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

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] 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
X-RAY ASSOCIATES OF NEW MEXICO, PC CASH BALANCE PENSION PLAN & TRUST

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2019

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)
X-RAY ASSOCIATES OF NEW MEXICO, PC

8020 CONSTITUTION PLACE, NE
SUITE 202
ALBUQUERQUE, NM 87110

2b Employer Identification Number (EIN)
85-0364164

2c Plan Sponsor's telephone number
505-998-3096

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.	10/13/2026	TRACY VALDEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	TRACY VALDEZ
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	292
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	**6a(1)**	260
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	243
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	283
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	283
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	4
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 Characteristic Codes in the instructions:

1A 1B 1C 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 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
X-RAY ASSOCIATES OF NEW MEXICO, PC CASH BALANCE PENSION PLAN & TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
X-RAY ASSOCIATES OF NEW MEXICO, PC

D Employer Identification Number (EIN)
85-0364164

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

F Prior year plan size: [ ] 100 or fewer [X] 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**	6566249
b Actuarial value	**2b**	6566249

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	1	4451	4451
b For terminated vested participants	29	225298	225298
c For active participants	261	6540461	6565951
d Total	291	6770210	6795700

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1253613
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	1253613

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 — Date: 08/27/2026

BRANDON-DAWSON WARNER — Type or print name of actuary

26-07572 — Most recent enrollment number

KAREL-GORDON & ASSOCIATES — Firm name

847-564-5655 — Telephone number (including area code)

304 SAUNDERS RD.
RIVERWOODS, IL 60015

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 5.90 %	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)		20704
	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 5.17 %		1070
	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		21774
	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	96.62 %
15	Adjusted funding target attainment percentage	15	96.62 %
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	93.72 %
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
01/30/2025	145269	0	12/04/2025	37077	0
03/27/2025	155154	0	12/18/2025	38778	0
05/22/2025	100461	0	02/13/2025	48218	0
07/31/2025	156269	0	04/24/2025	102436	0
09/25/2025	107263	0	06/20/2025	97962	0
11/20/2025	97654	0	08/28/2025	100846	0
			Totals ► **18(b)**	1324040	**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	1290886

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part 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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
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
10/23/2025	100653	0			
12/04/2025	12000	0			
12/18/2025	12000	0			
12/31/2025	12000	0			
			Totals ► 18(b)		18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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: 5.05 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	3
22 Weighted average retirement age	**22**	64

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**	1253613
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	229451	24712
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**	1278325

	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**	1278325
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1290886
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	12561
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

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

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

A Name of plan
X-RAY ASSOCIATES OF NEW MEXICO, PC CASH BALANCE PENSION PLAN & TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
X-RAY ASSOCIATES OF NEW MEXICO, PC

D Employer Identification Number (EIN)
85-0364164

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	1181	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)		
(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)	6565068	7712444
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	6566249	7712444
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6566249	7712444

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)	1324040	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1324040
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	260735	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		260735
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	307551	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	300000	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		7551
(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)		0

		(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)		485191
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2077517
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	931322	
(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)		931322
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)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		931322
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1146195
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) [X] 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)** [X] 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: REDW LLC **(2)** EIN: 85-0203431

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576120.

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

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

A Name of plan
X-RAY ASSOCIATES OF NEW MEXICO, PC CASH BALANCE PENSION PLAN & TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
X-RAY ASSOCIATES OF NEW MEXICO, PC

D Employer Identification Number (EIN)
85-0364164

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** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 33-6134835

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 29

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705217A .

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	X-RAY ASSOCIATES OF NEW MEXICO, PC CASH BALANCE PENSION PLAN & TRUST						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	85-0364164	PN	004

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25				6		
25 to 29				17		
30 to 34				16		
35 to 39				20	98222	4207
40 to 44				6		
45 to 49				11		
50 to 54				11		
55 to 59				9		
60 to 64				10		
65 to 69				4		
70 & Up				1		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29	2					
30 to 34	11					
35 to 39	7			1		
40 to 44	9			1		
45 to 49	6			2		
50 to 54	6			5		
55 to 59	4			8		
60 to 64	13			1		
65 to 69	3			2		
70 & Up	1			1		

Name of Plan	X-RAY ASSOCIATES OF NEW MEXICO, PC CASH BALANCE PENSION PLAN & TRUST						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	85-0364164	**PN**	004

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	3			1		
45 to 49	4			1		
50 to 54	6			5		
55 to 59	4			1		
60 to 64	6			6		
65 to 69	4			3		
70 & Up	3			1		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	1			2		
55 to 59	1			3		
60 to 64	2			1		
65 to 69						
70 & Up				3		

Name of Plan	X-RAY ASSOCIATES OF NEW MEXICO, PC CASH BALANCE PENSION PLAN & TRUST						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	85-0364164	**PN**	004

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54				1		
55 to 59				1		
60 to 64				3		
65 to 69						
70 & Up				1		

X-Ray Associates of New Mexico, P.C.
Cash Balance Pension Plan & Trust

Financial Statements, Supplemental Schedules, and Independent Auditor's Report

For the Years Ended December 31, 2025 and 2024

redw Advisors & CPAs

X-Ray Associates of New Mexico, P.C.
Cash Balance Pension Plan & Trust

Table of Contents

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Accumulated Plan Benefits	6
Statements of Changes in Accumulated Plan Benefits	7
Notes to the Financial Statements	8
Supplemental Schedules	
Schedule H, Line 4i — Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4j — Schedule of Reportable Transactions	17

Independent Auditor's Report

To the Administrator and Plan Participants of
X-Ray Associates of New Mexico, P.C. Cash Balance Pension Plan & Trust

Report on the Audit of the Financial Statements

Opinion on the 2025 Financial Statements

We have audited the financial statements of X-Ray Associates of New Mexico, P.C. Cash Balance Pension Plan & Trust (the Plan) an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025, the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2025, and the related notes to the financial statements (2025 financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust as of December 31, 2025, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter – Subsequent Plan Termination

As further discussed in Note 8 to the financial statements, subsequent to December 31, 2025, the Board of Directors of X-Ray Associates of New Mexico, P.C., the Plan's sponsor, approved the termination of the Plan. Our opinion is not modified with respect to this matter.

Basis for Opinion on the 2025 Financial Statements

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

Advisory, Assurance, and Tax offered through REDW LLC. Wealth Management offered through REDW Wealth LLC.

Responsibilities of Management for the 2025 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that 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 2025 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

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 – 2025 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the 2025 financial statements as a whole. The supplemental schedules of Schedule H, Line 4i — Schedule of Assets (Held at End of Year) and Schedule H, Line 4j — Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the 2025 financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter - Auditor's Report on the 2024 Financial Statements

The 2024 financial statements of the Plan were audited by predecessor auditors whose report dated September 25, 2025, expressed an unmodified opinion on those financial statements and included an other-matter paragraph that provided an opinion that the information in the 2024 supplemental schedules were fairly stated in all material respects in relation to the financial statements as a whole.

REDW LLC

Albuquerque, New Mexico
October 8, 2026

Financial Statements

X-Ray Associates of New Mexico, P.C.
Cash Balance Pension Plan & Trust
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Cash	$ -	$ 1,181
Investments, at fair value	7,712,444	6,565,068
Net assets available for benefits	$ 7,712,444	$ 6,566,249

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

X-Ray Associates of New Mexico, P.C.
Cash Balance Pension Plan & Trust
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 492,742	$ 228,214
Interest and dividends	260,735	114,115
Net investment income	753,477	342,329
Employer contributions	1,324,040	1,419,499
Total additions	2,077,517	1,761,828
Deductions		
Benefits paid directly to participants	931,322	260,644
Administrative expenses	-	53,979
Total deductions	931,322	314,623
Net increase in net assets	1,146,195	1,447,205
Net assets available for benefits, beginning of year	6,566,249	5,119,044
Net assets available for benefits, end of year	$ 7,712,444	$ 6,566,249

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

X-Ray Associates of New Mexico, P.C.
Cash Balance Pension Plan & Trust
Statements of Accumulated Plan Benefits
December 31, 2025 and 2024

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Participants currently receiving benefits	$ 100,772	$ 165,609
Other participants	7,249,491	6,601,932
Total vested benefits	7,350,263	6,767,541
Nonvested benefits	16,841	25,303
Total actuarial present value of accumulated Plan benefits	$ 7,367,104	$ 6,792,844

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

X-Ray Associates of New Mexico, P.C.
Cash Balance Pension Plan & Trust
Statements of Changes in Accumulated Plan Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated Plan benefits, beginning of year	$ 6,792,844	$ 5,348,150
Increase (decrease) during the year attributable to		
Change in Plan provisions	(78,635)	143,319
Benefits accumulated	1,219,719	1,274,109
Interest cost	364,498	287,910
Benefits paid	(931,322)	(260,644)
Net change	574,260	1,444,694
Actuarial present value of accumulated Plan benefits, end of year	$ 7,367,104	$ 6,792,844

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

X-Ray Associates of New Mexico, P.C.
Cash Balance Pension Plan & Trust
Notes to the Financial Statements
December 31, 2025 and 2024

1) Description of Plan

The following description of X-Ray Associates of New Mexico, P.C. Cash Balance Pension Plan & Trust is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a noncontributory defined benefit plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is established for the benefit of employees of X-Ray Associates of New Mexico, P.C (the "Company"). The Plan was established and became effective on January 1, 2019. The Plan and trust of which it is a part are intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC).

Eligibility
The Plan covers all employees of the Company who have reached 21 years of age and have completed one year of service (1,000 hours).

Participant Accounts and Administrative Expenses
The Plan is a cash balance defined benefit pension plan. Under the Plan, each participant is credited with hypothetical account balances that are adjusted annually based on compensation credits and interest credits as defined by the Plan document. Hypothetical account balances are bookkeeping accounts used solely to determine participants' benefits and do not represent separately invested accounts or actual assets held for individual participants. Benefits are paid from the general assets of the Plan. The interest credits are allocated monthly at an annual rate of 5.50%.

Pension Benefit Guaranty Corporation (PBGC) premiums were paid by the Sponsor in 2025 and from Plan assets in 2024. The Plan Sponsor pays all other administrative expenses of the Plan.

Pension Benefits
Participants become fully vested after two years of service. There is no partial vesting of benefits. Normal retirement age is 62, or the participant's fifth anniversary of joining the Plan, whichever is later. The normal annual retirement benefit is a single life annuity which is the actuarial equivalent to the projected value of the participant's hypothetical account. A participant's hypothetical account is the accumulated value of the participant's hypothetical allocations and interest credits as of the date of determination.

The normal benefit form is a monthly annuity for the participant's lifetime; optional forms of payment are available.

Participant hypothetical accounts, including interest, totaled $7,266,331 and $6,607,154 as of December 31, 2025 and 2024, respectively.

Death Benefits
Upon the death of a vested participant, a lifetime annuity is paid to the surviving spouse (if there is no surviving spouse, the same benefit is paid to the beneficiary). The benefit is subject to joint and survivor annuity reductions. If a participant dies before distributions begin and the beneficiary is other than a surviving spouse, the Participant's entire interest will be distributed to the designated beneficiary by December 31 of the calendar year containing the fifth anniversary of the Participant's death.

2) Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Accordingly, actual results may differ from those estimates.

Investments and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurement.

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 appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risk and Uncertainties
The Plan invests in a variety of investments and 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 statements of net assets available for benefits.

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

Payment of Benefits
Benefit payments are recorded when paid.

Administrative Expenses
The Plan's expenses are paid either by the Plan or the Company as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events
Subsequent events were evaluated for recognition or disclosure in these financial statements through October 8, 2026, the date which the financial statements were available to be issued. Management did not identify any subsequent events that would require adjustments or additional disclosure in the accompany financial statements, except as described in Note 8.

3) Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, Karel-Gordon & Associates. This amount represents the present value of benefits accumulated by participants as of the valuation date and is computed using actuarial assumptions regarding future events, including interest rates, mortality, retirement, and other demographic factors. These assumptions are used to estimate the timing and amount of future benefit payments, which are then discounted to their present value at the valuation date.

The significant actuarial assumptions used in the valuation as of January 1, 2026 (December 31, 2025) were:

a. Life expectancy of participants (RP-2014 Employee/Healthy Annuitant Mortality Tables)

b. Retirement age assumptions (First of month coinciding with or next following attainment of age 62 and completion of fifth anniversary of the first day of the initial Plan year of participation)

c. Interest rate assumption of 5.5%

d. Mortality Improvement Scale MP-2021

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

The computations of the actuarial present value of accumulated plan benefits were performed as of January 1, 2026 and 2025, which correspond to the December 31, 2025 and 2024, financial statements dates, respectively. Had the valuation been performed as of December 31, 2025 and 2024, there would be no material differences.

Subsequent to December 31, 2025, the Plan Sponsor approved termination of the Plan as further described in Note 8. The actuarial present value of accumulated plan benefits presented herein was determined using assumptions applicable to an ongoing plan as of the valuation date. The ultimate settlement value of Plan obligations upon completion of the termination process may differ from the amounts presented in these financial statements because different assumptions and settlement-related factors may be applied in determining benefit obligations in connection with the Plan's termination.

4) Investments at Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2025 and 2024.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table presents investments measured at fair value by classification within the fair value hierarchy as of December 31:

2025	Investments, at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 7,712,444	$ -	$ -	$ 7,712,444
Total investments, at fair value	$ 7,712,444	$ -	$ -	$ 7,712,444

2024	Investments, at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,565,068	$ -	$ -	$ 6,565,068
Total investments, at fair value	$ 6,565,068	$ -	$ -	$ 6,565,068

5) Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, the Company contributed $1,324,040 and $1,419,499, respectively. The Company's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA.

The Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. Subsequent to year end, on January 16, 2026, the Board of Directors approved the termination of the Plan (Note 8). Participant notifications regarding the termination were distributed on March 31, 2026. The termination is expected to be completed in accordance with the provisions of the Plan, ERISA, and applicable regulatory requirements.

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA), imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. A plan's funded percentage for the purposes of these restrictions is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2025 AFTAP for the Plan is 96.62%.

The 2024 AFTAP for the Plan is 93.72%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

6) Related-Party and Party-in-Interest Transactions

The Plan investments are managed by Vanguard. Vanguard is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. These transactions qualify as party-in- interest transactions, which are exempt from the prohibited transaction rules of ERISA. The Company provides certain accounting and administrative services to the Plan for which no fees are charged.

7) Tax Status

The Plan has adopted a preapproved plan document for which the document provider received an IRS opinion letter dated February 28, 2023. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan's administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan's management has concluded that as of December 31, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is generally no longer subject to income tax examinations for years prior to 2022.

8) Plan Termination

On January 16, 2026, the Board of Directors approved the termination of the Plan. Participant notices regarding the termination were distributed on March 31, 2026. Upon termination, participants become fully vested in their accrued benefits under the Plan, and Plan assets will be distributed to participants and beneficiaries in accordance with the terms of the Plan, the Employee Retirement Income Security Act of 1974 (ERISA), and other applicable regulatory requirements.

Management has evaluated this event and determined that the Plan termination represents a nonrecognized subsequent event because the decision to terminate the Plan occurred after December 31, 2025. Accordingly, no adjustment has been made to the accompanying financial statements as of and for the year ended December 31, 2025.

In connection with the termination, Plan assets will be used to satisfy benefit obligations in accordance with the priority categories prescribed under ERISA and applicable regulations. Management currently expects Plan assets to be sufficient to satisfy all benefit obligations upon completion of the termination process.

The payment of individual participant benefits is dependent upon the sufficiency of Plan assets available to satisfy all benefit obligations and, if necessary, the extent of benefits guaranteed by the PBGC. Management currently expects the Plan's assets to be sufficient to satisfy the Plan's benefit obligations; however, the final settlement of benefits will be determined upon completion of the termination process.

The effects of the termination will be recognized in future periods as the applicable recognition criteria are met, including for benefit settlements, changes in actuarial assumptions, termination-related expenses, and distributions of Plan assets.

Supplemental Schedules

X-Ray Associates of New Mexico, P.C.
Cash Balance Pension Plan & Trust
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 85-0364164, Plan Number 004
December 31, 2025

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
*	Vanguard	Vanguard Wellesley Income Fund Adm	$ 6,231,951	$ 7,712,444
			$ 6,231,951	$ 7,712,444

* Represents a party-in-interest

X-Ray Associates of New Mexico, P.C.
Cash Balance Pension Plan & Trust
Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 85-0364164, Plan Number 004
December 31, 2025

(a) Identify of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred with the Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard	Vanguard Wellesley Income Fund Adm	$ 1,324,040	$ -	$ -	$ -	$ 1,324,040	$ 1,324,040	$ -
Vanguard	Vanguard Wellesley Income Fund Adm	-	930,141	-	-	622,589	930,141	307,552

Schedule SB, line 32 -
Schedule of Amortization Bases

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164 / 004

For the plan year 01/01/2025 through 12/31/2025

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2023	420,402	Shortfall	374,675	13	38,501
	01/01/2024	-60,867	Shortfall	-56,720	14	-5,538
	01/01/2025	-88,504	Shortfall	-88,504	15	-8,251
Totals:				$229,451		$24,712

Schedule SB, line 24 -
Change in Actuarial Assumptions

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164 / 004

For the plan year 01/01/2025 through 12/31/2025

The following funding specific assumption change has been made since the prior valuation date: the assumed postponed retirement age was changed from the first day of the plan year to the last day of the plan year to better reflect the plan's postponed retirement experience.

Schedule SB, line 26a -
Schedule of Active Participant Data

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164/004

For the plan year 01/01/2025 through 12/31/2025

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		6								
25 to 29		17	2							
30 to 34		16	11							
35 to 39		20	7	1						
40 to 44		6	9	1	3	1				
45 to 49		11	6	2	4	1				
50 to 54		11	6	5	6	5	1	2		1
55 to 59		9	4	8	4	1	1	3		1
60 to 64		10	13	1	6	6	2	1		3
65 to 69		4	3	2	4	3				
70 & up		1	1	1	3	1		3		1

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

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164 / 004

For the plan year 01/01/2025 through 12/31/2025

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 -
Discounted Employer Contributions

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164 / 004

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 01/01/2025

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	01/06/2025	$34,827					
Deposited Contribution	01/06/2025	$12,000					
Applied to Quarterly Contribution	04/15/2025	12,000	11,991	0	12,000	5.34	0.00
Applied to Quarterly Contribution	04/15/2025	34,827	34,802	0	34,827	5.34	0.00
Deposited Contribution	01/17/2025	$12,000					
Deposited Contribution	01/17/2025	$37,827					
Applied to Quarterly Contribution	04/15/2025	37,827	37,741	0	37,827	5.34	0.00
Applied to Quarterly Contribution	04/15/2025	12,000	11,973	0	12,000	5.34	0.00
Deposited Contribution	01/30/2025	$36,615					
Deposited Contribution	01/30/2025	$12,000					
Applied to Quarterly Contribution	04/15/2025	36,615	36,464	0	36,615	5.34	0.00
Applied to Quarterly Contribution	04/15/2025	12,000	11,951	0	12,000	5.34	0.00
Deposited Contribution	02/13/2025	$12,000					
Deposited Contribution	02/13/2025	$36,218					
Applied to Quarterly Contribution	04/15/2025	36,218	35,997	0	36,218	5.34	0.00
Applied to Quarterly Contribution	04/15/2025	12,000	11,927	0	12,000	5.34	0.00
Deposited Contribution	03/03/2025	$12,000					
Deposited Contribution	03/03/2025	$40,218					
Applied to Quarterly Contribution	04/15/2025	40,218	39,870	0	40,218	5.34	0.00
Applied to Quarterly Contribution	04/15/2025	12,000	11,896	0	12,000	5.34	0.00
Deposited Contribution	03/14/2025	$12,000					
Deposited Contribution	03/14/2025	$38,718					
Applied to Quarterly Contribution	04/15/2025	12,000	11,877	0	12,000	5.34	0.00
Applied to Quarterly Contribution	04/15/2025	27,180	26,903	0	27,180	5.34	0.00
Applied to Quarterly Contribution	07/15/2025	11,538	11,420	0	11,538	5.34	0.00
Deposited Contribution	03/27/2025	$12,000					
Deposited Contribution	03/27/2025	$40,218					
Applied to Quarterly Contribution	07/15/2025	12,000	11,855	0	12,000	5.34	0.00
Applied to Quarterly Contribution	07/15/2025	40,218	39,734	0	40,218	5.34	0.00
Deposited Contribution	04/10/2025	$39,218					
Deposited Contribution	04/10/2025	$12,000					
Applied to Quarterly Contribution	07/15/2025	12,000	11,832	0	12,000	5.34	0.00
Applied to Quarterly Contribution	07/15/2025	39,218	38,669	0	39,218	5.34	0.00
Deposited Contribution	04/24/2025	$12,000					
Deposited Contribution	04/24/2025	$39,218					
Applied to Quarterly Contribution	07/15/2025	12,000	11,808	0	12,000	5.34	0.00
Applied to Quarterly Contribution	07/15/2025	39,218	38,591	0	39,218	5.34	0.00
Deposited Contribution	05/08/2025	$12,000					
Deposited Contribution	05/08/2025	$40,230					
Applied to Quarterly Contribution	07/15/2025	12,000	11,785	0	12,000	5.34	0.00
Applied to Quarterly Contribution	07/15/2025	40,230	39,508	0	40,230	5.34	0.00
Deposited Contribution	05/22/2025	$12,000					
Deposited Contribution	05/22/2025	$36,231					
Applied to Quarterly Contribution	07/15/2025	36,231	35,510	0	36,231	5.34	0.00
Applied to Quarterly Contribution	07/15/2025	12,000	11,761	0	12,000	5.34	0.00
Deposited Contribution	06/05/2025	$12,000					
Deposited Contribution	06/05/2025	$36,731					
Applied to Quarterly Contribution	07/15/2025	5,650	5,527	0	5,650	5.34	0.00
Applied to Quarterly Contribution	07/15/2025	12,000	11,738	0	12,000	5.34	0.00
Applied to Quarterly Contribution	10/15/2025	31,081	30,402	0	31,081	5.34	0.00

Schedule SB, line 19 -
Discounted Employer Contributions

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164 / 004

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 01/01/2025

Deposited Contribution	06/20/2025	$12,000					
Deposited Contribution	06/20/2025	$37,231					
Applied to Quarterly Contribution	10/15/2025	12,000	11,713	0	12,000	5.34	0.00
Applied to Quarterly Contribution	10/15/2025	37,231	36,340	0	37,231	5.34	0.00
Deposited Contribution	07/02/2025	$12,000					
Deposited Contribution	07/02/2025	$39,923					
Applied to Quarterly Contribution	10/15/2025	12,000	11,693	0	12,000	5.34	0.00
Applied to Quarterly Contribution	10/15/2025	39,923	38,901	0	39,923	5.34	0.00
Deposited Contribution	07/17/2025	$12,000					
Deposited Contribution	07/17/2025	$39,923					
Applied to Quarterly Contribution	10/15/2025	12,000	11,668	0	12,000	5.34	0.00
Applied to Quarterly Contribution	10/15/2025	39,923	38,818	0	39,923	5.34	0.00
Deposited Contribution	07/31/2025	$12,000					
Deposited Contribution	07/31/2025	$40,423					
Applied to Quarterly Contribution	10/15/2025	40,423	39,225	0	40,423	5.34	0.00
Applied to Quarterly Contribution	10/15/2025	12,000	11,644	0	12,000	5.34	0.00
Deposited Contribution	08/14/2025	$12,000					
Deposited Contribution	08/14/2025	$39,923					
Applied to Quarterly Contribution	10/15/2025	12,000	11,621	0	12,000	5.34	0.00
Applied to Quarterly Contribution	10/15/2025	35,181	34,071	0	35,181	5.34	0.00
Applied to Quarterly Contribution	01/15/2026	4,742	4,592	0	4,742	5.34	0.00
Deposited Contribution	08/28/2025	$12,000					
Deposited Contribution	08/28/2025	$36,923					
Applied to Quarterly Contribution	01/15/2026	12,000	11,598	0	12,000	5.34	0.00
Applied to Quarterly Contribution	01/15/2026	36,923	35,686	0	36,923	5.34	0.00
Deposited Contribution	09/12/2025	$12,000					
Deposited Contribution	09/12/2025	$44,686					
Applied to Quarterly Contribution	01/15/2026	12,000	11,573	0	12,000	5.34	0.00
Applied to Quarterly Contribution	01/15/2026	44,686	43,097	0	44,686	5.34	0.00
Deposited Contribution	09/25/2025	$12,000					
Deposited Contribution	09/25/2025	$38,577					
Applied to Quarterly Contribution	01/15/2026	12,000	11,552	0	12,000	5.34	0.00
Applied to Quarterly Contribution	01/15/2026	38,577	37,137	0	38,577	5.34	0.00
Deposited Contribution	10/09/2025	$12,000					
Deposited Contribution	10/09/2025	$38,577					
Applied to Quarterly Contribution	01/15/2026	12,000	11,529	0	12,000	5.34	0.00
Applied to Quarterly Contribution	01/15/2026	38,577	37,062	0	38,577	5.34	0.00
Deposited Contribution	10/23/2025	$12,000					
Deposited Contribution	10/23/2025	$38,076					
Applied to Quarterly Contribution	01/15/2026	12,000	11,506	0	12,000	5.34	0.00
Applied to Quarterly Contribution	01/15/2026	38,076	36,508	0	38,076	5.34	0.00
Deposited Contribution	11/06/2025	$12,000					
Deposited Contribution	11/06/2025	$36,577					
Applied to MRC	01/01/2025	26,991	25,828	0	0	5.34	0.00
Applied to Quarterly Contribution	01/15/2026	12,000	11,483	0	12,000	5.34	0.00
Applied to Quarterly Contribution	01/15/2026	9,586	9,173	0	9,586	5.34	0.00
Deposited Contribution	11/20/2025	$12,000					
Deposited Contribution	11/20/2025	$37,077					
Applied to MRC	01/01/2025	12,000	11,460	0	0	5.34	0.00
Applied to MRC	01/01/2025	37,077	35,409	0	0	5.34	0.00
Deposited Contribution	12/04/2025	$12,000					
Deposited Contribution	12/04/2025	$37,077					
Applied to MRC	01/01/2025	12,000	11,437	0	0	5.34	0.00
Applied to MRC	01/01/2025	37,077	35,338	0	0	5.34	0.00

Schedule SB, line 19 -
Discounted Employer Contributions

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164 / 004

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 01/01/2025

Deposited Contribution	12/18/2025	$12,000					
Deposited Contribution	12/18/2025	$38,778					
Applied to Additional Contribution	01/01/2025	1,229	1,169	0	0	5.34	0.00
Applied to MRC	01/01/2025	12,000	11,414	0	0	5.34	0.00
Applied to MRC	01/01/2025	37,549	35,717	0	0	5.34	0.00
Deposited Contribution	12/31/2025	$12,000					
Applied to Additional Contribution	01/01/2025	12,000	11,392	0	0	5.34	0.00
Totals for Deposited Contribution		$1,324,040	$1,290,886	$0	$1,136,117		

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164 / 004

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 01/01/2025

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Third Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	5.05
Segment 2	6 - 20	5.31
Segment 3	> 20	5.37

Segment rates as of September 30, 2024 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	5.05
Segment 2	6 - 20	5.31
Segment 3	> 20	5.50

Pre-Retirement -

Mortality Table -	None	
Improvement Scale -	None	
Early Retirement Table -	None	
Turnover Table -	None	
Disability Table -	None	
Salary Scale -	None	
Interest Credit Rate -	Current Yr - 5.5%	Projected Yrs - 5.5%
Expense Load -	None	
Ancillary Ben Load -	None	

Post-Retirement -

Mortality Table -	24A - 2012 base table for Annuitant
Improvement Scale -	N21 - 2024 Adjusted Scale MP-2021 Rates Generational
Cost of Living -	None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Schedule SB, Part V
Summary of Plan Provisions

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164 / 004

For the plan year 01/01/2025 through 12/31/2025

Employer: X-Ray Associates of New Mexico, PC

Type of Entity - S Corporation

EIN: 85-0364164 TIN: 84-3998132 Plan #: 004 Plan Type: Cash Balance

Dates: Effective - 01/01/2019 Valuation - 01/01/2025

Top Heavy Years - 2020, 2021, 2022, 2023, 2024, 2025

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st, 4th, 7th, or 10th month of the plan year on or next following eligibility satisfaction

Retirement:

Normal - First of month coincident with or next following attainment of age 62 and completion of the 5th anniversary of the 1st day of the initial plan year of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive years of participation

Plan Benefits:

Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits -

Classification	Pay Credit Formula
A	$55,000 - Shelby Bennett
B	- Christopher Creel
C	$100,000 - Alexander LoRusso
D	$100,000 - Jimmy Leung
E	$100,000 - Mark Depper
F	$100,000 - Margaret Chaffey
G	- David Fillmore
H	$100,000 - Brigid Gerety
I	- Roger Cronk
J	$66,200 - Sagit Frasier
K	- Samuel Brandt
L	$55,000 - Tiffany Lewis
M	$100,000 - Shaya Ansari
N	$100,000 - Linda Smith
O	- Thomas Tullius
P	$55,000 - Aaron Losey
Q	- Nicole Hill
R	$55,000 - Lauren McCullough
S	$28,340 - Mrunal Tailor
T	$35,000 - Joesph Frey
U	$35,000 - Max Sale
ZEE	1.5% of compensation - EEs

Schedule SB, Part V
Summary of Plan Provisions

X-Ray Associates of New Mexico, PC Cash Balance Pension Plan & Trust

85-0364164 / 004

For the plan year 01/01/2025 through 12/31/2025

Interest Credit Rate -	Current Yr - 5.5%	Projected Yrs - 5.5%
Accrued Benefit -	Hypothetical Account Balance	
	Minimum Benefit -	None
	Maximum Benefit -	None
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality	
Early Retirement -	None	
Death Benefit -	Present Value of Accrued Benefit	
Disability Benefit -	None	

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: $280,000

Maximum 401(a)(17) compensation - $350,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity

Optional Forms:
Lump Sum
Annuity Guaranteed for 0 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:
100% vested in 2 years.
Service is calculated using all years of service except years prior to plan effective date

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement -	Interest -	5.5%
	Mortality Table -	None
Post-Retirement -	Interest -	5.5%
	Mortality Table -	Applicable Mortality Table - IRC 417(e)(3)

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
X-RAY ASSOCIATES OF NEW MEXICO, PC CASH BALANCE PENSION PLAN & TRUST

B Three-digit plan number (PN) ▶ **004**

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
X-Ray Associates of New Mexico, PC

D Employer Identification Number (EIN)
85-0364164

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

F Prior year plan size: [ ] 100 or fewer [X] 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	6,566,249
b	Actuarial value	2b	6,566,249

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	1	4,451	4,451
b	For terminated vested participants	29	225,298	225,298
c	For active participants	261	6,540,461	6,565,951
d	Total	291	6,770,210	6,795,700

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	5.34 %
6	Target normal cost		
a	Present value of current plan year accruals	6a	1,253,613
b	Expected plan-related expenses	6b	0
c	Target normal cost	6c	1,253,613

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 presribed 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

Brandon-Dawson Warner — Signature of actuary

8/27/2026 — Date

Brandon-Dawson Warner — Type or print name of actuary

26-07572 — Most recent enrollment number

Karel-Gordon & Associates — Firm name

(847) 564-5655 — Telephone number (including area code)

304 Saunders Rd.

US Riverwoods IL 60015 — 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 5.90 %	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)		20,704
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 5.17 %		1,070
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		21,774
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	96.62 %
15	Adjusted funding target attainment percentage	15	96.62 %
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	93.72 %
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
01/30/2025	145,269		02/13/2025	48,218	
03/27/2025	155,154		04/24/2025	102,436	
05/22/2025	100,461		06/20/2025	97,962	
07/31/2025	156,269		08/28/2025	100,846	
09/25/2025	107,263		10/23/2025	100,653	
11/20/2025	97,654		12/04/2025	12,000	
12/04/2025	37,077		12/18/2025	12,000	
12/18/2025	38,778		12/31/2025	12,000	
			Totals ► 18(b)	1,324,040	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	1,290,886

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.05 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	3
22 Weighted average retirement age	22	64

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	1,253,613
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	229,451	24,712
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	1,278,325

	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	1,278,325
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,290,886

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	12,561
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

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2025 and ending 12/31/2025

Name of plan

X-RAY ASSOCIATES OF NEW MEXICO, PC CASH BALANCE PENSION PLAN & TRUST

Employer Identification Number

85-0364164

Three-digit plan number ► 004

(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
*	Vanguard	Wellesley Income Fund Adm	6,231,951	7,712,444

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer: **X-Ray Associates of New Mexico, PC**

Employer identification number: **85-0364164**

Plan Year **01/01/2025** to **12/31/2025**

Three-digit plan number ▶ **004**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard	**Wellesley Income Fund Adm**	**1324040**	**0**	**0**	**0**	**1324040**	**1324040**	**0**
Vanguard	**Wellesley Income Fund Adm**	**0**	**930141**	**0**	**0**	**622589**	**930141**	**307552**