as a lump-sum distribution.

Forfeited Accounts

As of December 31, 2024 and 2023, forfeited non-vested accounts totaled \$168,577 and \$108,564, respectively. These accounts are used to pay for administrative expenses and to reduce future Company contributions. For the years 2024 and 2023, the forfeitures used were \$9,157 and \$39,349, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - Continued
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from these 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's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and the Custodian. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and expensed when they are incurred. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. No allowance for credit loss has been recorded as of December 31, 2024 and 2023.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - Continued
DECEMBER 31, 2024 AND 2023

NOTE 3 - 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 under FASB ASC 820, *Fair Value Measurement*, are described below:

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:

- a. Quoted prices for similar assets or liabilities in active markets,
- b. Quoted prices for identical or similar assets or liabilities in inactive markets,
- c. Inputs other than quoted prices that are observable for the asset or liability,
- d. 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. 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 the fair value of certain financial instruments could result in a different fair value measurement at the report date.

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

Money Market Fund

Valued at unadjusted quoted market prices, which represent the net asset value of the shares owned by the Plan at year end.

Common Stocks

Valued at the closing price reported on the active market on which the individual securities are traded.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
 NOTES TO FINANCIAL STATEMENTS - Continued
 DECEMBER 31, 2024 AND 2023

NOTE 3 - FAIR VALUE MEASUREMENTS - Continued

Mutual Funds

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 SEC. 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.

Exchange Traded Funds (ETFs)

These are marketable securities that track a basket of assets similar to an index fund. Unlike mutual funds, these are traded similar to common stocks. They are valued at the closing price reported on the active market where the individual ETFs are traded.

Municipal Bonds

Valued using pricing tools maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

Assets at fair value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$51,791,991	\$ -	\$ -	\$51,791,991
Brokerage account	<u>24,421,033</u>	<u>604,620</u>		<u>25,025,653</u>
Totals	<u>\$76,213,024</u>	<u>\$ 604,620</u>	<u>\$ -</u>	<u>\$76,817,644</u>

Assets at fair value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$42,019,468	\$ -	\$ -	\$42,019,468
Brokerage account	<u>19,928,750</u>			<u>19,928,750</u>
Totals	<u>\$61,948,218</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$61,948,218</u>

NOTE 4 - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Ascensus Trust Company, the Custodian of the Plan, provides certain administration and record-keeping services to the Plan. Fees paid by the Plan for administration and record-keeping amounted to \$102,425 for the year ended December 31, 2024.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - Continued
DECEMBER 31, 2024 AND 2023

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974. In the event of Plan termination, participants would become 100% vested in their Company's contributions.

NOTE 6 - TAX STATUS

The Plan uses a volume submitter profit-sharing plan sponsored by FIS Business Systems LLC (FIS). FIS submitted that plan to the Internal Revenue Service (IRS) and received an opinion letter from the IRS, dated June 30, 2020, concluding that the form of the plan satisfied the qualification requirements under the applicable sections of the Internal Revenue Code (IRC). Because the Company has not deviated from the form of that document, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified.

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 federal, state or local authorities. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024, there were 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.

NOTE 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 14, 2025, the date on which the financial statements were available to be issued, and has concluded that no events or transactions took place, which require disclosure herein.

SUPPLEMENTAL SCHEDULE

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 11-3545588 PLAN NO: 001

DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Schwab Money Market Fund	Money Market Fund	**	\$ 498,935
	Vanguard Federal Money Market Investor	Money Market Fund	**	669,591
	US Treasury Bills	US Treasury Bills	**	1,030,448
	DFA Emerging Markets Value Portfolio	Mutual Fund	**	11,901
	DFA International Value Portfolio III	Mutual Fund	**	79,372
	DFA Emerging Markets Core Equity Portfolio	Mutual Fund	**	11,004
	Victory Short-Term Bond Fund Class R6	Mutual Fund	**	19,205
	DFA Global Small Company Portfolio	Mutual Fund	**	2,631,587
	MassMutual Small Cap Growth Equity Fund Class I	Mutual Fund	**	672,322
	DFA Emerging Markets Sustainability Core 1 Portfolio	Mutual Fund	**	28,625
	DFA International Small Cap Growth Portfolio	Mutual Fund	**	70,759
	DFA U.S. Sustainability Core 1 Portfolio	Mutual Fund	**	29,681
	Guggenheim Limited Duration Fund Institutional Class	Mutual Fund	**	136,454
	Vanguard Target Retirement Income Fund	Mutual Fund	**	212,879
	Vanguard Windsor Fund Admiral Shares	Mutual Fund	**	45,717
	Stone Ridge Trust V-Alternative Lending Risk Premium Fund	Mutual Fund	**	115,833
	Payden Global Low Duration Fund	Mutual Fund	**	87,459
	Invesco Oppenheimer Discovery Mid-Cap Growth Fund I	Mutual Fund	**	98,442
	Franklin Convertible Securities Fund Class R6	Mutual Fund	**	3,128
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual Fund	**	179,902
	Vanguard Emerging Markets Stock Index Funds Admiral Shares	Mutual Fund	**	120,543
	Vanguard Value Index Fund ETF	Mutual Fund	**	229,402
	Vanguard FTSE Social Index Fund Admiral Shares	Mutual Fund	**	47,915
	Vanguard Health Care Index Fund Admiral Shares	Mutual Fund	**	130,068
	Vanguard Real Estate Index Fund	Mutual Fund	**	182,510
	Oppenheimer Global Fund	Mutual Fund	**	211,844
	American Funds Capital Income Builder R6	Mutual Fund	**	1,712,626
	American Funds Growth Fund R6	Mutual Fund	**	3,527,683
	PIMCO Income Institutional Fund	Mutual Fund	**	513,853
	T.Rowe Price International Stock Fund	Mutual Fund	**	236,600
	TCW Emerging Markets Income Fund	Mutual Fund	**	11,571
	Vanguard 500 Index Admiral Shares	Mutual Fund	**	5,253,861
	Vanguard Mid-Cap Value Index Admiral Shares	Mutual Fund	**	72,395
	Vanguard High Dividend Yield ETF	Mutual Fund	**	3,045,080
	Vanguard LifeStrategy Growth Fund	Mutual Fund	**	109,367
	Vanguard LifeStrategy Moderate Growth Fund	Mutual Fund	**	<u>3,594,792</u>
	Sub-total forward			25,633,354

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Sub-total forwarded			\$25,633,354
	Vanguard High-Yield Corporate Admiral Shares	Mutual Fund	**	465,805
	Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund	**	2,100,377
	Vanguard Short-Term Inflation-Protected Securities Index Fund	Mutual Fund	**	209,624
	Vanguard Real Estate Index Admiral Shares	Mutual Fund	**	88,768
	Vanguard S&P Mid-Cap 400 ETF	Mutual Fund	**	4,010,404
	Vanguard S&P Small-Cap 600 ETF	Mutual Fund	**	171,516
	Vanguard Small-Cap Index Admiral Shares	Mutual Fund	**	97,123
	The Private Shares Fund Class I	Mutual Fund	**	183,376
	Vanguard Target Retirement 2020 Fund Investor Shares	Mutual Fund	**	48,473
	Vanguard Target Retirement 2025 Fund Investor Shares	Mutual Fund	**	239,598
	Vanguard Target Retirement 2030 Fund Investor Shares	Mutual Fund	**	4,894,665
	Vanguard Target Retirement 2035 Fund Investor Shares	Mutual Fund	**	1,904,983
	Vanguard Target Retirement 2040 Fund Investor Shares	Mutual Fund	**	2,567,399
	Vanguard Target Retirement 2045 Fund Investor Shares	Mutual Fund	**	2,339,613
	Vanguard Target Retirement 2050 Fund Investor Shares	Mutual Fund	**	2,775,345
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Fund	**	1,437,960
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Fund	**	3,427,390
	Vanguard Total Bond Market Index Admiral Shares	Mutual Fund	**	1,306,979
	Vanguard Total International Bond Index Admiral Shares	Mutual Fund	**	31,294
	Vanguard Balanced Index Admiral Shares	Mutual Fund	**	391,478
	Vanguard Inflation-Protected Securities Fund Admiral Shares	Mutual Fund	**	112,767
	Alcoa Inc.	Common Stock	**	28,335
	ASML Holding N.V.	Common Stock	**	97,031
	Alibaba Group Holding Limited	Common Stock	**	67,832
	Alphabet Inc. Class A	Common Stock	**	1,812,067
	Alphabet Inc. Class C	Common Stock	**	133,308
	Amazon.com Inc.	Common Stock	**	1,796,804
	Autodesk, Inc.	Common Stock	**	38,424
	BHP Billiton Limited	Common Stock	**	97,660
	Sub-total forward			58,509,752

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Sub-total forwarded			\$58,509,752
	Apple Inc.	Common Stock	**	1,417,552
	American Express Company	Common Stock	**	81,617
	AES Corporation	Common Stock	**	46,976
	American Tower Corporation	Common Stock	**	52,272
	AT&T Inc.	Common Stock	**	158,525
	Bank of America Corporation	Common Stock	**	50,982
	BP plc	Common Stock	**	44,340
	Bristol-Myers Squibb Co.	Common Stock	**	46,662
	Schlumberger Limited	Common Stock	**	55,976
	Broadcom Inc.	Common Stock	**	463,680
	Charter Communications, Inc.	Common Stock	**	45,588
	Chevron Corporation	Common Stock	**	56,046
	Anheuser-Busch InBev	Common Stock	**	30,042
	CoStar Group Inc.	Common Stock	**	47,965
	Comcast Corporation	Common Stock	**	36,029
	Costco Wholesale Corporation	Common Stock	**	54,976
	Coca-Cola Company/The	Common Stock	**	45,139
	Constellation Brands, Inc.	Common Stock	**	18,639
	CVS Health Corporation	Common Stock	**	28,281
	Freeport-McMoRan Inc.	Common Stock	**	33,701
	Delta Air Lines, Inc.	Common Stock	**	33,275
	Tesla Motors, Inc.	Common Stock	**	28,269
	Danaher Corp.	Common Stock	**	35,810
	Johnson & Johnson	Common Stock	**	79,541
	Edison International	Common Stock	**	35,130
	D.R. Horton Inc.	Common Stock	**	7,008
	Dell Technologies Inc.	Common Stock	**	57,620
	EOG Resources, Inc.	Common Stock	**	24,516
	Exxon Mobil Corporation	Common Stock	**	137,920
	Equinix, Inc.	Common Stock	**	34,945
	Meta Platforms, Inc.	Common Stock	**	791,981
	Ferrari N.V.	Common Stock	**	42,484
	Garmin Ltd.	Common Stock	**	51,565
	Berkshire Hathaway Inc.	Common Stock	**	359,451
	Boeing Co.	Common Stock	**	51,330
	Haleon plc	Common Stock	**	50,085
	General Electric Company	Common Stock	**	147,943
	General Motors Company	Common Stock	**	15,928
	GSK plc	Common Stock	**	44,304
	GoDaddy Inc.	Common Stock	**	73,027
	GE Vernova Inc.	Common Stock	**	56,247
	Illumina Inc.	Common Stock	**	35,011
	Healthpeak Properties Inc.	Common Stock	**	42,263
	International Business Machines Corporation	Common Stock	**	219,830
	International Flavors & Fragrances Inc.	Common Stock	**	38,048
	Intel Corporation	Common Stock	**	50,285
	JPMorgan Chase & Co.	Common Stock	**	<u>141,908</u>
	Sub-total forward			64,010,464

**Cost omitted for participant-directed investments.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Sub-total forwarded			\$64,010,464
	Cleveland-Cliffs Inc.	Common Stock	**	22,325
	Lowe's Companies, Inc.	Common Stock	**	51,088
	23andMe Holding Co.	Common Stock	**	292
	Martin Marietta Materials, Inc.	Common Stock	**	15,495
	Mastercard Incorporated	Common Stock	**	53,710
	Microsoft Corporation	Common Stock	**	1,170,706
	Morgan Stanley	Common Stock	**	84,861
	Hershey Co.	Common Stock	**	31,668
	National Health Investors, Inc.	Common Stock	**	51,446
	NVIDIA Corporation	Common Stock	**	149,330
	Nucor Corporation	Common Stock	**	76,678
	Oracle Corp.	Common Stock	**	216,750
	PayPal Holdings, Inc.	Common Stock	**	265,012
	PepsiCo, Inc.	Common Stock	**	39,536
	Procter & Gamble Company	Common Stock	**	16,765
	Intuit Inc.	Common Stock	**	30,797
	JD.com Inc.	Common Stock	**	52,005
	Lam Research Corporation	Common Stock	**	14,807
	Qualcomm, Inc.	Common Stock	**	55,303
	Reinsurance Group of America, Incorporated	Common Stock	**	44,008
	Moderna, Inc.	Common Stock	**	39,501
	Kenvue Inc.	Common Stock	**	747
	Rio Tinto plc	Common Stock	**	117,620
	RBC Bearings Inc.	Common Stock	**	39,486
	Roper Technologies, Inc.	Common Stock	**	53,545
	Shopify Inc.	Common Stock	**	9,570
	Shell plc	Common Stock	**	169,155
	Salesforce, Inc.	Common Stock	**	86,257
	T-Mobile US Inc.	Common Stock	**	39,731
	The Blackstone Group L.P.	Common Stock	**	135,864
	The Toronto-Dominion Bank	Common Stock	**	159,720
	The Walt Disney Company	Common Stock	**	55,675
	Thermo Fisher Scientific, Inc.	Common Stock	**	53,063
	Uber Technologies, Inc.	Common Stock	**	30,160
	UnitedHealth Group Incorporated	Common Stock	**	31,363
	Vale S.A.	Common Stock	**	44,350
	Valero Energy Corporation	Common Stock	**	49,036
	Spotify Technology S.A.	Common Stock	**	31,317
	Visa Inc.	Common Stock	**	48,670
	Toyota Motor Corp.	Common Stock	**	38,922
	United Parcel Service Inc. Cl B	Common Stock	**	44,135
	Zimmer Biomet Holdings Inc.	Common Stock	**	34,858
	Sub-total forward			67,765,791

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Sub-total forwarded			\$67,765,791
	GE HealthCare Technologies Inc.	Common Stock	**	58,557
	Lamb Weston Holdings, Inc.	Common Stock	**	52,462
	TransDigm Group Incorporated	Common Stock	**	78,571
	WillScot Holdings Corp.	Common Stock	**	40,976
	Upstate Holdings, Inc.	Common Stock	**	7,388
	Zoetis Inc.	Common Stock	**	42,362
	RTX Corporation	Common Stock	**	30,319
	Steelcase Inc.	Common Stock	**	41,370
	RXO, Inc.	Common Stock	**	39,336
	Teck Resources Limited	Common Stock	**	31,816
	Accenture plc	Common Stock	**	10,554
	Air Products and Chemicals Inc.	Common Stock	**	37,995
	Netflix, Inc.	Common Stock	**	294,136
	Waste Connections, Inc.	Common Stock	**	35,689
	Wheaton Precious Metals Corp.	Common Stock	**	17,716
	Workday, Inc.	Common Stock	**	49,026
	Putnam Focused Large Cap Value ETF	Exchange Traded Fund	**	42,205
	Dimensional U.S. Equity ETF	Exchange Traded Fund	**	483,862
	Dimensional Core Fixed Income ETF	Exchange Traded Fund	**	15,821
	Fidelity Total Bond ETF	Exchange Traded Fund	**	554,997
	Global X Uranium ETF	Exchange Traded Fund	**	35,285
	iShares MSCI USA Quality Factor ETF	Exchange Traded Fund	**	394,447
	iShares High Yield Systematic Bond ETF	Exchange Traded Fund	**	52,134
	Invesco S&P MidCap Quality ETF	Exchange Traded Fund	**	83,306
	Invesco NASDAQ 100 ETF	Exchange Traded Fund	**	375,653
	JPMorgan International Research Enhanced Equity ETF	Exchange Traded Fund	**	64,712
	Vanguard Information Technology ETF	Exchange Traded Fund	**	3,285,574
	Vanguard S&P 500 Growth ETF	Exchange Traded Fund	**	1,186,905
	JPMorgan Large Cap Growth A Fund	Mutual Fund	**	236,535
	BlackRock Strategic Income Opportunities Portfolio Institutional Shares	Mutual Fund	**	767,524
	Tennessee Valley Authority	Municipal Bond, Interest rate 4.375%, maturity date 8/1/2034	**	483,705
	California State Government Obligation Bond	Municipal Bond, Interest rate 2.375%, maturity date 10/1/2026	**	<u>120,915</u>
	Total			76,817,644
	*Notes receivable from participants (interest rates range from 4.25% to 9.50%) due through 2037			0 <u>393,741</u>
	TOTAL			<u>\$77,211,385</u>

*Party-in-interest

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 11-3545588 PLAN NO: 001

DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Schwab Money Market Fund	Money Market Fund	**	\$ 498,935
	Vanguard Federal Money Market Investor	Money Market Fund	**	669,591
	US Treasury Bills	US Treasury Bills	**	1,030,448
	DFA Emerging Markets Value Portfolio	Mutual Fund	**	11,901
	DFA International Value Portfolio III	Mutual Fund	**	79,372
	DFA Emerging Markets Core Equity Portfolio	Mutual Fund	**	11,004
	Victory Short-Term Bond Fund Class R6	Mutual Fund	**	19,205
	DFA Global Small Company Portfolio	Mutual Fund	**	2,631,587
	MassMutual Small Cap Growth Equity Fund Class I	Mutual Fund	**	672,322
	DFA Emerging Markets Sustainability Core 1 Portfolio	Mutual Fund	**	28,625
	DFA International Small Cap Growth Portfolio	Mutual Fund	**	70,759
	DFA U.S. Sustainability Core 1 Portfolio	Mutual Fund	**	29,681
	Guggenheim Limited Duration Fund Institutional Class	Mutual Fund	**	136,454
	Vanguard Target Retirement Income Fund	Mutual Fund	**	212,879
	Vanguard Windsor Fund Admiral Shares	Mutual Fund	**	45,717
	Stone Ridge Trust V-Alternative Lending Risk Premium Fund	Mutual Fund	**	115,833
	Payden Global Low Duration Fund	Mutual Fund	**	87,459
	Invesco Oppenheimer Discovery Mid-Cap Growth Fund I	Mutual Fund	**	98,442
	Franklin Convertible Securities Fund Class R6	Mutual Fund	**	3,128
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual Fund	**	179,902
	Vanguard Emerging Markets Stock Index Funds Admiral Shares	Mutual Fund	**	120,543
	Vanguard Value Index Fund ETF	Mutual Fund	**	229,402
	Vanguard FTSE Social Index Fund Admiral Shares	Mutual Fund	**	47,915
	Vanguard Health Care Index Fund Admiral Shares	Mutual Fund	**	130,068
	Vanguard Real Estate Index Fund	Mutual Fund	**	182,510
	Oppenheimer Global Fund	Mutual Fund	**	211,844
	American Funds Capital Income Builder R6	Mutual Fund	**	1,712,626
	American Funds Growth Fund R6	Mutual Fund	**	3,527,683
	PIMCO Income Institutional Fund	Mutual Fund	**	513,853
	T.Rowe Price International Stock Fund	Mutual Fund	**	236,600
	TCW Emerging Markets Income Fund	Mutual Fund	**	11,571
	Vanguard 500 Index Admiral Shares	Mutual Fund	**	5,253,861
	Vanguard Mid-Cap Value Index Admiral Shares	Mutual Fund	**	72,395
	Vanguard High Dividend Yield ETF	Mutual Fund	**	3,045,080
	Vanguard LifeStrategy Growth Fund	Mutual Fund	**	109,367
	Vanguard LifeStrategy Moderate Growth Fund	Mutual Fund	**	<u>3,594,792</u>
	Sub-total forward			25,633,354

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Sub-total forwarded			\$25,633,354
	Vanguard High-Yield Corporate Admiral Shares	Mutual Fund	**	465,805
	Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund	**	2,100,377
	Vanguard Short-Term Inflation-Protected Securities Index Fund	Mutual Fund	**	209,624
	Vanguard Real Estate Index Admiral Shares	Mutual Fund	**	88,768
	Vanguard S&P Mid-Cap 400 ETF	Mutual Fund	**	4,010,404
	Vanguard S&P Small-Cap 600 ETF	Mutual Fund	**	171,516
	Vanguard Small-Cap Index Admiral Shares	Mutual Fund	**	97,123
	The Private Shares Fund Class I	Mutual Fund	**	183,376
	Vanguard Target Retirement 2020 Fund Investor Shares	Mutual Fund	**	48,473
	Vanguard Target Retirement 2025 Fund Investor Shares	Mutual Fund	**	239,598
	Vanguard Target Retirement 2030 Fund Investor Shares	Mutual Fund	**	4,894,665
	Vanguard Target Retirement 2035 Fund Investor Shares	Mutual Fund	**	1,904,983
	Vanguard Target Retirement 2040 Fund Investor Shares	Mutual Fund	**	2,567,399
	Vanguard Target Retirement 2045 Fund Investor Shares	Mutual Fund	**	2,339,613
	Vanguard Target Retirement 2050 Fund Investor Shares	Mutual Fund	**	2,775,345
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Fund	**	1,437,960
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Fund	**	3,427,390
	Vanguard Total Bond Market Index Admiral Shares	Mutual Fund	**	1,306,979
	Vanguard Total International Bond Index Admiral Shares	Mutual Fund	**	31,294
	Vanguard Balanced Index Admiral Shares	Mutual Fund	**	391,478
	Vanguard Inflation-Protected Securities Fund Admiral Shares	Mutual Fund	**	112,767
	Alcoa Inc.	Common Stock	**	28,335
	ASML Holding N.V.	Common Stock	**	97,031
	Alibaba Group Holding Limited	Common Stock	**	67,832
	Alphabet Inc. Class A	Common Stock	**	1,812,067
	Alphabet Inc. Class C	Common Stock	**	133,308
	Amazon.com Inc.	Common Stock	**	1,796,804
	Autodesk, Inc.	Common Stock	**	38,424
	BHP Billiton Limited	Common Stock	**	97,660
	Sub-total forward			58,509,752

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Sub-total forwarded			\$58,509,752
	Apple Inc.	Common Stock	**	1,417,552
	American Express Company	Common Stock	**	81,617
	AES Corporation	Common Stock	**	46,976
	American Tower Corporation	Common Stock	**	52,272
	AT&T Inc.	Common Stock	**	158,525
	Bank of America Corporation	Common Stock	**	50,982
	BP plc	Common Stock	**	44,340
	Bristol-Myers Squibb Co.	Common Stock	**	46,662
	Schlumberger Limited	Common Stock	**	55,976
	Broadcom Inc.	Common Stock	**	463,680
	Charter Communications, Inc.	Common Stock	**	45,588
	Chevron Corporation	Common Stock	**	56,046
	Anheuser-Busch InBev	Common Stock	**	30,042
	CoStar Group Inc.	Common Stock	**	47,965
	Comcast Corporation	Common Stock	**	36,029
	Costco Wholesale Corporation	Common Stock	**	54,976
	Coca-Cola Company/The	Common Stock	**	45,139
	Constellation Brands, Inc.	Common Stock	**	18,639
	CVS Health Corporation	Common Stock	**	28,281
	Freeport-McMoRan Inc.	Common Stock	**	33,701
	Delta Air Lines, Inc.	Common Stock	**	33,275
	Tesla Motors, Inc.	Common Stock	**	28,269
	Danaher Corp.	Common Stock	**	35,810
	Johnson & Johnson	Common Stock	**	79,541
	Edison International	Common Stock	**	35,130
	D.R. Horton Inc.	Common Stock	**	7,008
	Dell Technologies Inc.	Common Stock	**	57,620
	EOG Resources, Inc.	Common Stock	**	24,516
	Exxon Mobil Corporation	Common Stock	**	137,920
	Equinix, Inc.	Common Stock	**	34,945
	Meta Platforms, Inc.	Common Stock	**	791,981
	Ferrari N.V.	Common Stock	**	42,484
	Garmin Ltd.	Common Stock	**	51,565
	Berkshire Hathaway Inc.	Common Stock	**	359,451
	Boeing Co.	Common Stock	**	51,330
	Haleon plc	Common Stock	**	50,085
	General Electric Company	Common Stock	**	147,943
	General Motors Company	Common Stock	**	15,928
	GSK plc	Common Stock	**	44,304
	GoDaddy Inc.	Common Stock	**	73,027
	GE Vernova Inc.	Common Stock	**	56,247
	Illumina Inc.	Common Stock	**	35,011
	Healthpeak Properties Inc.	Common Stock	**	42,263
	International Business Machines Corporation	Common Stock	**	219,830
	International Flavors & Fragrances Inc.	Common Stock	**	38,048
	Intel Corporation	Common Stock	**	50,285
	JPMorgan Chase & Co.	Common Stock	**	<u>141,908</u>
	Sub-total forward			64,010,464

**Cost omitted for participant-directed investments.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Sub-total forwarded			\$64,010,464
	Cleveland-Cliffs Inc.	Common Stock	**	22,325
	Lowe's Companies, Inc.	Common Stock	**	51,088
	23andMe Holding Co.	Common Stock	**	292
	Martin Marietta Materials, Inc.	Common Stock	**	15,495
	Mastercard Incorporated	Common Stock	**	53,710
	Microsoft Corporation	Common Stock	**	1,170,706
	Morgan Stanley	Common Stock	**	84,861
	Hershey Co.	Common Stock	**	31,668
	National Health Investors, Inc.	Common Stock	**	51,446
	NVIDIA Corporation	Common Stock	**	149,330
	Nucor Corporation	Common Stock	**	76,678
	Oracle Corp.	Common Stock	**	216,750
	PayPal Holdings, Inc.	Common Stock	**	265,012
	PepsiCo, Inc.	Common Stock	**	39,536
	Procter & Gamble Company	Common Stock	**	16,765
	Intuit Inc.	Common Stock	**	30,797
	JD.com Inc.	Common Stock	**	52,005
	Lam Research Corporation	Common Stock	**	14,807
	Qualcomm, Inc.	Common Stock	**	55,303
	Reinsurance Group of America, Incorporated	Common Stock	**	44,008
	Moderna, Inc.	Common Stock	**	39,501
	Kenvue Inc.	Common Stock	**	747
	Rio Tinto plc	Common Stock	**	117,620
	RBC Bearings Inc.	Common Stock	**	39,486
	Roper Technologies, Inc.	Common Stock	**	53,545
	Shopify Inc.	Common Stock	**	9,570
	Shell plc	Common Stock	**	169,155
	Salesforce, Inc.	Common Stock	**	86,257
	T-Mobile US Inc.	Common Stock	**	39,731
	The Blackstone Group L.P.	Common Stock	**	135,864
	The Toronto-Dominion Bank	Common Stock	**	159,720
	The Walt Disney Company	Common Stock	**	55,675
	Thermo Fisher Scientific, Inc.	Common Stock	**	53,063
	Uber Technologies, Inc.	Common Stock	**	30,160
	UnitedHealth Group Incorporated	Common Stock	**	31,363
	Vale S.A.	Common Stock	**	44,350
	Valero Energy Corporation	Common Stock	**	49,036
	Spotify Technology S.A.	Common Stock	**	31,317
	Visa Inc.	Common Stock	**	48,670
	Toyota Motor Corp.	Common Stock	**	38,922
	United Parcel Service Inc. Cl B	Common Stock	**	44,135
	Zimmer Biomet Holdings Inc.	Common Stock	**	34,858
	Sub-total forward			67,765,791

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Sub-total forwarded			\$67,765,791
	GE HealthCare Technologies Inc.	Common Stock	**	58,557
	Lamb Weston Holdings, Inc.	Common Stock	**	52,462
	TransDigm Group Incorporated	Common Stock	**	78,571
	WillScot Holdings Corp.	Common Stock	**	40,976
	Upstate Holdings, Inc.	Common Stock	**	7,388
	Zoetis Inc.	Common Stock	**	42,362
	RTX Corporation	Common Stock	**	30,319
	Steelcase Inc.	Common Stock	**	41,370
	RXO, Inc.	Common Stock	**	39,336
	Teck Resources Limited	Common Stock	**	31,816
	Accenture plc	Common Stock	**	10,554
	Air Products and Chemicals Inc.	Common Stock	**	37,995
	Netflix, Inc.	Common Stock	**	294,136
	Waste Connections, Inc.	Common Stock	**	35,689
	Wheaton Precious Metals Corp.	Common Stock	**	17,716
	Workday, Inc.	Common Stock	**	49,026
	Putnam Focused Large Cap Value ETF	Exchange Traded Fund	**	42,205
	Dimensional U.S. Equity ETF	Exchange Traded Fund	**	483,862
	Dimensional Core Fixed Income ETF	Exchange Traded Fund	**	15,821
	Fidelity Total Bond ETF	Exchange Traded Fund	**	554,997
	Global X Uranium ETF	Exchange Traded Fund	**	35,285
	iShares MSCI USA Quality Factor ETF	Exchange Traded Fund	**	394,447
	iShares High Yield Systematic Bond ETF	Exchange Traded Fund	**	52,134
	Invesco S&P MidCap Quality ETF	Exchange Traded Fund	**	83,306
	Invesco NASDAQ 100 ETF	Exchange Traded Fund	**	375,653
	JPMorgan International Research Enhanced Equity ETF	Exchange Traded Fund	**	64,712
	Vanguard Information Technology ETF	Exchange Traded Fund	**	3,285,574
	Vanguard S&P 500 Growth ETF	Exchange Traded Fund	**	1,186,905
	JPMorgan Large Cap Growth A Fund	Mutual Fund	**	236,535
	BlackRock Strategic Income Opportunities Portfolio Institutional Shares	Mutual Fund	**	767,524
	Tennessee Valley Authority	Municipal Bond, Interest rate 4.375%, maturity date 8/1/2034	**	483,705
	California State Government Obligation Bond	Municipal Bond, Interest rate 2.375%, maturity date 10/1/2026	**	<u>120,915</u>
	Total			76,817,644
	*Notes receivable from participants (interest rates range from 4.25% to 9.50%) due through 2037		0	<u>393,741</u>
	TOTAL			<u>\$77,211,385</u>

*Party-in-interest

**Cost omitted for participant-directed investments