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
COMMUNITY MEDICAL IMAGING 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1996

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)
CENTRAL VALLEY COMMUNITY MEDICAL IMAGING

1867 E. FIR AVENUE, #104
FRESNO, CA 93720

2b Employer Identification Number (EIN) 77-0078751

2c Plan Sponsor's telephone number 559-325-5871

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.	10/12/2026	KEVIN DAY, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	KEVIN DAY, MD
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	302
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)**	203
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	196
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	105
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	301
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	301
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)**	268
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)**	289
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2R 2T 3D 3H

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) [X]	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)** [ ] **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 0
- **(4)** [X] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
COMMUNITY MEDICAL IMAGING 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL VALLEY COMMUNITY MEDICAL IMAGING

D Employer Identification Number (EIN)
77-0078751

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51 72	RECORDKEEPER	192829	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

WHELAN FINANCIAL

26-0262268

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	101386	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

SPECTRUM PENSION CONSULTANTS

91-1035498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64 72	RECORDKEEPER	49583	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
COMMUNITY MEDICAL IMAGING 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL VALLEY COMMUNITY MEDICAL IMAGING

D Employer Identification Number (EIN)
77-0078751

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	1978287	689155
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1899523	1881809
(2) Participant contributions	1b(2)	173705	173455
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2119298	2393109
(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)	38	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2579521	4761346
(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)	68741745	72868695
(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	77492117	82767569
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	77492117	82767569

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)	1881670	
(B) Participants	2a(1)(B)	1259594	
(C) Others (including rollovers)	2a(1)(C)	45529	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3186793
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1180	
(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)	13289	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14469
(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)	2001955	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2001955
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	24353901	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	21332708	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3021193
(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)		4018234
c Other income	2c		336
d Total income. Add all **income** amounts in column (b) and enter total	2d		12242980
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6624303	
(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)		6624303
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	49583	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	101386	
(6) Bank or trust company trustee/custodial fees	2i(6)	192829	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-573	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		343225
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6967528
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5275452
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HUDSON & COMPANY, INC. **(2)** EIN: 81-1741762

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**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.) ..... ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
COMMUNITY MEDICAL IMAGING 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL VALLEY COMMUNITY MEDICAL IMAGING

D Employer Identification Number (EIN)
77-0078751

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 42-1558009

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A .

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

FOR THE YEARS ENDED
DECEMBER 31, 2025 AND 2024

TABLE OF CONTENTS

Pages

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

Notes to Financial Statements 6

Supplemental Schedule:

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 13

HUDSON& COMPANY INC
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
of the Community Medical Imaging, Inc. 401(k) Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of the Community Medical Imaging, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

HUDSON & COMPANY, INC.



Fresno, California
October 6, 2026

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Cash	$ 689,155	$ 1,978,287
Investments at fair value	80,023,150	73,440,602
Total cash and investments	80,712,305	75,418,889
Receivables:		
Employer contributions	1,881,809	1,899,523
Participant contributions	173,455	173,705
Total receivables	2,055,264	2,073,228
Total assets	82,767,569	77,492,117
LIABILITIES		
None	-	-
Total liabilities	-	-
Net assets available for benefits	$ 82,767,569	$ 77,492,117

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

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 7,039,427	$ 6,030,833
Dividends	2,001,955	1,809,371
Interest	14,469	28,160
Other income	336	544,129
Total investment income (loss)	9,056,187	8,412,493
Contributions:		
Participant	1,259,594	1,315,009
Employer	1,881,670	1,899,385
Rollover	45,529	201,761
Total contributions	3,186,793	3,416,155
Total additions	12,242,980	11,828,648
Deductions from net assets attributed to:		
Benefits paid to participants	6,624,303	644,225
Administrative expenses	343,225	319,836
Total deductions	6,967,528	964,061
Net increase (decrease)	5,275,452	10,864,587
Net assets available for benefits:		
Beginning of year	77,492,117	66,627,530
End of year	$ 82,767,569	$ 77,492,117

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

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Community Medical Imaging, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan that was established April 1, 1996 by a group of related entities including Community Medical Imaging LLC, Advanced Medical Imaging, L.P., Radiology Billing Services, California Imaging Institute, LLC, Central Valley Community Medical Imaging, and various medical corporations who are shareholders and partners of the entities (collectively referred to herein as the Company) to provide benefits to eligible employees, as defined in the Plan document. Full-time employees are eligible to participate in the Plan after completing one year of employment, which is defined as the employee completing a minimum of 1,000 hours of service within a 12-month consecutive time period and attaining age 21. Employee doctors who are not partners are not eligible to participate in the Plan. Employees are eligible to participate in the Plan on the first day of January or July following the employee meeting all eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration: The Company has appointed a Board of Trustees (the Board) to assist and advise on the operation and administration of the Plan. FuturePlan, a third-party administrator, appointed by the Board, processes and maintains the records of participant data. Charles Schwab Bank acts as the custodian of Plan assets.

Participant contributions: Each year, participants may contribute a portion of their eligible annual salary as defined by the Plan to the Plan, subject to certain Internal Revenue Code limitations. Participants can voluntarily contribute to pre-tax (regular) or after-tax (Roth) salary deferrals up to the allowable amount per IRS regulations. Contributions are withheld from each participant's compensation and invested in accordance with the participant's instructions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans.

Employer contributions: Annually, the Plan can be amended to make a safe harbor non-elective employer contribution of not less than 3% of eligible participants' compensation. For the years ended December 31, 2025 and 2024, the Company contributed 3% of participants' eligible compensation totaling $433,577 and $403,786, respectively.

Additional Company contributions to the Plan are voluntary and at the discretion of the Company's Board of Directors. The Company may make discretionary contributions under a safe harbor provision and other discretionary contributions. Contributions are subject to certain limitations. The Company contributed additional profit sharing contributions for the years ended December 31, 2025 and 2024 totaling $1,448,093 and $1,495,599, respectively.

Participant accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution and forfeitures and, (b) Plan earnings, and IS charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions and the Company's contributions into various investment options offered by the Plan. The Plan currently offers a variety of stock and bond mutual funds, and participant directed brokerage accounts as investment options for participants.

Vesting: Participants are vested immediately in their contributions and Company safe harbor contributions, plus actual earnings thereon. Vesting in other company contributions, plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after two years of credited service.

Participant Loans: The Plan does not permit loans to participants.

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Forfeitures: Forfeitures remain subject to being restored for five years after a participant terminates employment. Forfeitures occur when a participant's employment is terminated before the vesting period of the participant's interest in Plan assets is complete. Forfeitures are disposed of during the Plan year following the Plan year in which forfeitures occur. Forfeitures of Company contributions may be first used to pay administrative expenses and any remaining forfeitures may be used to reduce Company contributions. During the years ended December 31, 2025 and 2024 forfeitures totaled $639 and $1,788, respectively. During the years ended December 31, 2025 and 2024, investment earnings on forfeiture balances totaled $0 and $0, respectively. At December 31, 2025 and 2024 forfeited non-vested contributions totaled $639 and $1,788, respectively. During the years ended December 31, 2025 and 2024 $0 and $3,409, respectively, in forfeitures were used to pay administrative expenses or to reduce Company contributions.

Payment of benefits: The Plan provides for the payment to the participant (or, if applicable, the beneficiary) at normal retirement (age 65), disability, death, financial hardship or termination of employment. In-service distributions are also permitted if the participant has attained age 59 ½ or normal retirement age. Participants who qualify for retirement benefits will receive their benefits in the form of a lump-sum amount equal to the value of the participant's vested interest in their account, or payments over a certain period in monthly, quarterly, semiannual, or annual cash payments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The benefit to which a participant is entitled is the benefit that can be provided directly from the participant's vested account balance. Hardship withdrawals are available to participants under certain qualifying events of immediate financial need, if it meets IRS requirements. Participants who separate from service and have a vested account balance of $5,000 or less are subject to an administrative distribution at the discretion of the Plan administrator.

Retirement: Normal retirement age is the first day of the month coinciding with or following a participant's 65th birthday.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting: The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value (except for the investments in collective trusts measured at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

The net appreciation or decline in fair value investments includes the realized gain or loss on the sale of securities and unrealized appreciation or depreciation arising from the differences between fair value at the beginning and end of the year.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year. Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. The Plan pays all investment advisor fees and such fees may be included in the net appreciation or depreciation of fair value of investments. Fees related to the administration of distributions are charged directly to the participant's account and are included in administrative expenses. Contract administration fees paid by forfeitures are included in administrative expenses (see Note 1). Certain investment related expenses are charged directly by the funds and are thereby factored into each fund as a reduction in investment return.

Reclassification: Certain amounts presented in the prior year's financial statements have been reclassified to conform to the current year's presentation. These reclassifications were made to improve the comparability and presentation of the financial statements and did not affect previously reported total assets, total liabilities, net income, or total equity. The reclassifications had no impact on the Company's previously reported results of operations.

Subsequent events: In compliance with accounting standards, management has evaluated events that have occurred after year-end to determine if these events are required to be disclosed in the financial statements. Management has determined no such events require disclosure in accordance with accounting standards. These subsequent events have been evaluated through October 6, 2026, which is the date the financial statements were available to be issued.

NOTE 3 – INFORMATION CERTIFIED BY CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, Charles Schwab Bank, the custodian of the Plan, has certified as being complete and accurate the investments on the Statements of Net Assets Available for Benefits, the investment activity reflected in the Statements of Changes in Net Assets Available for Benefits, and the investment information included in the supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) of the financial statements as of and for the years ended December 31, 2025 and 2024. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any additional auditing procedures with respect to the information certified as complete and accurate by the Plan's custodians for their respective periods.

The following information included in the accompanying financial statements and supplemental schedule was obtained from the data that has been prepared and certified to as complete and accurate by the custodian:

	2025	2024
Cash	$ 689,155	$ 1,978,287
Investments at fair value	$ 80,023,150	$ 73,440,602
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 7,039,427	$ 6,030,833
Dividends	$ 2,001,955	$ 1,809,371
Interest	$ 14,469	$ 28,160
Other income	$ 336	$ 544,129

NOTE 4 – 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). 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 Inputs to the valuation methodology include:

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

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

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

The asset 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 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024 and there have been no transfers between levels during the years ended December 31, 2025 and 2024.

Self-directed brokerage accounts: Consist primarily of mutual funds, cash and cash equivalents, certificates of deposit, unit investment trusts, common stocks, preferred stocks, corporate bonds, and real estate investment trusts.

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

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

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under the discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

NOTE 4 – FAIR VALUE MEASUREMENTS (continued)

Mutual funds: The fair value of mutual and money market funds is based on quoted net asset values of the shares held by the Plan at year-end. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Cash and money market cash: Valued at amortized cost, which approximates fair value.

Certificates of deposit: Valued at cost plus accrued interest, which approximates fair value.

Unit investment trusts: Valued at the closing price reported on the active market on which the units are traded.

Fixed income investments and real estate investment trusts: Valued at the closing price reported on the active market on which the individual securities are 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, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Charles Schwab Accounts:				
Participant directed mutual funds	$ 24,872,411	$ -	$ -	$ 24,872,411
Exchange traded funds	5,067,112	-	-	5,067,112
Money market	70,549	-	-	70,549
Cash	5,894	-	-	5,894
Charles Schwab Accounts subtotal	30,015,966	-	-	30,015,966
Self-Directed Brokerage Accounts:				
Mutual funds	25,236,562	-	-	25,236,562
Common stocks	4,761,346	-	-	4,761,346
Unit investment trusts	17,692,610	-	-	17,692,610
Cash and cash equivalents	3,005,821	-	-	3,005,821
Self-Directed Brokerage Accounts subtotal	50,696,339	-	-	50,696,339
Total assets at fair value	$ 80,712,305	$ -	$ -	$ 80,712,305

NOTE 4 – FAIR VALUE MEASUREMENTS (continued)

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Charles Schwab Accounts:				
Participant directed mutual funds	$ 22,457,689	$ -	$ -	$ 22,457,689
Exchange traded funds	5,172,586	-	-	5,172,586
Money market	67,611	-	-	67,611
Cash	5,786	-	-	5,786
Charles Schwab Accounts subtotal	27,703,672	-	-	27,703,672
Self-Directed Brokerage Accounts:				
Mutual funds	24,669,578	-	-	24,669,578
Common stocks	2,573,975	-	-	2,573,975
Corporate bonds	5,583	-	-	5,583
Unit investment trusts	16,441,893	-	-	16,441,893
Cash and cash equivalents	4,024,188	-	-	4,024,188
Self-Directed Brokerage Accounts subtotal	47,715,217	-	-	47,715,217
Total assets at fair value	$ 75,418,889	$ -	$ -	$ 75,418,889

NOTE 5 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. At December 31, 2025 and 2024, Charles Schwab Bank was the custodian of the Plan investments and, therefore, these investments qualify as party-in-interest investments. Spectrum Pension Consultants provided record-keeping services and Whelan Financial provided investment services to the Plan. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Fees paid by the Plan directly and indirectly for the investment management services and other services for the years ended December 31, 2025 and 2024 totaled $343,225 and $319,836, respectively.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become one hundred percent vested in their employer contributions. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE 7 – TAX STATUS

The Internal Revenue Service (IRC) has determined and informed the Company by a letter dated July 8, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The current Plan document is a volume submitter plan. A favorable letter from the Internal Revenue Service was received June 30, 2020 for the Plan. The Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore management believes that the Plan is qualified under Section 401(a) and the related trust continues to be tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan provides a variety of investment options in any combination of mutual funds that are offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of investment risk associated with certain investment securities, it is at least reasonably possible that changes in risk in the near term would materially affect participant account balances and the amounts reported in the accompanying financial statements.

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN

SUPPLEMENTAL SCHEDULE

FOR THE YEAR ENDED
DECEMBER 31, 2025

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Employer Identification # 77-0078751
Plan Number 002

(a)	(b) Identity of Issuer, Borrower, or Lessor	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Charles Schwab Bank				
**	Cash	Cash	*	$ 5,894
**	American Funds Growth Fund of America Cl R6	Mutual Fund	*	406,248
**	American Funds EuroPacific Fund Cl R6	Mutual Fund	*	478
**	American Funds New Perspective Fund Cl R6	Mutual Fund	*	117,999
**	American Funds American Mutual Fund Cl R6	Mutual Fund	*	174,592
**	BlackRock Strategic Global Bond Fund Instit Shares	Mutual Fund	*	1,187,961
**	Dodge & Cox Stock Fund Cl I	Mutual Fund	*	372,687
**	Goldman Sachs GQG Partners Int Opp Fund Cl R6	Mutual Fund	*	3,336,971
**	Neuberger Genesis Fund Cl R6	Mutual Fund	*	108,815
**	PIMCO Total Return Fund Instit Cl	Mutual Fund	*	1,188,255
**	Schwab S&P 500 Ind Fund *	Mutual Fund	*	5,832,143
**	T Rowe Price Mid Cap Growth Fund Cl I	Mutual Fund	*	987,493
**	Vanguard Equity Income Fund Adm Shares	Mutual Fund	*	1,510
**	Vanguard GNMA Fund Adm Shares	Mutual Fund	*	1,557,082
**	Vanguard Intermediate Term Treasury Fund Adm Shares	Mutual Fund	*	378,638
**	Vanguard Morningstar Mid Cap Ind Fund Adm Shares	Mutual Fund	*	1,586,336
**	Vanguard Real Estate Ind Fund Adm Shares	Mutual Fund	*	1,404,321
**	Vanguard Short Term Infl Prot Sec Ind Fund Adm Shares	Mutual Fund	*	1,562,642
**	Vanguard Short Term Corp Bond Ind Fund Adm Shares	Mutual Fund	*	1,236,926
**	Vanguard Sm Cap Ind Fund Adm Shares	Mutual Fund	*	2,125,362
**	Vanguard Total Bond Market Ind Fund Adm Shares	Mutual Fund	*	1,305,952
**	Invesco Nasdaq 100 ETF	Exchange Traded Funds	*	2,798,874
**	Schwab US Dividend Equity ETF	Exchange Traded Funds	*	2,268,238
**	Schwab Bank Savings	Money Market	*	70,549
Total Charles Schwab Bank				30,015,966
Charles Schwab Bank Personal Choice Retirement Account				
**	Cash	Cash	*	683,260
**	Schwab Government Money Fund	Cash and Cash Equiv	*	2,318
**	Schwab Government Money Fund Investor Shares	Cash and Cash Equiv	*	1,580,468
**	Schwab Value Advantage Money Fund Investor Shares	Cash and Cash Equiv	*	320,517
**	Bank of Baroda CD	Cash and Cash Equiv-Int Bearing	*	110,085
**	Goldman Sachs Bank CD	Cash and Cash Equiv-Int Bearing	*	107,044
**	Safra National Bank CD	Cash and Cash Equiv-Int Bearing	*	102,105
**	State Bank of India CD	Cash and Cash Equiv-Int Bearing	*	100,024
**	Advanced Micro Devices Inc	Common Stock	*	314,815
**	Alphabet Inc Cl A	Common Stock	*	145,043
**	Alphabet Inc Cl C	Common Stock	*	284,617
**	Amazon.com Inc	Common Stock	*	354,078

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, or Lessor	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Charles Schwab Bank Personal Choice Retirement Account (continued)				
**	American Express Co	Common Stock	*	$ 152,789
**	Apple Inc	Common Stock	*	358,644
**	Bank of America Corp	Common Stock	*	156,760
**	Berkshire Hathaway Inc Cl B	Common Stock	*	142,753
**	Block Inc	Common Stock	*	34,498
**	Boeing Co	Common Stock	*	7,816
**	Capital One Financial Corp	Common Stock	*	172,803
**	Carnival Corp	Common Stock	*	33,594
**	Charles Schwab Corp	Common Stock	*	197,922
**	Chipotle Mexican Grill Inc	Common Stock	*	67,895
**	CleanSpark Inc	Common Stock	*	10,120
**	Coca-Cola Co	Common Stock	*	16,919
**	Constellation Brands Inc Cl A	Common Stock	*	143,754
**	Costco Wholesale Corp	Common Stock	*	328,351
**	Delta Air Lines Inc	Common Stock	*	5,712
**	DraftKings Inc	Common Stock	*	6,892
**	FuboTV Inc	Common Stock	*	5,040
**	KLA Corp	Common Stock	*	157,960
**	Kenvue Inc	Common Stock	*	2,588
**	Kroger Co	Common Stock	*	7,050
**	Lockheed Martin Corp	Common Stock	*	15,404
**	Lowe's Companies Inc	Common Stock	*	116,721
**	Lucid Group Inc	Common Stock	*	370
**	Lululemon Athletica Inc	Common Stock	*	129,881
**	Mastercard Inc	Common Stock	*	73,073
**	McDonald's Corp	Common Stock	*	21,133
**	Meta Platforms Inc	Common Stock	*	213,433
**	Microsoft Corp	Common Stock	*	241,297
**	Nike Inc	Common Stock	*	73,203
**	Nokia Corp	Common Stock	*	5,435
**	PayPal Holdings Inc	Common Stock	*	73,436
**	Pinterest Inc	Common Stock	*	9,320
**	Planet 13 Holdings Inc	Common Stock	*	5,201
**	Regis Corp	Common Stock	*	1,388
**	Riot Platforms Inc	Common Stock	*	12,670
**	Roku Inc Cl A	Common Stock	*	27,123
**	Southwest Airlines Co	Common Stock	*	16,380
**	Target Corp	Common Stock	*	33,909
**	Teladoc Health Inc	Common Stock	*	1,267
**	Tesla Inc	Common Stock	*	136,715
**	Uber Technologies Inc	Common Stock	*	115,701
**	Visa Inc Cl A	Common Stock	*	84,521
**	Walmart Inc	Common Stock	*	38,622
**	Walt Disney Co	Common Stock	*	157,289

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, or Lessor	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Charles Schwab Bank Personal Choice Retirement Account (continued)				
**	Waste Mgmt Inc	Common Stock	*	$ 39,147
**	Wells Fargo & Co	Common Stock	*	10,294
**	American Century Equity Income Fund Cl I	Mutual Fund	*	146,111
**	American Century Equity Income Fund Investor Cl	Mutual Fund	*	24,229
**	American Century Government Bond Fund Investor Cl	Mutual Fund	*	18,559
**	Baird Aggregate Bond Fund Investor Cl	Mutual Fund	*	405,406
**	Baron Emerging Markets Fund Retail Cl	Mutual Fund	*	201,658
**	Baron Growth Fund Retail Cl	Mutual Fund	*	7,227
**	BlackRock Strategic Global Bond Fund Cl C	Mutual Fund	*	41,897
**	BlackRock Strategic Global Bond Fund Instit Cl	Mutual Fund	*	1,102,405
**	BNY Mellon Mid Cap Ind Fund Investor Cl	Mutual Fund	*	290,179
**	BNY Mellon Sm Cap Stock Ind Fund Investor Shares	Mutual Fund	*	185,504
**	Brown Capital Mgmt Sm Company Fund Investor Cl	Mutual Fund	*	136,710
**	Capital World Growth and Income Fund Cl F	Mutual Fund	*	314,515
**	Causeway Emerging Markets Fund Investor Cl	Mutual Fund	*	54,586
**	Causeway Int Value Fund Investor Cl	Mutual Fund	*	207,769
**	Cohen & Steers Realty Shares Fund	Mutual Fund	*	224,982
**	Columbia Thermostat Fund Cl A	Mutual Fund	*	144,233
**	DoubleLine Total Return Bond Fund Cl N	Mutual Fund	*	382,065
**	Federated Hermes Kaufmann Sm Cap Fund Instit Cl	Mutual Fund	*	54,212
**	Goldman Sachs GQG Partners Int Opp Fund Instit Cl	Mutual Fund	*	5,237,004
**	Goldman Sachs Int Sm Cap Insights Fund Cl A	Mutual Fund	*	311,420
**	Harbor Capital Appreciation Fund Investor Cl	Mutual Fund	*	430,870
**	Harding Loevner Int Equity Fund Instit Cl	Mutual Fund	*	17,559
**	Loomis Sayles Fixed Income Fund Instit Cl	Mutual Fund	*	176,476
**	Lord Abbett High Yield Fund Cl A	Mutual Fund	*	101,733
**	Marsico Focus Fund	Mutual Fund	*	318,611
**	Matthews China Fund Investor Cl	Mutual Fund	*	24,751
**	MFS Int Intrinsic Value Fund Cl A	Mutual Fund	*	302,175
**	Morgan Stanley Capital Growth Fund Cl I	Mutual Fund	*	154,884
**	Morgan Stanley Int Opportunity Fund Cl I	Mutual Fund	*	101,886
**	Nomura Partners Lrg Cap Growth Fund Cl A	Mutual Fund	*	69,451
**	Nomura Partners Mid Cap Growth Fund Cl A	Mutual Fund	*	8,329
**	Nomura Partners Sm Cap Value Fund Cl A	Mutual Fund	*	161,139
**	Oakmark Int Fund Investor Cl	Mutual Fund	*	14,712
**	PGIM Global Total Return Fund Cl Z	Mutual Fund	*	40,087
**	PIMCO Int Bond Fund (US Dollar-Hedged) Cl A	Mutual Fund	*	45,663
**	PIMCO Low Duration Fund Instit Cl	Mutual Fund	*	24,374
**	PIMCO Total Return Fund Instit Cl	Mutual Fund	*	1,161,144
**	Putnam Equity Income Fund Cl Y	Mutual Fund	*	366,123
**	Schwab Dividend Equity Fund	Mutual Fund	*	245,332
**	Schwab Int Ind Fund	Mutual Fund	*	29,104
**	Schwab S&P 500 Ind Fund	Mutual Fund	*	6,096,470
**	Schwab Sm Cap Ind Fund	Mutual Fund	*	199,888

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, or Lessor	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Charles Schwab Bank Personal Choice Retirement Account (continued)				
**	Schwab US Aggregate Bond Ind Fund	Mutual Fund	*	$ 562,338
**	Schwab 1000 Ind Fund	Mutual Fund	*	1,955,084
**	T Rowe Price Mid Cap Growth Fund Cl I	Mutual Fund	*	1,194,739
**	Vanguard GNMA Fund Adm Shares	Mutual Fund	*	31,866
**	Vanguard Intermediate Term Treasury Fund Adm Shares	Mutual Fund	*	27,493
**	Vanguard Long Term Treasury Fund Adm Shares	Mutual Fund	*	131,817
**	Vanguard Mid Cap Ind Fund Adm Shares	Mutual Fund	*	487,001
**	Vanguard Real Estate Ind Fund Adm Shares	Mutual Fund	*	233,849
**	Vanguard Short Term Federal Fund Adm Shares	Mutual Fund	*	151,232
**	Vanguard Sm Cap Ind Fund Adm Shares	Mutual Fund	*	739,007
**	Vanguard Total Bond Market Ind Fund Adm Shares	Mutual Fund	*	63,170
**	Virtus Seix Floating Rate High Income Fund Cl A	Mutual Fund	*	50,298
**	Wasatch-Hoisington US Treasury Fund	Mutual Fund	*	27,236
**	ARK Innovation ETF	Unit Investment Trusts	*	43,346
**	Schwab US Mid-Cap ETF	Unit Investment Trusts	*	32,472
**	Schwab US REIT ETF	Unit Investment Trusts	*	51,969
**	First Trust Dow Jones Internet Ind Fund	Unit Investment Trusts	*	47,107
**	Invesco NASDAQ 100 ETF	Unit Investment Trusts	*	4,187,127
**	Schwab Int Equity ETF	Unit Investment Trusts	*	28,712
**	Schwab US Aggregate Bond ETF	Unit Investment Trusts	*	19,412
**	Schwab US Dividend Equity ETF	Unit Investment Trusts	*	3,452,672
**	Schwab US Lrg-Cap ETF	Unit Investment Trusts	*	35,207
**	Schwab US Sm-Cap ETF	Unit Investment Trusts	*	28,409
**	Schwab 1000 Ind ETF	Unit Investment Trusts	*	28,585
**	SPDR Gold Shares	Unit Investment Trusts	*	23,779
**	Vanguard Energy ETF	Unit Investment Trusts	*	21,251
**	Vanguard Intermediate Term Treasury ETF	Unit Investment Trusts	*	334
**	Vanguard Mid Cap ETF	Unit Investment Trusts	*	377,389
**	Vanguard Real Estate ETF	Unit Investment Trusts	*	1,943,694
**	Vanguard S&P 500 ETF	Unit Investment Trusts	*	582,643
**	Vanguard S&P 500 Growth ETF	Unit Investment Trusts	*	224,396
**	Vanguard Short Term Corp Bond ETF	Unit Investment Trusts	*	1,233,605
**	Vanguard Short Term Infl Prot Sec ETF	Unit Investment Trusts	*	1,279,463
**	Vanguard Sm Cap ETF	Unit Investment Trusts	*	2,593,968
**	Vanguard Sm Cap Value ETF	Unit Investment Trusts	*	23,852
**	Vanguard Total Bond Market ETF	Unit Investment Trusts	*	1,259,142
**	Vanguard Total Int Stock ETF	Unit Investment Trusts	*	7,796
**	Vanguard Total Stock Market ETF	Unit Investment Trusts	*	166,280
Total Charles Schwab Bank Personal Choice Retirement Account				50,696,339
Total Investments				$80,712,305

* Cost information not required as per Special Rule for certain participant directed transactions

** Indicates a party-in-interest, as defined by ERISA

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COMMUNITY MEDICAL IMAGING 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1996

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)

Central Valley Community Medical Imaging

1867 E. Fir Avenue, #104

Fresno CA 93720

2b Employer Identification Number (EIN) 77-0078751

2c Plan Sponsor's telephone number 559-325-5871

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	Signature of plan administrator	Date 10/12/26	Kevin Day, MD Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 10/12/26	Kevin Day, MD Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

Plan ID: 29013

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**	302
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)**	203
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	196
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	105
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	301
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	301
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)**	268
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)**	289
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2R 2T 3D 3H

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) [X]	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)** [ ] **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)** [X] **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_____

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Employer Identification # 77-0078751
Plan Number 002

(a)	(b) Identity of Issuer, Borrower, or Lessor	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Charles Schwab Bank				
**	Cash	Cash	*	$ 5,894
**	American Funds Growth Fund of America Cl R6	Mutual Fund	*	406,248
**	American Funds EuroPacific Fund Cl R6	Mutual Fund	*	478
**	American Funds New Perspective Fund Cl R6	Mutual Fund	*	117,999
**	American Funds American Mutual Fund Cl R6	Mutual Fund	*	174,592
**	BlackRock Strategic Global Bond Fund Instit Shares	Mutual Fund	*	1,187,961
**	Dodge & Cox Stock Fund Cl I	Mutual Fund	*	372,687
**	Goldman Sachs GQG Partners Int Opp Fund Cl R6	Mutual Fund	*	3,336,971
**	Neuberger Genesis Fund Cl R6	Mutual Fund	*	108,815
**	PIMCO Total Return Fund Instit Cl	Mutual Fund	*	1,188,255
**	Schwab S&P 500 Ind Fund *	Mutual Fund	*	5,832,143
**	T Rowe Price Mid Cap Growth Fund Cl I	Mutual Fund	*	987,493
**	Vanguard Equity Income Fund Adm Shares	Mutual Fund	*	1,510
**	Vanguard GNMA Fund Adm Shares	Mutual Fund	*	1,557,082
**	Vanguard Intermediate Term Treasury Fund Adm Shares	Mutual Fund	*	378,638
**	Vanguard Morningstar Mid Cap Ind Fund Adm Shares	Mutual Fund	*	1,586,336
**	Vanguard Real Estate Ind Fund Adm Shares	Mutual Fund	*	1,404,321
**	Vanguard Short Term Infl Prot Sec Ind Fund Adm Shares	Mutual Fund	*	1,562,642
**	Vanguard Short Term Corp Bond Ind Fund Adm Shares	Mutual Fund	*	1,236,926
**	Vanguard Sm Cap Ind Fund Adm Shares	Mutual Fund	*	2,125,362
**	Vanguard Total Bond Market Ind Fund Adm Shares	Mutual Fund	*	1,305,952
**	Invesco Nasdaq 100 ETF	Exchange Traded Funds	*	2,798,874
**	Schwab US Dividend Equity ETF	Exchange Traded Funds	*	2,268,238
**	Schwab Bank Savings	Money Market	*	70,549
Total Charles Schwab Bank				30,015,966
Charles Schwab Bank Personal Choice Retirement Account				
**	Cash	Cash	*	683,260
**	Schwab Government Money Fund	Cash and Cash Equiv	*	2,318
**	Schwab Government Money Fund Investor Shares	Cash and Cash Equiv	*	1,580,468
**	Schwab Value Advantage Money Fund Investor Shares	Cash and Cash Equiv	*	320,517
**	Bank of Baroda CD	Cash and Cash Equiv-Int Bearing	*	110,085
**	Goldman Sachs Bank CD	Cash and Cash Equiv-Int Bearing	*	107,044
**	Safra National Bank CD	Cash and Cash Equiv-Int Bearing	*	102,105
**	State Bank of India CD	Cash and Cash Equiv-Int Bearing	*	100,024
**	Advanced Micro Devices Inc	Common Stock	*	314,815
**	Alphabet Inc Cl A	Common Stock	*	145,043
**	Alphabet Inc Cl C	Common Stock	*	284,617
**	Amazon.com Inc	Common Stock	*	354,078

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, or Lessor	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Charles Schwab Bank Personal Choice Retirement Account (continued)				
**	American Express Co	Common Stock	*	$ 152,789
**	Apple Inc	Common Stock	*	358,644
**	Bank of America Corp	Common Stock	*	156,760
**	Berkshire Hathaway Inc Cl B	Common Stock	*	142,753
**	Block Inc	Common Stock	*	34,498
**	Boeing Co	Common Stock	*	7,816
**	Capital One Financial Corp	Common Stock	*	172,803
**	Carnival Corp	Common Stock	*	33,594
**	Charles Schwab Corp	Common Stock	*	197,922
**	Chipotle Mexican Grill Inc	Common Stock	*	67,895
**	CleanSpark Inc	Common Stock	*	10,120
**	Coca-Cola Co	Common Stock	*	16,919
**	Constellation Brands Inc Cl A	Common Stock	*	143,754
**	Costco Wholesale Corp	Common Stock	*	328,351
**	Delta Air Lines Inc	Common Stock	*	5,712
**	DraftKings Inc	Common Stock	*	6,892
**	FuboTV Inc	Common Stock	*	5,040
**	KLA Corp	Common Stock	*	157,960
**	Kenvue Inc	Common Stock	*	2,588
**	Kroger Co	Common Stock	*	7,050
**	Lockheed Martin Corp	Common Stock	*	15,404
**	Lowe's Companies Inc	Common Stock	*	116,721
**	Lucid Group Inc	Common Stock	*	370
**	Lululemon Athletica Inc	Common Stock	*	129,881
**	Mastercard Inc	Common Stock	*	73,073
**	McDonald's Corp	Common Stock	*	21,133
**	Meta Platforms Inc	Common Stock	*	213,433
**	Microsoft Corp	Common Stock	*	241,297
**	Nike Inc	Common Stock	*	73,203
**	Nokia Corp	Common Stock	*	5,435
**	PayPal Holdings Inc	Common Stock	*	73,436
**	Pinterest Inc	Common Stock	*	9,320
**	Planet 13 Holdings Inc	Common Stock	*	5,201
**	Regis Corp	Common Stock	*	1,388
**	Riot Platforms Inc	Common Stock	*	12,670
**	Roku Inc Cl A	Common Stock	*	27,123
**	Southwest Airlines Co	Common Stock	*	16,380
**	Target Corp	Common Stock	*	33,909
**	Teladoc Health Inc	Common Stock	*	1,267
**	Tesla Inc	Common Stock	*	136,715
**	Uber Technologies Inc	Common Stock	*	115,701
**	Visa Inc Cl A	Common Stock	*	84,521
**	Walmart Inc	Common Stock	*	38,622
**	Walt Disney Co	Common Stock	*	157,289

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, or Lessor	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Charles Schwab Bank Personal Choice Retirement Account (continued)				
**	Waste Mgmt Inc	Common Stock	*	$ 39,147
**	Wells Fargo & Co	Common Stock	*	10,294
**	American Century Equity Income Fund Cl I	Mutual Fund	*	146,111
**	American Century Equity Income Fund Investor Cl	Mutual Fund	*	24,229
**	American Century Government Bond Fund Investor Cl	Mutual Fund	*	18,559
**	Baird Aggregate Bond Fund Investor Cl	Mutual Fund	*	405,406
**	Baron Emerging Markets Fund Retail Cl	Mutual Fund	*	201,658
**	Baron Growth Fund Retail Cl	Mutual Fund	*	7,227
**	BlackRock Strategic Global Bond Fund Cl C	Mutual Fund	*	41,897
**	BlackRock Strategic Global Bond Fund Instit Cl	Mutual Fund	*	1,102,405
**	BNY Mellon Mid Cap Ind Fund Investor Cl	Mutual Fund	*	290,179
**	BNY Mellon Sm Cap Stock Ind Fund Investor Shares	Mutual Fund	*	185,504
**	Brown Capital Mgmt Sm Company Fund Investor Cl	Mutual Fund	*	136,710
**	Capital World Growth and Income Fund Cl F	Mutual Fund	*	314,515
**	Causeway Emerging Markets Fund Investor Cl	Mutual Fund	*	54,586
**	Causeway Int Value Fund Investor Cl	Mutual Fund	*	207,769
**	Cohen & Steers Realty Shares Fund	Mutual Fund	*	224,982
**	Columbia Thermostat Fund Cl A	Mutual Fund	*	144,233
**	DoubleLine Total Return Bond Fund Cl N	Mutual Fund	*	382,065
**	Federated Hermes Kaufmann Sm Cap Fund Instit Cl	Mutual Fund	*	54,212
**	Goldman Sachs GQG Partners Int Opp Fund Instit Cl	Mutual Fund	*	5,237,004
**	Goldman Sachs Int Sm Cap Insights Fund Cl A	Mutual Fund	*	311,420
**	Harbor Capital Appreciation Fund Investor Cl	Mutual Fund	*	430,870
**	Harding Loevner Int Equity Fund Instit Cl	Mutual Fund	*	17,559
**	Loomis Sayles Fixed Income Fund Instit Cl	Mutual Fund	*	176,476
**	Lord Abbett High Yield Fund Cl A	Mutual Fund	*	101,733
**	Marsico Focus Fund	Mutual Fund	*	318,611
**	Matthews China Fund Investor Cl	Mutual Fund	*	24,751
**	MFS Int Intrinsic Value Fund Cl A	Mutual Fund	*	302,175
**	Morgan Stanley Capital Growth Fund Cl I	Mutual Fund	*	154,884
**	Morgan Stanley Int Opportunity Fund Cl I	Mutual Fund	*	101,886
**	Nomura Partners Lrg Cap Growth Fund Cl A	Mutual Fund	*	69,451
**	Nomura Partners Mid Cap Growth Fund Cl A	Mutual Fund	*	8,329
**	Nomura Partners Sm Cap Value Fund Cl A	Mutual Fund	*	161,139
**	Oakmark Int Fund Investor Cl	Mutual Fund	*	14,712
**	PGIM Global Total Return Fund Cl Z	Mutual Fund	*	40,087
**	PIMCO Int Bond Fund (US Dollar-Hedged) Cl A	Mutual Fund	*	45,663
**	PIMCO Low Duration Fund Instit Cl	Mutual Fund	*	24,374
**	PIMCO Total Return Fund Instit Cl	Mutual Fund	*	1,161,144
**	Putnam Equity Income Fund Cl Y	Mutual Fund	*	366,123
**	Schwab Dividend Equity Fund	Mutual Fund	*	245,332
**	Schwab Int Ind Fund	Mutual Fund	*	29,104
**	Schwab S&P 500 Ind Fund	Mutual Fund	*	6,096,470
**	Schwab Sm Cap Ind Fund	Mutual Fund	*	199,888

COMMUNITY MEDICAL IMAGING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, or Lessor	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Charles Schwab Bank Personal Choice Retirement Account (continued)				
**	Schwab US Aggregate Bond Ind Fund	Mutual Fund	*	$ 562,338
**	Schwab 1000 Ind Fund	Mutual Fund	*	1,955,084
**	T Rowe Price Mid Cap Growth Fund Cl I	Mutual Fund	*	1,194,739
**	Vanguard GNMA Fund Adm Shares	Mutual Fund	*	31,866
**	Vanguard Intermediate Term Treasury Fund Adm Shares	Mutual Fund	*	27,493
**	Vanguard Long Term Treasury Fund Adm Shares	Mutual Fund	*	131,817
**	Vanguard Mid Cap Ind Fund Adm Shares	Mutual Fund	*	487,001
**	Vanguard Real Estate Ind Fund Adm Shares	Mutual Fund	*	233,849
**	Vanguard Short Term Federal Fund Adm Shares	Mutual Fund	*	151,232
**	Vanguard Sm Cap Ind Fund Adm Shares	Mutual Fund	*	739,007
**	Vanguard Total Bond Market Ind Fund Adm Shares	Mutual Fund	*	63,170
**	Virtus Seix Floating Rate High Income Fund Cl A	Mutual Fund	*	50,298
**	Wasatch-Hoisington US Treasury Fund	Mutual Fund	*	27,236
**	ARK Innovation ETF	Unit Investment Trusts	*	43,346
**	Schwab US Mid-Cap ETF	Unit Investment Trusts	*	32,472
**	Schwab US REIT ETF	Unit Investment Trusts	*	51,969
**	First Trust Dow Jones Internet Ind Fund	Unit Investment Trusts	*	47,107
**	Invesco NASDAQ 100 ETF	Unit Investment Trusts	*	4,187,127
**	Schwab Int Equity ETF	Unit Investment Trusts	*	28,712
**	Schwab US Aggregate Bond ETF	Unit Investment Trusts	*	19,412
**	Schwab US Dividend Equity ETF	Unit Investment Trusts	*	3,452,672
**	Schwab US Lrg-Cap ETF	Unit Investment Trusts	*	35,207
**	Schwab US Sm-Cap ETF	Unit Investment Trusts	*	28,409
**	Schwab 1000 Ind ETF	Unit Investment Trusts	*	28,585
**	SPDR Gold Shares	Unit Investment Trusts	*	23,779
**	Vanguard Energy ETF	Unit Investment Trusts	*	21,251
**	Vanguard Intermediate Term Treasury ETF	Unit Investment Trusts	*	334
**	Vanguard Mid Cap ETF	Unit Investment Trusts	*	377,389
**	Vanguard Real Estate ETF	Unit Investment Trusts	*	1,943,694
**	Vanguard S&P 500 ETF	Unit Investment Trusts	*	582,643
**	Vanguard S&P 500 Growth ETF	Unit Investment Trusts	*	224,396
**	Vanguard Short Term Corp Bond ETF	Unit Investment Trusts	*	1,233,605
**	Vanguard Short Term Infl Prot Sec ETF	Unit Investment Trusts	*	1,279,463
**	Vanguard Sm Cap ETF	Unit Investment Trusts	*	2,593,968
**	Vanguard Sm Cap Value ETF	Unit Investment Trusts	*	23,852
**	Vanguard Total Bond Market ETF	Unit Investment Trusts	*	1,259,142
**	Vanguard Total Int Stock ETF	Unit Investment Trusts	*	7,796
**	Vanguard Total Stock Market ETF	Unit Investment Trusts	*	166,280
Total Charles Schwab Bank Personal Choice Retirement Account				50,696,339
Total Investments				$80,712,305

* Cost information not required as per Special Rule for certain participant directed transactions

** Indicates a party-in-interest, as defined by ERISA