Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAN DIEGO DIAGNOSTIC RADIOLOGY MEDICAL GROUP, INC. CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2015

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)
SAN DIEGO DIAGNOSTIC RADIOLOGY MEDICAL GROUP, INC.

9655 GRANITE RIDGE DRIVE, SUITE 200
SAN DIEGO, CA 92123

2b Employer Identification Number (EIN) 95-2669833

2c Sponsor's telephone number 858-565-0950

2d Business code (see instructions) 621510

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	33
b Total number of participants at the end of the plan year	**5b**	31
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	29
d(2) Total number of active participants at the end of the plan year	**5d(2)**	26
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	GLENN V FRANCISCO
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583321. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4822555	5302778
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4822555	5302778
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	1160820	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	290693	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1451513
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	924766	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	46524	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		971290
i Net income (loss) (subtract line 8h from line 8c)	8i		480223
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3H

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- [ ] Yes.
- [ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- [ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- [ ] No. Other. Provide explanation _____

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

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

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

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

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

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

Part VIII IRS Compliance Questions

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

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- [ ] Design-based safe harbor method
- [ ] "Prior year" ADP test
- [ ] "Current year" ADP test
- [X] N/A

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
SAN DIEGO DIAGNOSTIC RADIOLOGY MEDICAL GROUP, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SAN DIEGO DIAGNOSTIC RADIOLOGY MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
95-2669833

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	4822555
b Actuarial value	**2b**	4822555

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	4	280454	280454
c For active participants	29	3532186	3532186
d Total	33	3812640	3812640

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

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

5 Effective interest rate	**5**	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1017081
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	1017081

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	07/22/2026 Date
CHRISTOPHER J. ROMAN, EA, MAAA Type or print name of actuary	26-08485 Most recent enrollment number
SCHWAB RETIREMENT PLAN SERVICES Firm name	216-386-1993 Telephone number (including area code)
4150 KINROSS LAKES PARKWAY RICHFIELD, OH 44286 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.79 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1145146
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.05 %		57830
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1202976
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	126.48 %
15	Adjusted funding target attainment percentage	15	126.48 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	123.63 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/24/2025	96735		07/25/2025	96735	
02/25/2025	96735		08/25/2025	96735	
03/25/2025	96735		09/25/2025	96735	
04/25/2025	96735		10/24/2025	96735	
05/23/2025	96735		11/25/2025	96735	
06/25/2025	96735		12/24/2025	96735	
			Totals ► 18(b)	1160820	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1130254

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1017081
b Excess assets, if applicable, but not greater than line 31a	**31b**	1009915

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	7166

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	7166
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1130254
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1123088
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

San Diego Diagnostic Radiology Medical Group, Inc.
Cash Balance Pension Plan
EIN/PN 95-2669833 / 003

Schedule SB, line 26 – Schedule of Active Participant Data

Age Versus Service Distribution for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	2	1	-	-	-	-	-	-	-	3
40 to 44	-	2	1	-	-	-	-	-	-	-	3
45 to 49	-	1	-	3	-	-	-	-	-	-	4
50 to 54	-	-	-	5	-	-	-	-	-	-	5
55 to 59	-	-	-	4	-	-	-	-	-	-	4
60 to 64	-	-	-	5	-	-	-	-	-	-	5
65 to 69	-	-	-	2	-	-	-	-	-	-	2
over 70	-	-	-	3	-	-	-	-	-	-	3
Total	-	5	2	22	-	-	-	-	-	-	29

Service for the active age versus service chart above is based on credited service.

Classification: Schwab Internal

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

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2025.

Actuarial Methods

Actuarial cost method

The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The market value of assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate as defined by PPA 2006.

- The Actuarial Value of Assets is equal to the Market Value of Assets.

Demographic Assumptions

Mortality tables
The 2025 Static Optional Small Plan Combined Mortality Table as prescribed by the IRS.

Retirement rates
All participants are assumed to retire at age 65.

Termination rates
None assumed.

Disability rates
None assumed.

Interest Crediting Rate

The Interest Crediting Rate for future years is assumed to be 3.0%.

Form of Payment

Participants are assumed to elect a lump sum upon retirement or death.

Percent of population that is married

Not applicable.

Classification: Schwab Internal

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Age of assumed spouse

Not applicable.

Hypothetical Employer Contributions

Current year cash balance credits are assumed to equal the prior year's cash balance credits, as outlined in the plan document.

Administrative Expenses

No administrative expenses are assumed to be paid from the trust.

Economic Assumptions

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the 2025 PPA segment rates, reflecting ARPA.

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

Classification: Schwab Internal

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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OMB No. 1210-0110

2025

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

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A Name of plan
SAN DIEGO DIAGNOSTIC RADIOLOGY MEDICAL GROUP, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SAN DIEGO DIAGNOSTIC RADIOLOGY MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
95-2669833

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	4822555
b Actuarial value	**2b**	4822555

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	4	280454	280454
c For active participants	29	3532186	3532186
d Total	33	3812640	3812640

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

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

5 Effective interest rate	**5**	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1017081
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	1017081

Statement by Enrolled Actuary

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

SIGN HERE Christopher Roman CR — 7/22/2026

Signature of actuary — Date

CHRISTOPHER J. ROMAN, EA, MAAA — 26-08485

Type or print name of actuary — Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES — (216) 386-1993

Firm name — Telephone number (including area code)

4150 KINROSS LAKES PARKWAY

RICHFIELD, OH 44286

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.79 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1145146
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.05 %		57830
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1202976
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	126.48 %
15	Adjusted funding target attainment percentage	15	126.48 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	123.63 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01-24-2025	96735		07-25-2025	96735	
02-25-2025	96735		08-25-2025	96735	
03-25-2025	96735		09-25-2025	96735	
04-25-2025	96735		10-24-2025	96735	
05-23-2025	96735		11-25-2025	96735	
06-25-2025	96735		12-24-2025	96735	
			Totals ► 18(b)	1160820	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1130254

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1017081
b Excess assets, if applicable, but not greater than line 31a	**31b**	1009915

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	7166

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	7166
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1130254
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1123088
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

San Diego Diagnostic Radiology Medical Group, Inc.
Cash Balance Pension Plan
EIN/PN 95-2669833 / 003

Schedule SB, line 19 – Discounted Employer Contributions

Valuation Date: 1/1/2025

Effective Interest Rate: 5.28%

Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to which the Contribution is Applied
1/24/2025	96,735	96,422	2025
2/25/2025	96,735	95,988	2025
3/25/2025	96,735	95,610	2025
4/25/2025	96,735	95,193	2025
5/23/2025	96,735	94,818	2025
6/25/2025	96,735	94,378	2025
7/25/2025	96,735	93,980	2025
8/25/2025	96,735	93,570	2025
9/25/2025	96,735	93,162	2025
10/24/2025	96,735	92,782	2025
11/25/2025	96,735	92,364	2025
12/24/2025	96,735	91,987	2025
Total	1,160,820	1,130,254	

Classification: Schwab Internal

Schedule SB, line 22 – Description of Weighted Average Retirement Age

All participants are assumed to retire at age 65.

Classification: Schwab Internal

San Diego Diagnostic Radiology Medical Group, Inc.
Cash Balance Pension Plan
EIN/PN 95-2669833 / 003

Schedule SB, line 26 – Schedule of Active Participant Data

Age Versus Service Distribution for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	2	1	-	-	-	-	-	-	-	3
40 to 44	-	2	1	-	-	-	-	-	-	-	3
45 to 49	-	1	-	3	-	-	-	-	-	-	4
50 to 54	-	-	-	5	-	-	-	-	-	-	5
55 to 59	-	-	-	4	-	-	-	-	-	-	4
60 to 64	-	-	-	5	-	-	-	-	-	-	5
65 to 69	-	-	-	2	-	-	-	-	-	-	2
over 70	-	-	-	3	-	-	-	-	-	-	3
Total	-	5	2	22	-	-	-	-	-	-	29

Service for the active age versus service chart above is based on credited service.

Classification: Schwab Internal

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

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2025.

Actuarial Methods

Actuarial cost method

The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The market value of assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate as defined by PPA 2006.

- The Actuarial Value of Assets is equal to the Market Value of Assets.

Demographic Assumptions

Mortality tables
The 2025 Static Optional Small Plan Combined Mortality Table as prescribed by the IRS.

Retirement rates
All participants are assumed to retire at age 65.

Termination rates
None assumed.

Disability rates
None assumed.

Interest Crediting Rate

The Interest Crediting Rate for future years is assumed to be 3.0%.

Form of Payment

Participants are assumed to elect a lump sum upon retirement or death.

Percent of population that is married

Not applicable.

Classification: Schwab Internal

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Age of assumed spouse

Not applicable.

Hypothetical Employer Contributions

Current year cash balance credits are assumed to equal the prior year's cash balance credits, as outlined in the plan document.

Administrative Expenses

No administrative expenses are assumed to be paid from the trust.

Economic Assumptions

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the 2025 PPA segment rates, reflecting ARPA.

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

Classification: Schwab Internal

Schedule SB, Part V – Summary of Plan Provisions

A summary of major plan provisions used in this valuation is presented below:

Definitions

Effective Date – The Plan was established effective January 1, 2015, restated effective July 11, 2021 and most recently amended effective January 1, 2024.

Employer – San Diego Diagnostic Radiology Medical Group, Inc.

Plan Year – The calendar year.

Vesting Service and Benefit Service – A Year of Service is credited to each Employee for each Plan Year in which the Participant works at least 1,000 Hours of Service. A participant's accrued benefit is fully vested at all times.

Eligibility – An employee shall become a participant on the January 1 or July 1 following the day he or she becomes an Eligible Employee. An employee is an Eligible Employee if they have attained age 21 and have completed two Years of Service. Excludes:

i. Non-resident alien
ii. Covered under a collective bargaining agreement
iii. Any employee not listed on the payroll records of the Employer
iv. Leased Employee
v. Not listed as a named Participant in the Plan Documents

No employees shall become a participant after December 31, 2022.

Normal Retirement Age – the Participant's 65th birthday.

Accrued Benefit – Single-life annuity which is the actuarial equivalent of the Participant's Accumulation Account as of the valuation date.

Contributions

Employer – The amount necessary to fund the Plan on an actuarially sound basis as determined by the Plan's enrolled actuary subject to minimum and maximum requirements.

Employee – No employee shall be permitted to contribute to the Plan.

Classification: Schwab Internal

Schedule SB, Part V – Summary of Plan Provisions (continued)

Accumulated Benefit

Value of Accumulation Account – The value of a participant's accumulation account is determined by crediting the accumulating account with an Initial Balance, Hypothetical Employer Contributions, and earnings based upon the accumulation interest rate, as described below:

i.) The Initial Balance shall be deemed to be credited as of the entry date on which the Participant becomes a participant of the Plan.
ii.) The Hypothetical Employer Contribution for a Plan Year shall be deemed to be credited as of the last day of such Plan Year.
iii.) Earnings shall be credited by assuming the accumulation interest rate is compounded annually and is credited once a year as of the last day of the Plan Year.
iv.) In the event of a distribution from the accumulation account during an interest crediting period, earnings for such interest crediting period will not be credited on amounts distributed prior to the last day of such interest crediting period.

Hypothetical Contribution – the Hypothetical Employer Contribution amount is listed in Appendix A in the Plan Document. Appendix A is periodically amended to reflect Participants who entered the Plan, left active employment and whose Hypothetical Employer Contribution amount changed from the prior year.

Interest Crediting Period – Interest is credited annually on the last day of the calendar year.

Accumulation Interest Rate – Actual rate of return is based on actual return on plan assets, adjusted to reflect administrative expenses paid from the trust. The Accumulation Interest Rate for any year shall not exceed 5.5%.

Normal form of Payment – Single Life annuity for single employees. Reduced Joint and 100% Survivor annuity for married employees. Optional forms of benefits include single sum and joint and survivor annuities.

Retirement Benefits

Benefit Amounts – Cash Balance Account or the Actuarial Equivalent payable as an annuity, subject to IRS maximum limitations.

Form of Payment – Life annuity. Actuarially equivalent optional forms are also available, including lump sum options.

Normal Retirement Date – The Participant's Normal Retirement Age.

Vested Termination Benefit – Termination of employment after earning a non-forfeitable interest in the Accumulated Benefit.

Classification: Schwab Internal

Schedule SB, Part V – Summary of Plan Provisions (continued)

Death Benefit – Participant's spouse or beneficiary shall be entitled to a death benefit based upon the Participant's Accumulated Benefit, if the Participant dies prior to his or her Annuity Starting Date.

Disability Benefit – Actuarial equivalent value of accrued pension.

In-Service Distribution – Allowed at or after age 59½.

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San Diego Diagnostic Radiology Medical Group, Inc.
Cash Balance Pension Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

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