

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2014**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- a one-participant plan  a foreign plan
- B** This return/report is  the first return/report  the final return/report
- an amended return/report  a short plan year return/report (less than 12 months)
- C** Check box if filing under:  Form 5558  automatic extension  DFVC program
- special extension (enter description)

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <u>ANESTHESIA ASSOCIATES OF RICHMOND, INC. CASH BALANCE PLAN</u>		<b>1b</b> Three-digit plan number (PN) ▶ <u>003</u>
		<b>1c</b> Effective date of plan <u>01/01/2010</u>
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NAPA MANAGEMENT SERVICES CORPORATION</u>  <u>68 SOUTH SERVICE ROAD</u> <u>SUITE 350</u> <u>MELVILLE, NY 11747</u>		<b>2b</b> Employer Identification Number (EIN) <u>11-3635685</u>
		<b>2c</b> Sponsor's telephone number <u>516-945-3057</u>
		<b>2d</b> Business code (see instructions) <u>621111</u>
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN
		<b>3c</b> Administrator's telephone number
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		<b>4b</b> EIN <u>54-0892367</u>
<b>a</b> Sponsor's name <u>ANESTHESIA ASSOCIATES OF RICHMOND, INC.</u>		<b>4c</b> PN <u>003</u>
<b>5a</b> Total number of participants at the beginning of the plan year .....		<b>5a</b> <u>35</u>
<b>b</b> Total number of participants at the end of the plan year.....		<b>5b</b> <u>36</u>
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....		<b>5c</b>
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....		<b>5d(1)</b> <u>35</u>
<b>d(2)</b> Total number of active participants at the end of the plan year.....		<b>5d(2)</b> <u>24</u>
<b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<b>5e</b> <u>0</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>06/29/2015</u>	<u>TIM O'HARE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined

**Part III | Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	2519532	2920623
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	2519532	2920623
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	633232	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	65425	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		698657
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	294495	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	3071	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		297566
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		401091
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV | Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1C 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V | Compliance Questions**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		500000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI | Pension Funding Compliance**

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) .....  Yes  No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..  Yes  No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

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

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>	0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> 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.)		
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Part VIII Trust Information (optional)**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

<b>A</b> Name of plan <u>ANESTHESIA ASSOCIATES OF RICHMOND, INC. CASH BALANCE PLAN</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NAPA MANAGEMENT SERVICES CORPORATION</u>		<b>D</b> Employer Identification Number (EIN) <u>11-3635685</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>2519532</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>2519532</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	<u>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants.....	<u>0</u>	<u>0</u>
	<b>c</b> For active participants.....	<u>35</u>	<u>1771438</u>
	<b>d</b> Total.....	<u>35</u>	<u>1771438</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>6.84%</u>
<b>6</b>	Target normal cost .....	<b>6</b>	<u>502801</u>

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

<b>SIGN HERE</b>	Signature of actuary	Date
	<u>JILL E. CASEY, CEBS, EA, MAAA</u>	<u>06/29/2015</u>
	Type or print name of actuary	Most recent enrollment number
	<u>HARBIDGE CONSULTING GROUP, L.L.C.</u>	<u>14-07216</u>
	Firm name	Telephone number (including area code)
	<u>ONE LINCOLN CENTER, 12TH FLOOR SYRACUSE, NY 13202-9972</u>	<u>315-703-8991</u>
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>2.65</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		605499
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.62</u> % .....		40084
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		645583
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	140.85 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	140.85 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	139.93 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/24/2014	630469	0			
05/27/2015	2763	0			
			<b>Totals ▶</b>	<b>18(b)</b>	633232
				<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	602464
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6).....	<b>31a</b>	502801	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	502801	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment.....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	0	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	602464	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	602464	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

**Age and Service Distribution of Active Members**

Completed Years of Service on January 1, 2014											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	2	0	0	0	0	0	0	0	0	2
30-34	0	2	0	0	0	0	0	0	0	0	2
35-39	0	11	0	0	0	0	0	0	0	0	11
40-44	0	5	0	0	0	0	0	0	0	0	5
45-49	0	3	0	0	0	0	0	0	0	0	3
50-54	0	4	0	0	0	0	0	0	0	0	4
55-59	0	3	0	0	0	0	0	0	0	0	3
60-64	0	4	0	0	0	0	0	0	0	0	4
65-70	0	1	0	0	0	0	0	0	0	0	1
70 & up	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>35</b>	<b>0</b>	<b>35</b>							

Active Member Statistics	January 1, 2014	January 1, 2013
Number of members	35	32
Average age	45.48	44.07
Average years of service	2.74	2.09
Average salary	\$168,555	\$179,760

## ACTUARIAL ASSUMPTIONS AND METHODS

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions used in the valuation.

### Funding Target Liability

**Valuation Date:** January 1, 2014

**Demographic Information:** The demographic information was provided as of January 1, 2014 by Anesthesia Associates of Richmond, Inc. Although we did not audit the data, we did review the data for reasonableness.

**Actuarial Cost Method:** As required by PPA, the Traditional Unit Credit Cost Method was used.

**Actuarial Value of Assets:** Market Value of Assets

**Interest Rates for Minimum Required Contribution:** The adjusted 24-month average January 2014 funding segment rates using 25-year average segment rate corridors were utilized as prescribed by IRC Section 430(h), MAP-21 and HATFA.

Segment	Interest Rate
Segment 1	4.99%
Segment 2	6.32%
Segment 3	6.99%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Effective Interest Rate:** 6.84%

**Interest Rates for Maximum Recommended Contribution:** The January 2014 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Anesthesia Associates of Richmond, Inc.

Segment	Interest Rate
Segment 1	1.25%
Segment 2	4.06%
Segment 3	5.08%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Interest Credit Rate for Determining Projected Cash Balance Account:** 5.00%.

**Rate of Compensation Increase:** Salaries are assumed to increase at 3.00% per year.

#### **Mortality:**

**Pre-Retirement Mortality:** None assumed

**Post-Retirement Mortality:** The RP-2000 Mortality Table for annuitants with projected mortality improvements using Scale AA; specifically, as outlined in IRC Regulation 1.430(h)(3)-1 for 2014 valuations. The static mortality tables are projected from the base table for the year 2000-2014 with further projection to reflect the approximate expected duration of liabilities, namely 7 years for annuitants.

## ACTUARIAL ASSUMPTIONS AND METHODS

**Post-Disablement Mortality:** Post-disablement mortality was not assumed in the valuation.

**Retirement Incidence:** Employees were assumed to retire at age 65.

**Turnover:** Rates of turnover were not assumed in the valuation.

**Disability:** Rates of disability were not assumed in the valuation.

**Administrative Expenses:** Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

**Form of Benefit:** Active participants are assumed to receive a deferred lump sum. Terminated vested participants are assumed to receive an immediate lump sum.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2014</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Anesthesia Associates Of Richmond, Inc. Cash Balance Plan	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NAPA Management Services Corporation	<b>D</b> Employer Identification Number (EIN) 11-3635685

**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2014

<b>2</b> Assets:		
<b>a</b> Market value .....	<b>2a</b>	2519532
<b>b</b> Actuarial value .....	<b>2b</b>	2519532

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	0	0	0
<b>b</b> For terminated vested participants.....	0	0	0
<b>c</b> For active participants.....	35	1771438	1788731
<b>d</b> Total.....	35	1771438	1788731

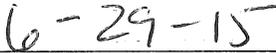
**4** If the plan is in at-risk status, check the box and complete lines (a) and (b)

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

**5** Effective interest rate..... **5** 6.84%

**6** Target normal cost..... **6** 502801

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

<b>SIGN HERE</b>	Jill E. Casey  <div style="text-align: center;">             Signature of actuary         </div> JILL E. CASEY, CEBS, EA, MAAA  <div style="text-align: center;">           Type or print name of actuary            HARBRIDGE CONSULTING GROUP, L.L.C.             Firm name             ONE LINCOLN CENTER, 12TH FLOOR            SYRACUSE NY 13202-9972            Address of the firm         </div>	<div style="text-align: center;">             Date            1407216            Most recent enrollment number            315-703-8991            Telephone number (including area code)         </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>2.65%</u> .....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		605499
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.62%</u> .....		40084
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		645583
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage .....	<b>14</b>	140.85%
15	Adjusted funding target attainment percentage .....	<b>15</b>	140.85%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	139.93%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
09/24/2014	630469	0				
05/27/2015	2763	0				
<b>Totals ▶</b>			<b>18(b)</b>	633232	<b>18(c)</b>	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	602464
20 Quarterly contributions and liquidity shortfalls:			
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code) .....			21b 0
22 Weighted average retirement age .....			22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

**Part VI Miscellaneous Items**

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	27	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6) .....	31a	502801	
b Excess assets, if applicable, but not greater than line 31a .....	31b	502801	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment .....	0	0	
b Waiver amortization installment .....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement .....	0	0	0
36 Additional cash requirement (line 34 minus line 35) .....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	37	602464	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36) .....	38a	602464	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	39	0	
40 Unpaid minimum required contributions for all years .....	40	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected .....	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011
42 Amount of acceleration adjustment .....	42		
43 Excess installment acceleration amount to be carried over to future plan years .....	43		

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

Anesthesia Associates of Richmond, Inc. Cash Balance Plan  
EIN: 11-3635685 Plan Number: 003

All participants were assumed to retire at age 65.

## PLAN PROVISIONS

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

<b>Effective Date</b>	January 1, 2010.
<b>Year of Service:</b>	A year of service in which a participant earns 1,000 hours of service.
<b>Credited Service:</b>	A plan year in which the participant earns 1,000 hours of service. For Group J participants only, there are no hours of service requirement for the year in which termination of employment is due to reason of death, retirement or disability.
<b>Compensation:</b>	3401(a) compensation plus salary reduction contributions made to any plan arrangement maintained by the Employer, but excluding compensation earned prior to date of plan participation.
<b>Eligibility:</b>	
<b>Participation</b>	Age 21 with three months of Service. Participants shall enter the plan on the exact date they meet these eligibility requirements. Non-owner physicians, CRNAs and leased employees are not eligible to participate.
<b>Normal Retirement</b>	First of month coincident with or next following 65th birthday.
<b>Early Retirement</b>	First of any month coincident with or next following the attainment of age 55 with 10 years of service.
<b>Deferred Retirement</b>	First of any month after Normal Retirement Date.
<b>Vested Termination</b>	Three Years of Service.
<b>Preretirement Survivor Benefit</b>	All participants are eligible.
<b>Amount of Pension:</b>	
<b>Normal Retirement</b>	A monthly pension benefit equal to actuarial equivalent of the participant's Hypothetical Account. The Hypothetical Account is determined as the sum of the following:  (1) Hypothetical Allocation:  \$81,000 with respect to Group A, which shall consist of Physician/Owners: Gamoso and Miller  \$75,000 with respect to Group B, which shall consist of Physician/Owners: Barron  \$70,000 with respect to Group C, which shall consist of Physician/Owners: Smith  \$69,000 with respect to Group D, which shall consist of Physician/Owners: Cartagena

## PLAN PROVISIONS

\$66,000 with respect to Group E, which shall consist of Physician/Owners: Ascari

\$63,000 with respect to Group F, which shall consist of Physician/Owners: Murphy

\$60,000 with respect to Group G, which shall consist of Physician/Owners: Osborne and Stauffer

\$50,000 with respect to Group H, which shall consist of Physician/Owners: Booth and Harrison

\$40,000 with respect to Group I, which shall consist of Physician/Owners: Stanley

\$25,000 with respect to Group J, which shall consist of Physician/Owners: Ellis

\$10,000 with respect to Group K, which shall consist of Physician/Owners: Stevens and Summers, and non-owner physicians to the extent not included in any foregoing group

\$5,000 with respect to Group L, which shall consist of Chief CRNA: Walter

2.5% of determination period Compensation with respect to each Participant of Group M, which shall consist of all other Participants.

A Hypothetical Allocation is credited to a participant's account at the end of each plan year during which the participant completed a year of Credited Service.

- (2) Interest Credit: Each Participant's Hypothetical Account shall be credited at the end of each plan year with a Hypothetical Interest Credit. The Hypothetical Interest Credit Rate is based on the lesser of 5% or the 10-year Treasury note determined as of the November preceding the plan year in which the Hypothetical interest is credited.

<b>Early Retirement</b>	Greater of the Participant's accrued benefit reduced by 1/15 <sup>th</sup> for each of the first five year and 1/30 <sup>th</sup> for each of the next five years that the Early Retirement Date precedes the Normal Retirement Date or the actuarial equivalent of the Participant's accrued benefit.
<b>Deferred Retirement</b>	Determined the same as the Normal Retirement Pension but including Compensation and Years of Service after Normal Retirement Date.
<b>Vested Termination</b>	The actuarial equivalent of the vested accrued benefit.
<b>Preretirement Survivor Annuity</b>	The actuarial equivalent of the accrued benefit.

## PLAN PROVISIONS

### Forms of Benefit:

<b>Normal</b>	If married to a qualified spouse, a 50% qualified joint and survivor which is the actuarial equivalent of a life annuity, otherwise, a life annuity.
<b>Optional Forms</b>	Joint and survivor (50%, 75% or 100%) Lump sum