

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 02/01/1967
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) RADIOLOGY ASSOCIATES, P.A. 500 S. UNIVERSITY, STE. 600 LITTLE ROCK, AR 72205
2b	Employer Identification Number (EIN) 71-0395194
2c	Plan Sponsor's telephone number 501-664-3914
2d	Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	08/21/2026	ANTHONY CAROZZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 225
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) 134 6a(2) 135 6b 8 6c 54 6d 197 6e 4 6f 201 6g(1) 223 6g(2) 201 6h 3
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:
 2E 2F 2G 2J 2K 2R 2T

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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY ASSOCIATES, P.A.	D Employer Identification Number (EIN) 71-0395194	

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

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	QK63133	201	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 2816562**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 2732283**c** Additions: (1) Contributions deposited during the year **7c(1)** 14780
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 80158
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 769899

▶ FORFEITURES, TRANSFERS & LOAN PAYMENTS

(6) Total additions **7c(6)** 864837**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3597120**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 350971(2) Administration charge made by carrier **7e(2)** 7662(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 421925

▶ TRANSFERS & LOANS ISSUED

(5) Total deductions **7e(5)** 780558**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2816562

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY ASSOCIATES, P.A.	D Employer Identification Number (EIN) 71-0395194	

Part I	Service Provider Information (see instructions)
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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
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO.,INC.
94-1737782

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	123160	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

STEPHENS INC

71-0641478

(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?
28 50	INV ADVISOR	191947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 71	SECURITIES BROKER	302	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
BAIRD 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
BNY MELLON 240 GREENWICH STREET NEW YORK, NY 10286	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
COHEN & STEERS 280 PARK AVENUE NEW YORK, NY 10017	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
DFA-DIMENSIONAL 6300 BEE CAVE RD BUILDING ONE AUSTIN, TX 78746	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
DODGE & COX 555 CALIFORNIA STREET 40TH FLOOR SAN FRANCISCO, CA 94104	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
FEDERATED HERMES P.O. BOX 219318 KANSAS CITY, MO 64121	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
GOLDMAN SACHS 3414 PEACHTREE ROAD NE SUITE 600 ATLANTA, GA 30326	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
T ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0

(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.
MATTHEWS ASIA FUNDS 94-3250972	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY ASSOCIATES, P.A.	D Employer Identification Number (EIN) 71-0395194

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1265831	2019431
(2) Participant contributions.....	1b(2)	0	96558
(3) Other	1b(3)	620	730
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	763689	770579
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	50243	31013
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3513063	3630177
(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)	293438	253233
(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)	86985828	96075168
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2732283	2816562
(15) Other.....	1c(15)	5624849	10207039

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	101229844	115900490
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	101229844	115900490

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)	2590633	
(B) Participants	2a(1)(B)	1458798	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		4049431
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	22088	
(F) Other	2b(1)(F)	80157	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		102245
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2471238	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		2471238
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		8093049
c Other income	2c		2879715
d Total income. Add all income amounts in column (b) and enter total	2d		17595678

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2606293	
(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)		2606293
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)	123160	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	192249	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3330	
(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)		318739
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2925032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14670646
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: **RASCO WINTER THOMAS GROUP**

(2) EIN: **71-0448488**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY ASSOCIATES, P.A.	D Employer Identification Number (EIN) 71-0395194	

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): 13-3689044		
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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 _____.

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN

**Financial Statements and
Supplementary Information**

**December 31, 2024 and 2023
(With Independent Auditor's Report Thereon)**



RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN

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Independent Auditor's Report

To the Trustees
Radiology Associates, P.A. Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Radiology Associates, P.A. Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at year end) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from

the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Rasco Winter Thomas

Little Rock, Arkansas
July 1, 2026

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
Investments:		
Participant-directed investments, at fair value	\$ 110,713,976	96,937,672
Fully benefit responsive investment contract, at contract value	<u>2,816,562</u>	<u>2,732,283</u>
Total investments	<u>113,530,538</u>	<u>99,669,955</u>
Receivables:		
Employer contributions	2,019,431	1,265,831
Participant contributions	96,558	-
Accrued interest and dividends	730	620
Notes receivable from participants	<u>253,233</u>	<u>293,438</u>
Total receivables	<u>2,369,952</u>	<u>1,559,889</u>
Total assets	<u>115,900,490</u>	<u>101,229,844</u>
Net assets available for benefits	<u>\$ 115,900,490</u>	<u>101,229,844</u>

See accompanying notes to financial statements.

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 11,052,921
Earnings on Participant Loans	22,088
Interest and dividends	2,471,238
	<u>13,546,247</u>

Contributions:

Employer	2,590,633
Participants	1,458,798
	<u>4,049,431</u>

Total additions	<u>17,595,678</u>
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Deductions from net assets attributed to:

Benefits paid to participants	2,606,293
Administration expenses	318,739
	<u>2,925,032</u>

Total deductions	<u>2,925,032</u>
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Change in net assets	14,670,646
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Net assets available for benefits:

Beginning of year	<u>101,229,844</u>
End of year	<u><u>\$ 115,900,490</u></u>

See accompanying notes to financial statements.

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN

Notes to Financial Statements December 31, 2024 and 2023

(1) Description of the Plan

The Radiology Associates, P.A. Profit Sharing Plan (the “Plan”) was established on February 1, 1967 and is sponsored by Radiology Associates, P.A. (“RAPA”) and Radiation Oncology Associates, P.A. (collectively, the “Company”). The following description provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

The Plan is administered by a committee appointed by management of the Company. A member of management serves as the plan administrator. State Street Bank & Trust Company (the “Trustee”) serves as trustee, Massachusetts Fidelity Trust Company (the “Custodian”) serves as custodian for certain plan assets, and Transamerica Life Insurance Company (“TLIC”) serves as a certifying entity for certain plan assets. The Trustee, Custodian, and TLIC hold the Plan’s assets. Transamerica Retirement Solutions, LLC (“Transamerica”) is the recordkeeper for the Plan. TLIC and the Custodian are affiliated companies of Transamerica. The following is a description of the major provisions of the Plan:

General: The Plan is a defined contribution plan established by the Company under the provision of Section 401(a) of the Internal Revenue Code (“IRC”), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of the Company’s employees, except for employees covered by a collective bargaining agreement, nonresident aliens with no U.S. source income, and leased employees. All nonexcluded employees of the Company who have completed one year of service, as defined by the Plan, are eligible to participate, provided they are at least 18 years of age. Eligible employees may enter the Plan on the first day of the quarter after satisfying eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Employee Contributions: Participants may elect to defer up to 100% of their annual compensation that does not exceed the dollar limit contained in Section 401(g) of the Internal Revenue Code. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions in accordance with, and subject to the limitations of Section 414(v) of the Internal Revenue Code.

Employer Contributions: The Company also provides for Employer safe-harbor matching contributions of 100% of deferrals up to 3%, plus 50% of deferrals that exceed 3% up to 5% of a participant’s eligible compensation. Also, the Company may, at its discretion, make quarterly elective profit-sharing contributions which will be allocated to participants using an integrated permitted disparity model, in accordance with the Plan document.

Participant Accounts: Each participant's account is credited with the participant's contribution, the Company's safe-harbor matching contributions, and allocations of Company profit-sharing contributions and Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are immediately vested in their elective and employer safe-harbor matching contributions plus earnings thereon. Vesting in the Company's discretionary profit-sharing contributions is determined based on years of service under the following schedule. Participants are considered fully vested in all accounts upon retirement, death, or disability.

<u>Years of Service</u>	<u>Vested Percent</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 and greater	100%

Investment Options: Participants are permitted to direct the Trustees as to the investment of all of the assets in their individual account balances in specific assets or other investments allowed under the Plan. Participants may request detail of the investment options from the Plan Administrator. Participants can change their option elections prospectively at any time.

Administrative Expenses: The Plan allows certain administrative expenses to be paid from plan assets. The Plan participates in an expense offset arrangement with Transamerica, where excess revenue may be returned and deposited into an unallocated expense budget account. The amounts in the unallocated expense budget account may be used to pay reasonable and necessary Plan expenses or may be allocated to participants. For the year ended December 31, 2024, the Plan used \$184,833 from the expense budget account to pay certain Plan expenses.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of the lesser of \$50,000, reduced by the highest outstanding loan balance during the preceding 12-month period, or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan funds. Loan terms range from one to five years, or longer if for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate of 1% over the prime rate. Interest rates range from 4.25% to 9.50% for each of the loans outstanding as of December 31, 2024. Principal and interest are paid ratably through regular payroll deductions.

Payment of Benefits: Upon retirement, termination, disability, or death, a participant, or their beneficiary in the event of death, may elect to receive a lump-sum amount equal to the value of the participant's vested account balance or in periodic payments not extending beyond the life expectancy of the participant or beneficiary. Partial withdrawals are allowed

from an active participant's vested account upon the attainment of age 59 ½ or in the event of proven financial hardship. Upon termination, automatic distributions are required for balances of less than \$1,000.

(2) **Summary of Significant Accounting Policies**

The following is a summary of the significant accounting policies used by the Plan in the preparation of the accompanying financial statements. Such policies are in accordance with accounting principles generally accepted in the United States of America.

Basis of Accounting: The Plan prepares financial statements using the accrual method of accounting whereby additions and deductions to net assets available for benefits, other than benefit payments, are recognized when earned or incurred, respectively. Benefit payments are recorded when paid.

Investments: Investments are reported at fair value, except for fully benefit responsive investment contracts, which are reported at contract 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 investment committee determines the valuation policies utilizing information provided by the Trustee, Custodian, and TLIC. See Note 8 for a discussion of fair value measurements and Note 9 for contract value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(3) **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan document to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all participant account balances would become 100% vested.

(4) Forfeitures

Forfeitures of non-vested Company contributions are used first to restore participant balances previously forfeited, then may be used to pay plan administrative expenses, and lastly to reduce future Company contributions. During 2024, \$7,906 of forfeited participant accounts were used to pay Plan administrative expenses. There was \$188,875 and \$6,016 available in the forfeiture account at December 31, 2024 and 2023, respectively.

(5) Tax Status

The Plan obtained its latest determination letter on September 23, 2022, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management of the Plan follows the provisions of FASB ASC 740, *Income Taxes*.

The Plan files an annual information return in the U.S. federal jurisdiction. The Plan is no longer subject to U.S. tax examination by tax authorities for years prior to 2021.

(6) Risk and Uncertainty

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

(7) Information Certified by Trustee

The following is a summary of the unaudited information included in the Plan's financial statements and supplemental schedules that was certified by the Trustee, Custodian, and TLIC. The plan administrator has obtained certifications from the Trustee, Custodian, and TLIC that such information is complete and accurate.

- Total investments
- Notes receivable from participants
- Investment income

(8) Fair Value Measurement

Under FASB ASC 820-10, three prioritized valuation inputs are used to determine the fair value at the measurement date: Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities; Level 2 – observable inputs other than the quoted prices

included in Level 1; Level 3 – unobservable inputs. There have been no changes in the methodologies used during the periods under audit, therefore no recognition of gain or loss is required for these financial statements.

The provisions of ASU 2015-07, which addresses the financial presentation of certain assets measured at net asset value per share as a practical expedient, have been adopted by the Plan. Accordingly, the Plan's variable annuity funds have not been included in the fair value hierarchy.

Following is a description of the valuation methodologies used for assets measured at fair value:

Level 1 Fair Value Measurements:

Publicly traded equities, bonds, and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Money market funds and mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Level 2 Fair Value Measurements:

Separately managed accounts: Valued at market prices but are not traded on an established market.

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

December 31, 2024	Fair Value	Fair Value Measurements at Reporting Date Using		
		(Level 1)	(Level 2)	(Level 3)
Mutual funds	\$ 91,554,338	91,554,338	-	-
Publicly traded equities	10,207,039	10,207,039	-	-
Money market funds	4,520,830	4,520,830	-	-
Corporate bonds	31,013	31,013	-	-
U.S. government securities	770,579	770,579	-	-
Separately managed accounts	3,630,177	-	3,630,177	-
Total investments at fair value	\$ 110,713,976	107,083,799	3,630,177	-

December 31, 2023	Fair Value	Fair Value Measurements at Reporting Date Using		
		(Level 1)	(Level 2)	(Level 3)
Mutual funds	\$ 83,801,131	83,801,131	-	-
Publicly traded equities	5,624,849	5,624,849	-	-
Money market funds	3,184,697	3,184,697	-	-
Corporate bonds	50,243	50,243	-	-
U.S. government securities	763,689	763,689	-	-
Separately managed accounts	3,513,063	-	3,513,063	-
Total investments at fair value	\$ 96,937,672	93,424,609	3,513,063	-

(9) Fully Benefit Responsive Investment Contract

The plan holds a traditional guaranteed investment contract issued by TLIC. This contract meets the fully benefit responsive contract criteria, and therefore is reported at contract value. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the contract.

Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

TLIC is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by TLIC but may not be less than 0%. The crediting rate is reviewed on a daily basis for resetting, may not be reduced for a period of at least six months after a rate is established, but may be increased at any time.

The Plan's ability to receive amounts due in accordance with the fully benefit responsive investment contract is dependent on TLIC's ability to meet its financial obligations. TLIC's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with TLIC. Examples of such events include, but are not limited to, the following:

- The Plan's failure to qualify under Section 401(a) of the Code or the failure of the trust to be tax-exempt under Section 501(a) of the Code
- Plan termination or merger
- Bankruptcy of the Plan sponsor or other Plan sponsor events (for example divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations
- Employee communications influencing contributions, withdrawals or loans
- Early retirement incentive programs

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with TLIC and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow TLIC to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Code or the failure of the trust to be tax-exempt under Section 501(a) of the Code
- Deposits of contributions are not made in a timely manner
- Benefits can no longer be provided due to Plan changes
- The Employer files or has filed against it a petition for bankruptcy
- The Plan's failure to furnish documentation or information required under the contract
- The Plan's change in recordkeeper
- The Plan's request to transfer some or all of the balance to a competing or successor investment option
- After two years from the contract date if the investment option balance is less than \$50,000
- If TLIC elects to discontinue offering this contract as an investment option to the public

(10) Party-In-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer association, or relatives of such persons. Certain plan investments are issued by the Trustee and TLIC. These transactions qualify as exempt party-in-interest transactions.

(11) Subsequent Events

The Plan has evaluated subsequent events through July 1, 2026, the date the financial statements were available to be issued.

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money market Funds:			
*	State Street	U.S. Government money market funds	N/A	\$ 3,530,648
	Participant-Directed Brokerage Investments	Publicly traded money market funds	N/A	990,182
	Total money market funds			4,520,830
	Mutual Funds:			
	Baird	Core Plus Bond Fund	N/A	2,274,338
	BNY	Mellon Global Fixed Income Fund	N/A	1,678,581
	Eagle	Eagle Mid Cap Growth Fund	N/A	1,049,120
	Cohen & Steers	Preferred Securities & Income Fund	N/A	6,344,881
	Dimensional	International Core Equity Portfolio	N/A	1,999,475
	Dimensional	International Small Company Portfolio	N/A	1,251,924
	Dodge & Cox	Stock Fund Class I	N/A	2,930,078
	Federated	Hermes Float Rate Strat Inc. Fund	N/A	815,253
	Federated	Hermes Institutional High Yield Bond Fund	N/A	1,378,748
	Goldman Sachs	Short Duration Government Fund	N/A	734,889
	JPMorgan	Small Cap Growth Index Fund	N/A	907,215
	Lord Abbett	Short Duration Income Fund	N/A	610,626
	Morgan Stanley	International Opportunity Portfolio	N/A	1,797,065
	PIMCO	Real Return Fund Institutional Class	N/A	2,658,887
	T. Rowe Price	Growth Stock Fund	N/A	4,326,232
	Vanguard	Developed Markets Index Fund	N/A	1,918,334

* Denotes party-in-interest

See independent auditor's report.

(continued)

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

Schedule H Line 4i – Schedule of Assets (Held at End of Year) – continued
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds, continued:			
	Vanguard	FTSE All-World ex-US Small Cap Index Fund	N/A	1,218,524
	Vanguard	Growth Index Fund	N/A	4,438,304
	Vanguard	High Dividend Yield Index Fund	N/A	3,126,150
	Vanguard	High-Yield Corporate Fund	N/A	939,285
	Vanguard	Inflation-Protected Securities Fund	N/A	3,366,335
	Vanguard	Institutional Index Fund	N/A	5,900,523
	Vanguard	Intermediate-Term Bond Index Fund	N/A	2,095,026
	Vanguard	International Growth Fund	N/A	2,037,469
	Vanguard	Mid-Cap Growth Index Fund	N/A	1,790,871
	Vanguard	Mid-Cap Value Index Fund	N/A	1,942,938
	Vanguard	Short Term Investment-Grade Fund	N/A	866,204
	Vanguard	Short Term Treasury Fund	N/A	914,409
	Vanguard	Small-Cap Growth Index Fund	N/A	1,386,027
	Vanguard	Small-Cap Value Index Fund	N/A	2,417,037
	Vanguard	Target Retirement 2025 Fund	N/A	1,640,084
	Vanguard	Target Retirement 2030 Fund	N/A	5,914,037
	Vanguard	Target Retirement 2035 Fund	N/A	2,120,014
	Vanguard	Target Retirement 2045 Fund	N/A	681,124
	Vanguard	Target Retirement 2050 Fund	N/A	827,213
	Vanguard	Total Bond Market Index Fund	N/A	2,138,500
	Vanguard	Total International Bond Index Fund	N/A	915,594

* Denotes party-in-interest

See independent auditor's report.

(continued)

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

Schedule H Line 4i – Schedule of Assets (Held at End of Year) – continued
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds, continued:			
	Vanguard	Total International Stock Index Fund	N/A	1,763,243
	Vanguard	Total Stock Market Index Fund	N/A	4,546,147
	Vanguard	Value Index Fund	N/A	3,354,402
	Victory	Integrity Mid-Cap Value Fund	N/A	1,849,094
	Vanguard	Target Retirement 2055	N/A	1,761
	Participant-Directed Brokerage Investments	Mutual Funds	N/A	688,377
	Total mutual funds			<u>91,554,338</u>
	Separately managed accounts:			
(1)	Snyder Capital Management	Small Value - Small/Mid-Cap stocks	N/A	<u>3,630,177</u>
	U.S. Government Securities:			
	Participant-Directed Brokerage Investments	Publicly traded government securities	N/A	<u>770,579</u>
	Corporate Debt Instruments:			
	Participant-Directed Brokerage Investments	Publicly traded corporate debt instruments	N/A	<u>31,013</u>
	Publicly Traded Equities:			
	Participant-Directed Brokerage Investments	Publicly traded equities	N/A	<u>10,207,039</u>

(1) Refer to Attachment A for listing of assets relating to these accounts

See independent auditor's report.

(continued)

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

Schedule H Line 4i – Schedule of Assets (Held at End of Year) – concluded
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Fully benefit responsive investment contract Transamerica Life Insurance Company	Guaranteed Investment Option	N/A	<u>2,816,562</u>
	Total Investments			<u>113,530,538</u>
*	Participant Loans	Loans with interest rates ranging from 4.25% to 9.50% with various maturity dates.	- 0 -	<u>253,233</u>
				\$ <u><u>113,783,771</u></u>
*	Denotes party-in-interest			

See independent auditor's report.

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

Attachment A
December 31, 2024

Identity of Issuer	Description of Investment	Cost	Value
Api Group Corp Common Stock Usd.0001	Common Stock	N/A	112,478
Advanced Energy Industries Common Stock Usd.001	Common Stock	N/A	80,478
Agilysys Inc Common Stock Usd.3	Common Stock	N/A	74,680
Avid Bioservices Inc Common Stock Usd.001	Common Stock	N/A	6,150
Bwx Technologies Inc Common Stock Usd.01	Common Stock	N/A	147,146
Brink S Co/The Common Stock Usd1.0	Common Stock	N/A	56,126
Brixmor Property Group Inc Reit Usd.01	Common Stock	N/A	99,194
Cae Inc Common Stock	Common Stock	N/A	150,884
Cabot Corp Common Stock Usd1.0	Common Stock	N/A	99,893
Caci International Inc CIA Common Stock Usd.1	Common Stock	N/A	151,927
Clean Harbors Inc Common Stock Usd.01	Common Stock	N/A	178,819
Cognex Corp Common Stock Usd.002	Common Stock	N/A	34,031
Coherent Corp Common Stock	Common Stock	N/A	97,477
Crane Nxt Co Common Stock Usd1.0	Common Stock	N/A	20,319
Dorman Products Inc Common Stock Usd.01	Common Stock	N/A	38,995
Entegris Inc Common Stock Usd.01	Common Stock	N/A	141,854
Fti Consulting Inc Common Stock Usd.01	Common Stock	N/A	52,178
Glacier Bancorp Inc Common Stock Usd.01	Common Stock	N/A	90,346
Graco Inc Common Stock Usd1.0	Common Stock	N/A	79,738
Halozyme Therapeutics Inc Common Stock Usd.001	Common Stock	N/A	146,442
Heico Corp Class A Common Stock Usd.01	Common Stock	N/A	89,691
Idex Corp Common Stock Usd.01	Common Stock	N/A	103,180
Ingredion Inc Common Stock Usd.01	Common Stock	N/A	112,249
Kbr Inc Common Stock Usd.001	Common Stock	N/A	140,306
Mcgrath Rentcorp Common Stock	Common Stock	N/A	71,565
Mercury Systems Inc Common Stock Usd.01	Common Stock	N/A	78,288
Minerals Technologies Inc Common Stock Usd.1	Common Stock	N/A	76,820
Pdf Solutions Inc Common Stock Usd.00015	Common Stock	N/A	33,688
Pacific Premier Bancorp Inc Common Stock Usd.01	Common Stock	N/A	21,755
Power Integrations Inc Common Stock Usd.001	Common Stock	N/A	87,120
Prosperity Bancshares Inc Common Stock Usd1.0	Common Stock	N/A	94,037
Rli Corp Common Stock Usd1.0	Common Stock	N/A	68,569
Rbc Bearings Inc Common Stock Usd.01	Common Stock	N/A	100,511
Sensient Technologies Corp Common Stock Usd.1	Common Stock	N/A	76,034
Simpson Manufacturing Co Inc Common Stock Usd.01	Common Stock	N/A	66,166
Ugi Corp Common Stock	Common Stock	N/A	90,505
United Community Banks/Ga Common Stock Usd1.0	Common Stock	N/A	98,675
Valvoline Inc Common Stock Usd.01	Common Stock	N/A	37,519
Verra Mobility Corp Common Stock Usd.0001	Common Stock	N/A	67,970
Woodward Inc Common Stock Usd.001455	Common Stock	N/A	106,842
Federated	Money Market Cash	N/A	155,443
Dividends Receivables		N/A	2,968
Accrued Expenses		N/A	(8,879)
Snyder Capital Management			<u>\$ 3,630,177</u>

See independent auditor's report.

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

Attachment A
December 31, 2024

Identity of Issuer	Description of Investment	Cost	Value
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Kbr Inc Common Stock Usd.001	Common Stock	N/A	140,306
Mcgrath Rentcorp Common Stock	Common Stock	N/A	71,565
Mercury Systems Inc Common Stock Usd.01	Common Stock	N/A	78,288
Minerals Technologies Inc Common Stock Usd.1	Common Stock	N/A	76,820
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Pacific Premier Bancorp Inc Common Stock Usd.01	Common Stock	N/A	21,755
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Verra Mobility Corp Common Stock Usd.0001	Common Stock	N/A	67,970
Woodward Inc Common Stock Usd.001455	Common Stock	N/A	106,842
Federated	Money Market Cash	N/A	155,443
Dividends Receivables		N/A	2,968
Accrued Expenses		N/A	(8,879)
Snyder Capital Management			<u><u>\$ 3,630,177</u></u>

See independent auditor's report.

Schedule C, Line 2(h) Formula Descriptions

Radiology Associates, P.A. Profit Sharing Plan

EIN No.: 71-0395194, Plan No. 001

Plan Year Ending: 12/31/2024

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES

04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
BAIRD	BAIRD CORE PLUS BOND INST	1/1/2024	12/31/2024	0.066
BNY MELLON	BNY MELLON GLOBAL FIXED INCOME I	1/1/2024	12/31/2024	0.297
COHEN & STEERS	COHEN AND STEERS PREFERRED SEC AND INC I	1/1/2024	12/31/2024	0.330
DFA-DIMENSIONAL	DFA INTERNAT'L SMALL COMPANY	1/1/2024	12/31/2024	0.066
DFA-DIMENSIONAL	DFA INTL CORE EQUITY I	1/1/2024	12/31/2024	0.066
DODGE & COX	DODGE & COX STOCK I	1/1/2024	12/31/2024	0.330
FEDERATED HERMES	FEDERATED HERMES FLOATING RATE STRAT INC IS	1/1/2024	12/31/2024	0.825
FEDERATED HERMES	FEDERATED HERMES INSTL HIGH YIELD BOND INST	1/1/2024	12/31/2024	0.165
GOLDMAN SACHS	GOLDMAN SACHS SHRT DUR GOV FD	1/1/2024	12/31/2024	0.561
T ROWE PRICE	T. ROWE PRICE GROWTH STOCK	1/1/2024	12/31/2024	0.495

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money market Funds:			
*	State Street	U.S. Government money market funds	N/A	\$ 3,530,648
	Participant-Directed Brokerage Investments	Publicly traded money market funds	N/A	990,182
	Total money market funds			4,520,830
	Mutual Funds:			
	Baird	Core Plus Bond Fund	N/A	2,274,338
	BNY	Mellon Global Fixed Income Fund	N/A	1,678,581
	Eagle	Eagle Mid Cap Growth Fund	N/A	1,049,120
	Cohen & Steers	Preferred Securities & Income Fund	N/A	6,344,881
	Dimensional	International Core Equity Portfolio	N/A	1,999,475
	Dimensional	International Small Company Portfolio	N/A	1,251,924
	Dodge & Cox	Stock Fund Class I	N/A	2,930,078
	Federated	Hermes Float Rate Strat Inc. Fund	N/A	815,253
	Federated	Hermes Institutional High Yield Bond Fund	N/A	1,378,748
	Goldman Sachs	Short Duration Government Fund	N/A	734,889
	JPMorgan	Small Cap Growth Index Fund	N/A	907,215
	Lord Abbett	Short Duration Income Fund	N/A	610,626
	Morgan Stanley	International Opportunity Portfolio	N/A	1,797,065
	PIMCO	Real Return Fund Institutional Class	N/A	2,658,887
	T. Rowe Price	Growth Stock Fund	N/A	4,326,232
	Vanguard	Developed Markets Index Fund	N/A	1,918,334

* Denotes party-in-interest

See independent auditor's report.

(continued)

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

Schedule H Line 4i – Schedule of Assets (Held at End of Year) – continued
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds, continued:			
	Vanguard	FTSE All-World ex-US Small Cap Index Fund	N/A	1,218,524
	Vanguard	Growth Index Fund	N/A	4,438,304
	Vanguard	High Dividend Yield Index Fund	N/A	3,126,150
	Vanguard	High-Yield Corporate Fund	N/A	939,285
	Vanguard	Inflation-Protected Securities Fund	N/A	3,366,335
	Vanguard	Institutional Index Fund	N/A	5,900,523
	Vanguard	Intermediate-Term Bond Index Fund	N/A	2,095,026
	Vanguard	International Growth Fund	N/A	2,037,469
	Vanguard	Mid-Cap Growth Index Fund	N/A	1,790,871
	Vanguard	Mid-Cap Value Index Fund	N/A	1,942,938
	Vanguard	Short Term Investment-Grade Fund	N/A	866,204
	Vanguard	Short Term Treasury Fund	N/A	914,409
	Vanguard	Small-Cap Growth Index Fund	N/A	1,386,027
	Vanguard	Small-Cap Value Index Fund	N/A	2,417,037
	Vanguard	Target Retirement 2025 Fund	N/A	1,640,084
	Vanguard	Target Retirement 2030 Fund	N/A	5,914,037
	Vanguard	Target Retirement 2035 Fund	N/A	2,120,014
	Vanguard	Target Retirement 2045 Fund	N/A	681,124
	Vanguard	Target Retirement 2050 Fund	N/A	827,213
	Vanguard	Total Bond Market Index Fund	N/A	2,138,500
	Vanguard	Total International Bond Index Fund	N/A	915,594

* Denotes party-in-interest

See independent auditor's report.

(continued)

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

Schedule H Line 4i – Schedule of Assets (Held at End of Year) – continued
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds, continued:			
	Vanguard	Total International Stock Index Fund	N/A	1,763,243
	Vanguard	Total Stock Market Index Fund	N/A	4,546,147
	Vanguard	Value Index Fund	N/A	3,354,402
	Victory	Integrity Mid-Cap Value Fund	N/A	1,849,094
	Vanguard	Target Retirement 2055	N/A	1,761
	Participant-Directed Brokerage Investments	Mutual Funds	N/A	688,377
	Total mutual funds			<u>91,554,338</u>
	Separately managed accounts:			
(1)	Snyder Capital Management	Small Value - Small/Mid-Cap stocks	N/A	<u>3,630,177</u>
	U.S. Government Securities:			
	Participant-Directed Brokerage Investments	Publicly traded government securities	N/A	<u>770,579</u>
	Corporate Debt Instruments:			
	Participant-Directed Brokerage Investments	Publicly traded corporate debt instruments	N/A	<u>31,013</u>
	Publicly Traded Equities:			
	Participant-Directed Brokerage Investments	Publicly traded equities	N/A	<u>10,207,039</u>

(1) Refer to Attachment A for listing of assets relating to these accounts

See independent auditor's report.

(continued)

RADIOLOGY ASSOCIATES, P.A. PROFIT SHARING PLAN
EIN 71-0395194 Plan Number 001

Schedule H Line 4i – Schedule of Assets (Held at End of Year) – concluded
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Fully benefit responsive investment contract Transamerica Life Insurance Company	Guaranteed Investment Option	N/A	<u>2,816,562</u>
	Total Investments			<u>113,530,538</u>
*	Participant Loans	Loans with interest rates ranging from 4.25% to 9.50% with various maturity dates.	- 0 -	<u>253,233</u>
				\$ <u><u>113,783,771</u></u>
*	Denotes party-in-interest			

See independent auditor's report.