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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COLUMBUS AESTHETIC & PLASTIC SURGERY, INC. CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2014

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)
COLUMBUS AESTHETIC & PLASTIC SURGERY, INC.

5005 ARLINGTON CENTRE BLVD.
UPPER ARLINGTON, OH 43220

2b Employer Identification Number (EIN) 31-1480832

2c Sponsor's telephone number 614-246-6900

2d Business code (see instructions) 621111

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	105
b Total number of participants at the end of the plan year	**5b**	95
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	77
d(2) Total number of active participants at the end of the plan year	**5d(2)**	67
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/08/2024	JOHN WAKELIN, III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 522558. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4144507	5808969
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4144507	5808969
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	1465321	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	221142	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1686463
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	22001	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		22001
i Net income (loss) (subtract line 8h from line 8c)	8i		1664462
j Transfers to (from) the plan (see instructions)	8j		

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:
1A 1D

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		400000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[X] Yes [ ] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

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

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

Part VIII IRS Compliance Questions

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

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

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

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501321A.

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

A Name of plan
COLUMBUS AESTHETIC & PLASTIC SURGERY, INC. CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COLUMBUS AESTHETIC & PLASTIC SURGERY, INC.

D Employer Identification Number (EIN)
31-1480832

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2023

2 Assets:

a Market value	**2a**	4136901
b Actuarial value	**2b**	4136901

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	28	85403	85403
c For active participants	77	4028491	4029919
d Total	105	4113894	4115322

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.12 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	921714
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	921714

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 06/17/2024

HANS NIENABER
Type or print name of actuary

Most recent enrollment number: 23-05737

CUNI, RUST & STRENK, INC.
Firm name

Telephone number (including area code): 513-985-6164

4555 LAKE FOREST DRIVE
SUITE 620
CINCINNATI, OH 45242
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -2.80 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		104664
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.22 %		5463
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		110127
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.52 %
15	Adjusted funding target attainment percentage	15	100.52 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/30/2023	1465321	0			
			Totals ► 18(b)	1465321	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1406016

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	3
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	921714
b Excess assets, if applicable, but not greater than line 31a	**31b**	21579

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	900135

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

36 Additional cash requirement (line 34 minus line 35)	**36**	900135
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1406016

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

a Total (excess, if any, of line 37 over line 36)	**38a**	505881
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2023
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	COLUMBUS AESTHETIC & PLASTIC SURGERY, INC. CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	31-1480832	PN	004

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

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

Name of Plan	COLUMBUS AESTHETIC & PLASTIC SURGERY, INC. CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2023	**Plan Year End Date**	12/31/2023	**EIN**	31-1480832	**PN**	004

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

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

Name of Plan	COLUMBUS AESTHETIC & PLASTIC SURGERY, INC. CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2023	**Plan Year End Date**	12/31/2023	**EIN**	31-1480832	**PN**	004

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

Columbus Aesthetic & Plastic Surgery, Inc.
Cash Balance Plan

Actuarial Valuation Report
as of January 1, 2023

Actuarial Certification

We have prepared an actuarial valuation of the Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan as of January 1, 2023, for the plan and tax year beginning January 1, 2023. The results of the valuation are set forth in this report, which reflects the provisions of the plan as disclosed in the Summary of Plan Provisions.

The valuation is based on employee and plan financial data which were provided by Clark, Schaefer, Hackett & Co. All information submitted to us has been reviewed for reasonableness and consistency, but has otherwise been accepted and relied upon without audit. The actuarial methods and other material assumptions are disclosed in the Actuarial Assumptions and Methods section of this report.

To the best of our knowledge, the information supplied in this report is complete and accurate. For purposes of determining the minimum required contribution and maximum deductible contribution, each prescribed assumption was applied in accordance with our understanding of applicable law and regulations. In our opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer our best estimate of anticipated experience under the plan.

Future actuarial measurements may differ significantly from the current measurement presented in this report due to such factors as the following: plan experience differing from that anticipated; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); and changes in plan provisions or applicable law.

The valuation results developed in this Report are dependent on the specific assumptions disclosed herein which are either selected by the actuary or prescribed by the IRS. We make every effort to predict future Plan experience based on our professional judgement, past experience, and insight about future Plan or economic conditions. Deviations in the Report results should be expected and the Plan can face significant risks associated with these deviations. Those risks might include (but not be limited to) asset return, interest rate, longevity, regulatory, and demographic risk. When we believe additional calculations of the risk impact on the financial condition of the Plan are warranted we will consult with the Plan Sponsor and recommend additional studies as needed.

The undersigned credentialed actuary meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. We hereby certify that all calculations have been made by, or under the direct supervision of, an Enrolled Actuary, and in accordance with accepted actuarial principles.

Hans Nienaber, EA, MAAA
Vice President

6/14/2024
Date

Kelsey Haker
Actuarial Analyst

6/14/2024
Date

Summary and Highlights

Cuni, Rust & Strenk, Inc. has prepared this report to provide the plan sponsor with the results of the actuarial valuation as of January 1, 2023, review the plan experience since the last actuarial valuation, provide the plan sponsor with an acceptable range of contributions for the plan year beginning January 1, 2023, and provide the plan sponsor with the funded status of the plan under various benchmarks.

Minimum Required Contribution

The minimum required contribution for the 2023 plan year (without regard to any available credit balance) is $900,135 **as of January 1, 2023**. Regulations require that employer contributions be discounted from the date of deposit to the first day of the plan year. **Therefore, the amount the employer is required to deposit will depend on the actual date(s) of deposit.**

Contributions made for the 2023 plan year are discounted from the date of deposit to the first day of the plan year at the plan's current year "effective rate" of 5.12%. Therefore, the amount of deposit required to meet minimum funding for a deposit date of September 13, 2024 (the last day that a deposit may be made for the 2023 plan year) is $980,120.

The "effective rate" mentioned above is the single interest rate that results in the same value of plan liabilities as the three segment rates prescribed under the law. It is not related to the rate of return on plan assets. The effective rate is used to discount your contributions to the plan from the date of deposit back to the first day of the plan year.

Quarterly Installment Requirements

A plan is subject to the quarterly installment requirements for the current plan year if there is a Funding Shortfall for the prior year.

The plan is not subject to the quarterly installment requirements for the 2023 or 2024 plan years.

Maximum Deductible Contribution

The statutory maximum deductible contribution for the 2023 plan year is $4,439,569. This amount is not adjusted for the date of deposit. Deposits close to the maximum will generally decrease future tax deductible contributions, and may cause your plan to become overfunded. (If your plan is overfunded at plan termination, the excess in the plan may be subject to a 50% excise tax upon reversion to the employer.) Please let us know if you are considering making a contribution based on this limit so that we can discuss the implications.

Note that the deductibility of contributions may be affected by additional factors unrelated to plan operation. Please consult your tax adviser regarding the deductibility of any contribution. For compliance with IRS Circular 230, we must disclose that this report is not intended for and cannot be used by the taxpayer for the purpose of avoiding penalties that may be imposed on the employer.

Summary and Highlights

PPA Certification and Benefit Restrictions

The Pension Protection Act of 2006 (PPA) contains provisions that will restrict plan benefits for certain underfunded plans. The "Adjusted Funding Target Attainment Percentage" (AFTAP) is determined based on the value of accrued benefits and actuarial value of assets on the valuation date, with adjustments for Carryover and Prefunding Balances and recent annuity purchases.

The 2023 Plan Year "AFTAP" is 100.52%. This means the plan is not subject to benefit restrictions for the 2023 plan year. This also means the plan will not be subject to benefit restrictions at the beginning of the 2024 plan year.

Participant Notices

Since the AFTAP is at least 80%, no Notice of Benefit Restriction is required.

Plan Termination

Plan benefits were frozen effective as of July 1, 2023. The Plan was terminated effective as of October 31, 2023.

Table of Contents

Summary of Valuation Results 1

Plan Assets
- Receipts and Disbursements 2

Development of Maximum Deductible Contribution 3

Credit Balance Roll Forward 4

Development of Funding Target 5

Development of Shortfall Amortization Charge 6

Development of Minimum Required Contribution 7

Development of Minimum Quarterly Contributions 8

Present Value of Accumulated Plan Benefits (ASC 960) 9

Top Heavy Status Determination 10

Appendix
- Participant Information 11
- Summary of Plan Provisions 14
- Actuarial Assumptions and Methods 19

Summary of Valuation Results

	January 1, 2022	January 1, 2023
1. Number of Plan Participants		
a. Actives	58	77
b. Vested Terminated and Transfers	26	28
c. Retirees and Beneficiaries	0	0
d. Total	84	105
2. Normal Cost	$ 1,026,725	$ 921,714
3. Funding Target		
a. Vested Actives	$ 2,944,419	$ 4,028,491
b. Non-Vested Actives	1,806	1,428
c. Vested Terminated and Transfers	77,276	85,403
d. Retirees and Beneficiaries	0	0
e. Total	$ 3,023,501	$ 4,115,322
4. Effective Interest Rate	5.22%	5.12%
5. Asset Values		
a. Market Value	$ 3,242,505	$ 4,136,901
b. Actuarial Value	$ 3,242,505	$ 4,136,901
c. Market Value Asset Return	7.27%	(2.80%)
6. Credit Balances		
a. Funding Standard Carryover Balance	$ 0	$ 0
b. Prefunding Balance	0	0
c. Total	$ 0	$ 0
7. Funding Shortfall: [(3)(e) - (5)(b) + (6)(c)]	$ 0	$ 0
8. Employer Contributions		
a. Maximum Deductible	$ 3,139,225	$ 4,439,569
b. Minimum Required	$ 807,721	$ 900,135
c. Minimum Required Cash Contribution: [(8)(b) - (6)(c), but not less than $0]	$ 807,721	$ 900,135
9. Funded Ratios		
a. Market Value Ratio: [(5)(a) ÷ (3)(e)]	107.24%	100.52%
b. Actuarial Value (AV) Ratio: [(5)(b) ÷ (3)(e)]	107.24%	100.52%
c. AV Credit Balance Adjusted: [{(5)(b) - (6)(c)} ÷ (3)(e)]	107.24%	100.52%
d. AV Prefunding Balance Adjusted: [{(5)(b) - (6)(b)} ÷ (3)(e)]	107.24%	100.52%

Plan Assets: Receipts and Disbursements

Fair Market Value of Assets as of January 1, 2022		$ 2,304,119
Receipts:		
Employer Contributions	$ 1,278,500	
Net Investment Earnings	(77,736)	
TOTAL RECEIPTS		$ 1,200,764
Disbursements:		
Monthly Benefits Paid	$ 0	
Advisory Expense	13,876	
TOTAL DISBURSEMENTS		$ 13,876
Excess of Receipts over Disbursements		$ 1,186,888
Fair Market Value of Assets as of December 31, 2022		$ 3,491,007
Receivable Contributions		$ 653,500
Total Value of Assets as of December 31, 2022 (IRS Form 5500)		$ 4,144,507
Receivable Contributions Discount to Beginning of Year		$ (7,606)
Total Value of Assets for Funding Purposes as of December 31, 2022		$ 4,136,901

NOTE: The 2022 return on the Market Value of Assets was (2.80%).

Development of Maximum Deductible Contribution

1. Maximum Deductible Funding Target	$	4,787,733
2. Target Normal Cost	$	1,087,252
3. Cushion Amount		
a. 50% of Funding Target: [50% of (1)]	$	2,393,867
b. Expected Benefit Increases		
i. Not-at-Risk Maximum Liability	$	5,095,351
ii. At-Risk Maximum Liability	$	5,138,623
iii. Per-Participant Load		N/A
iv. Liability Load: [4% of (i)]		N/A
v. At-Risk Target: [(ii) + (iii) + (iv), but not less than (i)]	$	5,138,623
vi. Transition Percentage		0.00%
vii. Maximum Funding Target: [{{(v) - (i)} × (vi)} + (i)]	$	5,095,351
c. Cushion Amount: [(3)(a) + (3)(b)(vii) - (1)]	$	2,701,485
4. Actuarial Value of Assets	$	4,136,901
5. Preliminary Limit: [(1) + (2) + (3)(c) - (4), but not less than $0]	$	4,439,569
6. Maximum if Not-at-Risk		
a. At-Risk Funding Liability	$	4,890,148
b. At-Risk Normal Cost	$	1,112,004
c. Maximum if Not-at-Risk: [(6)(a) + (6)(b) - (4), but not less than $0]	$	1,865,251
7. Minimum Required Contribution	$	900,135
8. Maximum Tax Deductible Contribution: [maximum of (5), (6)(c), and (7)]	$	4,439,569

Credit Balances

1. Funding Standard Carryover Balance (FSCB)		
a. FSCB on January 1, 2022	$	0
b. FSCB applied to contributions		0
c. FSCB on December 31, 2022 before Investment Return		0
d. Investment return		(2.80%)
e. FSCB on December 31, 2022		0
f. Waived FSCB balance		0
g. FSCB on January 1, 2023	$	0
2. Prefunding Balance (PFB)		
a. PFB on January 1, 2022	$	0
b. PFB applied to contributions		0
c. PFB adjusted prior balance		0
d. Investment return		(2.80%)
e. Interest on adjusted prior balance		0
f. Excess Contributions		104,664
g. Effective Rate		5.22%
h. Interest on excess contributions		5,463
i. Total Excess Contributions		110,127
j. Total Excess Contributions added to PFB		0
k. PFB on December 31, 2022		0
l. Waived PFB		0
m. PFB on January 1, 2023	$	0
3. FTAP		
a. Funding Target Attainment Percentage (FTAP) before Waivers		
i. Actuarial Assets	$	4,136,901
ii. Funding Standard Carryover Balance (FSCB)	$	0
iii. Prefunding Balance (PFB)	$	0
iv. Not-at-Risk Funding Liability	$	4,115,322
v. Preliminary FTAP: [{(i) - (ii) - (iii)} ÷ (iv)]		100.52%
vi. Funded Ratio: [(i) ÷ (iv)]		100.52%
b. FTAP after Waivers		
i. Credit Balance Waived	$	0
ii. FSCB after Waivers: (1)(g)	$	0
iii. PFB after Waivers: (2)(k)	$	0
iv. Final FTAP: [{(3)(a)(i) - (3)(b)(ii) - (3)(b)(iii)} ÷ (3)(a)(iv)]		100.52%

This is not a certification of the Plan's Adjusted Funding Target Attainment Percentage (AFTAP).

Development of Funding Target

1. Were there more than 500 participants in the controlled group last year?		No
2. Prior Year Funding Target Attainment Percentage		
a. Not-at-Risk Liability		107.24%
b. At-Risk Liability		107.24%
3. Funding Target Benchmark Percentage		80.00%
4. At-Risk Status		
a. Current Year: [Yes, if (1) is Yes and (2)(a) < (3) and (2)(b) < 70%]		No
b. Plan Year beginning January 1, 2022		No
c. Plan Year beginning January 1, 2021		No
d. Plan Year beginning January 1, 2020		No
e. Plan Year beginning January 1, 2019		No
f. At-Risk Current Year and 2 of 4 Preceeding years?		No

Since the Plan is not At-Risk for the Current Year and 2 of 4 Preceeding Years, loads will not be applied in the Development of the Funding Target as of January 1, 2023.

5. Not-at-Risk Funding Liability		
a. Funding Liability	$	4,115,322
b. Normal Cost	$	921,714
6. At-Risk Funding Liability		
a. At-Risk Funding Liability	$	4,115,322
b. Number of Plan Participants		105
c. Per Participant Load: [$700 × (b)]		N/A
d. Liability Load: [4% of (5)(a)]		N/A
e. At-Risk Funding Target: [(a) + (c) + (d), but not less than (5)(a)]	$	4,115,322
f. Preliminary At-Risk Normal Cost	$	962,459
g. Normal Cost Load: [4% of (5)(b) excluding expenses]		N/A
h. At-Risk Normal Cost: [(f) + (g), but not less than (5)(b)]	$	962,459
7. Funding Target		
a. Number of Consecutive Years At-Risk (maximum 5 years)		0
b. Transition Percentage: [20% of (a)]		0.00%
c. Funding Target: [{{(6)(e) - (5)(a)} × (b)} + (5)(a)]	$	4,115,322
d. Target Normal Cost: [{{(6)(h) - (5)(b)} × (b)} + (5)(b)]	$	921,714

Development of Shortfall Amortization Charge

1. Segment Rates			
a. 1st Segment			4.75%
a. 2nd Segment			5.00%
2. Funding Target		$	4,115,322
3. Adjusted Plan Assets			
a. Actuarial Value of Assets		$	4,136,901
b. Funding Standard Carryover Balance			0
c. Prefunding Balance			0
d. Adjusted Assets: [(a) - (b) - (c), but not less than $0]		$	4,136,901
4. Funding Shortfall: [(2) - (3)(d), but not less than $0]		$	0

5. Current Shortfall Amortization Installments	Present Value of Installments	Annual Installments
a. 14 Years Remaining	$ 0	$ 0
b. 13 Years Remaining	0	0
c. 12 Years Remaining	0	0
d. 11 Years Remaining	0	0
e. 10 Years Remaining	0	0
f. 9 Years Remaining	0	0
g. 8 Years Remaining	0	0
h. 7 Years Remaining	0	0
i. 6 Years Remaining	0	0
j. 5 Years Remaining	0	0
k. 4 Years Remaining	0	0
l. 3 Years Remaining	0	0
m. 2 Years Remaining	0	0
n. 1 Year Remaining	0	0
o. Total	$ 0	$ 0

6. Exemption from New Shortfall Amortization Base		
a. Target Liability Percentage		100.00%
b. Shortfall Funding Target: [(2) × (6)(a)]	$	4,115,322
c. Prefunding Balance available to reduce the Minimum Required Contribution	$	0
d. Exempt?: [Yes if {(3)(a) - (6)(c)} ≥ (6)(b)]		Yes
7. Shortfall Amortization Base		
a. Adjusted Funding Shortfall: [(6)(b) - (3)(d), not less than $0]	$	0
b. New Current Year Base: [(a) - (5)(o), or $0 if Exempt]	$	0
c. New Installment Amount	$	0
8. Shortfall Amortization Charge: [(5)(o) + (7)(c), but not less than $0]	$	0

Development of Minimum Required Contribution

1. Effective Interest Rate		5.12%
2. Target Normal Cost	$	921,714
3. Shortfall Amortization Charge	$	0
4. Credit for Excess Assets		
a. Adjusted Assets	$	4,136,901
b. Funding Target	$	4,115,322
c. Excess Assets: [(a) - (b), but not less than $0]	$	21,579
5. Preliminary Minimum Required Contribution (MRC): [(2) + (3) - (4)(c), but not less than $0]	$	900,135
6. Credit Balances		
a. Eligible to apply against MRC: [Yes if prior year funded ratio ≥ 80%]		Yes
b. Funding Standard Carryover Balance (FSCB)	$	0
c. Prefunding Balance (PFB)	$	0
d. Balances eligible to apply against MRC: [(b) + (c) if eligible and elected]	$	0
7. Minimum Required Contribution (adjusted for Credit Balances if applicable): [(5) - (6)(d), but not less than $0]	$	900,135

Development of Minimum Quarterly Contributions

1. 2023 Plan Year Required Quarterly Contributions

Since the Plan has no funding shortfall as of January 1, 2022, the Plan is exempt from making quarterly contributions during the 2023 plan year.

2. 2024 Plan Year Required Quarterly Contributions

Since the Plan has no funding shortfall as of January 1, 2023, the Plan is exempt from making quarterly contributions during the 2024 plan year.

Present Value of Accumulated Plan Benefits (ASC 960)

	December 31, 2021	December 31, 2022
1. Present Value of Accumulated Vested Benefits		
a. Actives	$ 3,675,509	$ 4,550,098
b. Vested Terminated and Transfers	88,200	$ 94,042
c. Retirees and Beneficiaries	0	0
d. Total	$ 3,763,709	$ 4,644,140
2. Accumulated Non-Vested Benefits	$ 2,074	$ 1,738
3. Total Accumulated Benefits	$ 3,765,783	$ 4,645,878
4. Net Assets Available for Benefits	$ 3,270,119	$ 4,144,507

Changes in the Present Value of Accumulated Benefits for the Plan Year Ending December 31, 2022

1. Value of Accumulated Benefits as of December 31, 2021		$ 3,765,783
2. Increase/(Decrease) in Value due to:		
a. Decrease in Discount Period	$ 188,289	
b. Plan Amendments	0	
c. Assumption Change	(94,300)	
d. Benefits Paid	0	
e. Plan Experience and Benefit Accrual	786,106	
f. Total Net Increase/(Decrease)		$ 880,095
3. Value of Accumulated Benefits as of December 31, 2022		$ 4,645,878

Top Heavy Status for the Plan Year Beginning January 1, 2024

1.	Present Value of Accrued Benefits for Key Employees	$	4,420,886
2.	Present Value of Accrued Benefits for all other Employees (included in test)		
	a. Active Employees	$	130,950
	b. Vested Terminated & Transferred Employees		0
	c. Retirees & Beneficiaries		0
	d. Total	$	130,950
3.	Present Value of Accrued Benefits for all Employees: [(1)(d) + (2)(d)]	$	4,551,836
4.	Top Heavy Ratio: [(1) / (3)]		97.1%

The determination of Top Heavy Status for 2024 is made using the most recent valuation within a one-year period of a determination date of December 31, 2023. The Top Heavy Ratio of 97.1% indicates that the plan is Top Heavy for the 2024 plan year (a plan is considered Top Heavy when the ratio is at least 60%).

Plan Participant Summary

	Actives	Vested Terms	Retirees	Disabled	Beneficiaries	Total
As of January 1, 2022	58	26	0	0	0	84
Deaths during the Year						
a. with Beneficiary	0	0	0	0	0	0
b. without Beneficiary	0	0	0	0	0	0
Term Certain Expired	0	0	0	0	0	0
Retired during the Year	0	0	0	0	0	0
Terminated Employment						
a. with Vesting	(2)	2	0	0	0	0
b. without Vesting	(5)	0	0	0	0	(5)
Returned to Work	3	0	0	0	0	3
Transferred from Plan	0	0	0	0	0	0
QDRO Filed	0	0	0	0	0	0
New Entrants prior to Jan. 1	5	0	0	0	0	5
Lump Sum Distributions	0	0	0	0	0	0
Data Corrections	0	0	0	0	0	0
As of December 31, 2022: (IRS Form 5500 head count)	59	28	0	0	0	87
New Entrants on January 1	18	0	0	0	0	18
As of January 1, 2023: (Valuation head count)	77	28	0	0	0	105
		* *				
Vested Participants	46	28	0	0	0	74
Not Vested Participants	31	0	0	0	0	31

Active Participants as of January 1, 2023

Total Years of Service

Age Group	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35 +	Total
< 19	0	0	0	0	0	0	0	0	0	0
20-24	2	1	0	0	0	0	0	0	0	3
25-29	7	7	0	0	0	0	0	0	0	14
30-34	4	9	5	0	0	0	0	0	0	18
35-39	4	4	0	0	0	0	0	0	0	8
40-44	2	6	5	0	0	0	0	0	0	13
45-49	0	2	4	0	0	0	0	0	0	6
50-54	0	1	5	0	0	0	0	0	0	6
55-59	0	0	5	0	0	0	0	0	0	5
60-64	0	0	1	0	0	0	0	0	0	1
65-69	0	0	3	0	0	0	0	0	0	3
70 +	0	0	0	0	0	0	0	0	0	0
Total	19	30	28	0	0	0	0	0	0	77

Average Age: 39.1 Years (Last Year: 40.8)
Average Service: 3.5 Years (Last Year: 4.0)

Terminated Vested Participants as of January 1, 2023

Age Group	Number of Lives	Hypothetical Balance Total	Hypothetical Balance Average
< 20	0	$ 0	$ 0
20-24	0	0	0
25-29	2	2,956	1,478
30-34	5	15,266	3,053
35-39	8	24,117	3,015
40-44	5	17,179	3,436
45-49	4	14,559	3,640
50-54	1	4,200	4,200
55-59	1	3,317	3,317
60-64	2	12,447	6,223
65-69	0	0	0
70 +	0	0	0
Total	28	$ 94,042	$ 3,359

Average Age: 40.8

Summary of Plan Provisions

1. Effective Date:	January 1, 2014. Amended and restated effective January 1, 2021.
2. Plan Year:	January 1st through December 31st.
3. Covered Employees:	Employees of Columbus Aesthetic & Plastic Surgery, Inc.
4. Eligibility:	Prior to January 1, 2021: January 1st nearest to the attainment of age 21 and the completion of one year of service. After January 1, 2021: January 1st or July 1st following the attainment of age 21 and the completion of 1 year of service.
5. Average Monthly Compensation:	Average monthly compensation for the highest three consecutive Plan Years.
6. Vesting Service:	One Year of Vesting Service is granted for each Plan Year in which the Employee was credited with 1,000 hours.
7. Benefit Service:	Prior to January 1, 2021: One Year of Benefit Service is granted for each Plan Year in which the Employee was credited with 100 hours while a Plan Participant. After January 1, 2021: One Year of Benefit Service is granted for each Plan Year in which the Employee was credited with 1000 hours while a Plan Participant.

8. Normal Retirement:

a. Eligibility

Later of attainment of Age 62 or the fifth anniversary of Plan participation.

b. Monthly Benefit

1/12th of the Actuarial Equivalent of the Participant's Cash Balance Account. The Cash Balance Account is the sum of the Contribution Credits (as described below) and Interest Credits using the Cash Balance Interest Rate (also described below). For each Year of Benefit Service, the Contribution Credit shall be allocated to a Participant's Cash Balance Account on the last day of the Plan Year in an amount equal to the following:

Group	Contribution Credit
1	$175,000
2	$60,000
3	$60,000
4	$60,000
5	$0
6	Lesser of 1,000 & 4% of Comp

The Cash Balance Interest Rate shall be the actual rate of return on the investment of the Plan's assets – compounded monthly and credited twelve times a year, however, the cumulative Cash Balance Interest Rate for all years of Plan participation may not be less than zero, and the annual Cash Balance Interest Rate shall not exceed 5.00%.

Benefit accruals for the Cash Balance benefit were frozen effective December 31, 2020.

8. Normal Retirement: (continued)

Effective January 1, 2021:

c. Monthly Benefit	Group One - President and Secretary: 10.50% of Average Compensation per Year of Benefit Service. Group Two – All other Owners: 8.50% of Average Compensation per Year of Benefit Service. Group Three - All other Participants: 0.50% of Average Compensation per Year of Benefit Service. Effective 1/1/2023, only certain owners are included in Group Two, All other owners are moved to Group Three. All benefits are offset by the benefit equivalent to the profit-sharing contribution for each Year of Benefit Service. Maximum offset per Year of Benefit Service is 0.50% of Average Compensation.

9. Early Retirement:

a. Eligibility	No Early Retirement benefit offered.
b. Monthly Benefit	N/A

10. Late Retirement:

a. Eligibility	Beyond Normal Retirement Age.
b. Monthly Benefit	Accrued Benefit as of the actual retirement date or the actuarial equivalent of the Normal Retirement Benefit, if greater.

11. Vested Retirement:

a. Eligibility	3 Years of Vesting Service.
b. Monthly Benefit	Calculated as for Normal Retirement based on the Hypothetical Account Balance as of date of separation, times the participant's vesting percentage.

12. Disability Retirement:	
a. Eligibility	Total and permanent disability.
b. Benefit	Actuarial Present Value of the Participant's Accrued Benefit.
13. Pre-Retirement Death:	
a. Eligibility	A Participant with an Accrued Benefit.
b. Benefit	Actuarial Present Value of the Participant's Accrued Benefit.
14. Payment Forms:	
a. Normal	Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants.
b. Optional	Actuarially equivalent lump sum distribution, life annuity, 50%, 66 2/3%,75% or 100% Joint & Survivor annuity.
15. Actuarial Equivalency:	
Cash Balance Plan:	IRS Applicable Mortality Table, and IRS Applicable Interest Rate for the third calendar month prior to the month in which the distribution occurs.
Offset Plan:	
a. Other than Lump Sums	Pre-retirement: No mortality and 5.50% interest. Post-retirement: 5.50% and the 1994 Group Annuity Reserve Table, blended 50% male/50% female.
b. Lump Sums	Greater of the lump sum calculated using the assumptions in (a) and the lump sum calculated using the 417(e) Applicable Mortality Table and 417(e) Applicable Interest Rate for the fifth month prior to the beginning of the Plan Year in which the distribution occurs.

Summary of Plan Provisions

16. Maximum Annual Benefit:	$265,000 per year for participants retiring at age 62 or later during the 2023 Plan Year.
17. Changes Since Last Year:	The owners included in Group Two were changed.

Actuarial Assumptions and Methods

1. Interest Rates:	IRS Segment rates as of the month prior to the valuation date subject to the MAP-21 95% - 105% corridor as amended by ARPA-21:
a. Minimum Funding	
Segment 1	4.75%
Segment 2	5.00%
Segment 3	5.74%
Post-retirement Lump Sum Rate	5.50%
b. Maximum Funding	RS Segment Rates as of the month prior to the valuation date.
Segment 1	1.57%
Segment 2	3.21%
Segment 3	3.66%
Post-retirement Lump Sum Rate	5.50%
c. Present Value of Accumulated Benefits (ASC 960)	
i. Cash Balance	5.50%
ii. Defined Benefit	IRS Applicable Interest Rates as of the fifth month prior to the plan year.
Segment 1	3.79%
Segment 2	4.62%
Segment 3	4.69%
d. Interest Crediting Rate:	5.00%
2. Mortality Rates:	
Preretirement:	None.
Postretirement:	Funding: IRS 2023 Combined Small Plan Mortality Table.
	ASC 960/Lump Sums: IRS 2023 Applicable Mortality Table.

Actuarial Assumptions and Methods

3.	Salary Scale:	0.00%.
4.	Retirement Rates:	
	Funding:	Later of Normal Retirement Age under the Plan or current age +5.
	PVAB (ASC 960):	Normal Retirement Age under the Plan.
5.	Termination Rates:	None.
6.	Disability Rates:	None.
7.	Plan Expenses:	Based on prior plan year expenses.
8.	Actuarial Cost Method:	Unit Credit under PPA Rules.
9.	Asset Valuation Method:	Market Value of all trust investments, plus any accrued contributions as of the Valuation Date.
10.	Employee Data:	An employee census was supplied by Clark Schaefer Hackett and included all employees in the Eligible Class. We did not audit the census.
11.	Asset Data:	Asset data and contribution amounts and dates were supplied by Clark Schaefer Hackett. We did not audit the data.
12.	Assumed Form of Benefit Payment:	Lump sum distribution.

Actuarial Assumptions and Methods

13. Rationale for Assumptions:	The IRS segment rates and mortality tables used to determine minimum funding and maximum deductible amounts are pursuant to IRS regulations. The discount rate for accounting liabilities is based on the Plan actuarial equivalence assumption. The selection of other actuarial assumptions is based on the actuary's best estimate of future expectations based on an examination of historical results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes.
14. Changes Since Last Year:	Interest rates changed as required by PPA. The interest rates for determining the PVAB of benefits attributable to the defined benefit offset formula were changed to the IRS Applicable Interest Rates in effect for the Plan year.

CUNI, RUST & STRENK
ACTUARIAL CONSULTING

Columbus Aesthetic & Plastic Surgery, Inc.
5005 Arlington Centre Blvd.
Upper Arlington, OH 43220

Re: Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan

Certification of 2023 Adjusted Funding Target Attainment Percentage (AFTAP)

The Pension Protection Act of 2006 (PPA) and Section 436 of the Internal Revenue Code require the calculation of a funding ratio called the Adjusted Funding Target Attainment Percentage (AFTAP) in order to determine whether the Plan is subject to new limits on plan amendments, lump sum distributions, and benefit accruals.

Determination of 2023 AFTAP as of January 1, 2023 (2023 AFTAP):

1. Target Liability as of January 1, 2023:	$4,115,162
2. Actuarial Value of Plan Assets as of January 1, 2023:	$ 4,136,901
3. Actuarial Value of Plan Assets divided by Target Liability:	100.52%

*If Line 3 is at least 100%, then Lines 4-8 are not applicable in the AFTAP calculation.

4. Credit Balance, pre-wavier:	N/A
5. Amount of Credit Balance to be waived so that AFTAP will be at least 60% or, if possible, at least 80%:	N/A
6. Credit Balance, post-waiver (Line 4 minus Line 5):	N/A
7. Assets, adjusted for Credit Balance, post-waiver (Line 2 minus Line 6):	N/A
8. Adjusted Assets divided by Target Liability (Line 7 divided by Line 1):	N/A
9. Adjustment for Annuity Purchases for NHCEs during the prior two years:	0
10. 2023 AFTAP (If Line 3 is at least 100%, then Line 3 adjusted for Line 9; otherwise, Line 8 adjusted for Line 9; **if this is a preliminary AFTAP calculation, then 10% is subtracted as well**):	100.52%

Your 2023 AFTAP is at least 80%, so there are no benefit restrictions for the 2023 Plan Year.

09/19/2023
Date

Hans Nienaber, EA, MAAA
Enrollment Number **23-05737**

TELEPHONE (513) 891-0270 4555 LAKE FOREST DRIVE SUITE 620 CINCINNATI, OH 45242 FAX (513) 792-3082

Columbus Aesthetic Plastic Surgery, Inc. Cash Balance Plan

Active Participants as of January 1, 2023

[redacted]	Date of [redacted]	Date of [redacted]	Normal Retirement Date	12/31/2021 Hypothetical Account Balance	2022 Interest Credit	2022 Contribution Credit	12/31/2022 Hypothetical Account Balance	Vesting Percent	Vested Hypothetical Account Balance
[redacted]				462,364.92	-18,704.95	0.00	443,659.97	100.00%	443,659.97
				0.00	0.00	0.00	0.00	100.00%	0.00
				462,364.92	-18,704.95	0.00	443,659.97	100.00%	443,659.97
				462,364.92	-18,704.95	0.00	443,659.97	100.00%	443,659.97
				0.00	0.00	0.00	0.00	100.00%	0.00
				462,364.92	-18,704.95	0.00	443,659.97	100.00%	443,659.97
				0.00	0.00	0.00	0.00	100.00%	0.00
				4,281.31	-173.21	0.00	4,108.10	100.00%	4,108.10
				0.00	0.00	0.00	0.00	100.00%	0.00
				0.00	0.00	0.00	0.00	100.00%	0.00
				7,706.09	-311.73	0.00	7,394.36	100.00%	7,394.36
				2,631.66	-106.47	0.00	2,525.19	100.00%	2,525.19
				0.00	0.00	0.00	0.00	0.00%	0.00
				0.00	0.00	0.00	0.00	0.00%	0.00
				4,281.31	-173.21	0.00	4,108.10	100.00%	4,108.10
				1,050.00	-42.48	0.00	1,007.52	100.00%	1,007.52
				0.00	0.00	0.00	0.00	0.00%	0.00
				6,535.11	-264.38	0.00	6,270.73	100.00%	6,270.73
				1,050.00	-42.48	0.00	1,007.52	100.00%	1,007.52
				6,535.11	-264.38	0.00	6,270.73	100.00%	6,270.73
				0.00	0.00	0.00	0.00	0.00%	0.00
				0.00	0.00	0.00	0.00	0.00%	0.00
				0.00	0.00	0.00	0.00	0.00%	0.00
				7,706.09	-311.73	0.00	7,394.36	100.00%	7,394.36
				3,186.84	-128.93	0.00	3,057.91	100.00%	3,057.91
				3,186.84	-128.93	0.00	3,057.91	100.00%	3,057.91
				1,050.00	-42.48	0.00	1,007.52	100.00%	1,007.52
				0.00	0.00	0.00	0.00	0.00%	0.00
				0.00	0.00	0.00	0.00	0.00%	0.00
				0.00	0.00	0.00	0.00	0.00%	0.00
				1,050.00	-42.48	0.00	1,007.52	100.00%	1,007.52
				3,186.84	-128.93	0.00	3,057.91	100.00%	3,057.91
				0.00	0.00	0.00	0.00	0.00%	0.00
				1,050.00	-42.48	0.00	1,007.52	100.00%	1,007.52
				6,535.11	-264.38	0.00	6,270.73	100.00%	6,270.73
				0.00	0.00	0.00	0.00	100.00%	0.00
				0.00	0.00	0.00	0.00	0.00%	0.00
				0.00	0.00	0.00	0.00	0.00%	0.00
				1,811.58	-73.27	0.00	1,738.31	0.00%	0.00
				7,706.09	-311.73	0.00	7,394.36	100.00%	7,394.36
				1,050.00	-42.48	0.00	1,007.52	100.00%	1,007.52
				952.52	-38.54	0.00	913.98	100.00%	913.98

Columbus Aesthetic Plastic Surgery, Inc. Cash Balance Plan

Active Participants as of January 1, 2023

Status	Name	Date of Birth	Date of Hire	Date of Plan Entry	Normal Retirement Date	12/31/2021 Hypothetical Account Balance	2022 Interest Credit	2022 Contribution Credit	12/31/2022 Hypothetical Account Balance	Vesting Percent	Vested Hypothetical Account Balance
[redacted]						0.00	0.00	0.00	0.00	0.00%	0.00
						1,050.00	-42.48	0.00	1,007.52	100.00%	1,007.52
						3,186.84	-128.93	0.00	3,057.91	100.00%	3,057.91
						0.00	0.00	0.00	0.00	0.00%	0.00
						7,706.09	-311.73	0.00	7,394.36	100.00%	7,394.36
						0.00	0.00	0.00	0.00	0.00%	0.00
						0.00	0.00	0.00	0.00	0.00%	0.00
						0.00	0.00	0.00	0.00	0.00%	0.00
						0.00	0.00	0.00	0.00	0.00%	0.00
						3,186.84	-128.93	0.00	3,057.91	100.00%	3,057.91
						0.00	0.00	0.00	0.00	0.00%	0.00
						0.00	0.00	0.00	0.00	0.00%	0.00
						0.00	0.00	0.00	0.00	100.00%	0.00
						0.00	0.00	0.00	0.00	100.00%	0.00
						0.00	0.00	0.00	0.00	0.00%	0.00
						0.00	0.00	0.00	0.00	0.00%	0.00
						0.00	0.00	0.00	0.00	0.00%	0.00
						4,281.31	-173.21	0.00	4,108.10	100.00%	4,108.10
						0.00	0.00	0.00	0.00	100.00%	0.00
						0.00	0.00	0.00	0.00	0.00%	0.00
						7,706.09	-311.73	0.00	7,394.36	100.00%	7,394.36
						7,466.39	-302.05	0.00	7,164.34	100.00%	7,164.34
						3,186.84	-128.93	0.00	3,057.91	100.00%	3,057.91
						0.00	0.00	0.00	0.00	0.00%	0.00
						6,535.11	-264.38	0.00	6,270.73	100.00%	6,270.73
						0.00	0.00	0.00	0.00	0.00%	0.00
						1,023.92	-41.44	0.00	982.48	100.00%	982.48
						7,706.09	-311.73	0.00	7,394.36	100.00%	7,394.36
						0.00	0.00	0.00	0.00	0.00%	0.00
						7,706.09	-311.73	0.00	7,394.36	100.00%	7,394.36
						3,186.84	-128.93	0.00	3,057.91	100.00%	3,057.91
						0.00	0.00	0.00	0.00	0.00%	0.00
						0.00	0.00	0.00	0.00	0.00%	0.00
						4,281.31	-173.21	0.00	4,108.10	100.00%	4,108.10
						0.00	0.00	0.00	0.00	0.00%	0.00
						1,990,211.94	-80,513.91	0.00	1,909,698.03		1,907,959.72

Columbus Aesthetic Plastic Surgery, Inc. Cash Balance Plan

Terminated Vested Participants as of January 1, 2023

Status	Name	Date of Birth	Date of Hire	Date of Plan Entry	Normal Retirement Date	12/31/2021 Hypothetical Account Balance	2022 Interest Credit	2022 Contribution Credit	12/31/2022 Hypothetical Account Balance
[redacted]						6,673.13	-269.97	0.00	6,403.16
						944.90	-38.22	0.00	906.68
						4,377.53	-177.08	0.00	4,200.45
						3,115.96	-126.06	0.00	2,989.90
						2,341.94	-94.74	0.00	2,247.20
						5,265.59	-213.01	0.00	5,052.58
						1,954.00	-79.05	0.00	1,874.95
						3,799.12	-153.69	0.00	3,645.43
						1,720.75	-69.61	0.00	1,651.14
						5,549.52	-224.52	0.00	5,325.00
						3,186.84	-128.93	0.00	3,057.91
						4,037.60	-163.34	0.00	3,874.26
						3,457.17	-139.86	0.00	3,317.31
						1,050.00	-42.48	0.00	1,007.52
						3,457.17	-139.86	0.00	3,317.31
						4,174.60	-168.89	0.00	4,005.71
						3,108.66	-125.77	0.00	2,982.89
						2,030.98	-82.17	0.00	1,948.81
						1,170.97	-47.36	0.00	1,123.61
						3,186.84	-128.93	0.00	3,057.91
						6,619.66	(267.80)	0.00	6,351.86
						7,706.09	(311.73)	0.00	7,394.36
						2,677.78	(108.33)	0.00	2,569.45
						1,838.77	(74.38)	0.00	1,764.39
						3,478.29	(140.71)	0.00	3,337.58
						7,706.09	(311.73)	0.00	7,394.36
						3,186.84	(128.93)	0.00	3,057.91
						189.56	(7.68)	0.00	181.88
						98,006.35	(3,964.83)	0.00	94,041.52

Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan
Active Employees as of January 1, 2023

Employee Name	Date of Birth	Date of Hire	Assumed Retirement Date	Years of Plan Service	2022 Plan Compensation	Expected Monthly Plan Benefit	Accrued Monthly Benefit	Vesting Percentage	Vested Monthly Benefit	Present Value of Vested Benefits
[redacted]					$305,000	$13,750.00	$4,888.89	100%	$4,888.89	$772,945
					$34,952	$0.00	$0.00	100%	$0.00	$0
					$305,000	$13,750.00	$4,888.89	100%	$4,888.89	$772,945
					$305,000	$16,401.98	$3,911.11	100%	$3,911.11	$490,503
					$149,226	$0.00	$0.00	100%	$0.00	$0
					$305,000	$14,767.59	$3,911.11	100%	$3,911.11	$352,353
					$52,916	$0.00	$0.00	100%	$0.00	$0
					$305,000	$20,343.06	$3,911.11	100%	$3,911.11	$253,394
					$30,000	$0.00	$0.00	100%	$0.00	$0
					$21,460	$0.00	$0.00	100%	$0.00	$0
					$199,246	$0.00	$0.00	100%	$0.00	$0
					$18,810	$0.00	$0.00	100%	$0.00	$0
					$31,406	$0.00	$0.00	0%	$0.00	$0
					$88,643	$0.00	$0.00	0%	$0.00	$0
					$226,394	$0.00	$0.00	100%	$0.00	$0
					$38,365	$0.00	$0.00	100%	$0.00	$0
					$41,030	$0.00	$0.00	0%	$0.00	$0
					$88,350	$0.00	$0.00	100%	$0.00	$0
					$41,372	$0.00	$0.00	100%	$0.00	$0
					$48,922	$0.00	$0.00	100%	$0.00	$0
					$46,099	$0.00	$0.00	0%	$0.00	$0
					$58,007	$0.00	$0.00	0%	$0.00	$0
					$34,960	$0.00	$0.00	0%	$0.00	$0
					$290,846	$0.00	$0.00	100%	$0.00	$0
					$51,459	$0.00	$0.00	100%	$0.00	$0
					$136,460	$0.00	$0.00	100%	$0.00	$0
					$68,809	$0.00	$0.00	100%	$0.00	$0
					$40,521	$0.00	$0.00	0%	$0.00	$0
					$19,926	$0.00	$0.00	0%	$0.00	$0
					$36,552	$0.00	$0.00	0%	$0.00	$0
					$122,137	$0.00	$0.00	100%	$0.00	$0
					$6,198	$0.00	$0.00	100%	$0.00	$0
					$31,858	$0.00	$0.00	0%	$0.00	$0
					$9,561	$0.00	$0.00	100%	$0.00	$0
					$46,826	$0.00	$0.00	100%	$0.00	$0
					$117,554	$0.00	$0.00	100%	$0.00	$0
					$228,239	$0.00	$0.00	0%	$0.00	$0
					$66,011	$0.00	$0.00	0%	$0.00	$0
					$10,910	$0.00	$0.00	0%	$0.00	$0
					$37,169	$0.00	$0.00	100%	$0.00	$0
					$42,871	$0.00	$0.00	100%	$0.00	$0
					$36,086	$0.00	$0.00	100%	$0.00	$0
					$98,941	$0.00	$0.00	0%	$0.00	$0
					$25,883	$0.00	$0.00	100%	$0.00	$0
					$69,492	$0.00	$0.00	100%	$0.00	$0
					$93,551	$0.00	$0.00	0%	$0.00	$0
					$46,960	$0.00	$0.00	100%	$0.00	$0

Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan
Active Employees as of January 1, 2023

[redacted]	Date of	Date of	Assumed Retirement	Years of Plan	2022 Plan mpensation	Expected Monthly Plan Benefit	Accrued Monthly Benefit	Vesting Percentage	Vested Monthly Benefit	Present Value of Vested Benefits
					$118,349	$0.00	$0.00	0%	$0.00	$0
					$17,754	$0.00	$0.00	0%	$0.00	$0
					$83,808	$0.00	$0.00	0%	$0.00	$0
					$45,650	$0.00	$0.00	0%	$0.00	$0
					$67,979	$0.00	$0.00	100%	$0.00	$0
					$112,331	$0.00	$0.00	0%	$0.00	$0
					$12,534	$0.00	$0.00	0%	$0.00	$0
					$49,552	$0.00	$0.00	100%	$0.00	$0
					$57,114	$0.00	$0.00	100%	$0.00	$0
					$36,301	$0.00	$0.00	0%	$0.00	$0
					$91,359	$0.00	$0.00	0%	$0.00	$0
					$34,081	$0.00	$0.00	0%	$0.00	$0
					$56,784	$0.00	$0.00	100%	$0.00	$0
					$55,460	$0.00	$0.00	100%	$0.00	$0
					$147,118	$0.00	$0.00	0%	$0.00	$0
					$111,790	$0.00	$0.00	100%	$0.00	$0
					$17,418	$0.00	$0.00	100%	$0.00	$0
					$258,552	$0.00	$0.00	100%	$0.00	$0
					$36,977	$0.00	$0.00	0%	$0.00	$0
					$46,957	$0.00	$0.00	100%	$0.00	$0
					$95,488	$0.00	$0.00	0%	$0.00	$0
					$67,492	$0.00	$0.00	100%	$0.00	$0
					$52,618	$0.00	$0.00	100%	$0.00	$0
					$34,294	$0.00	$0.00	0%	$0.00	$0
					$75,013	$0.00	$0.00	100%	$0.00	$0
					$113,577	$0.00	$0.00	100%	$0.00	$0
					$305,000	$0.00	$0.00	0%	$0.00	$0
					$44,368	$0.00	$0.00	0%	$0.00	$0
					$57,411	$0.00	$0.00	100%	$0.00	$0
					$73,184	$0.00	$0.00	0%	$0.00	$0
Total										$2,642,138

Filing Authorization
2023 Form 5500-SF

Name of Plan: Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan

EIN / PN: 31-1480832 / Plan 004

Plan Year Ending: December 31, 2023

PART I - Authorization of Practitioner to Electronically Sign and File

I hereby authorize Clark Schaefer Hackett to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- I/we must manually sign and date page 1 of the Form 5500-SF and Form 8955-SSA, if applicable, and provide a scanned copy of that signature page to Clark Schaefer Hackett before the electronic filing can be initiated;
- Clark Schaefer Hackett will retain a copy of this written authorization in its records;
- Clark Schaefer Hackett will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF and / or page 2 of Form 5500- SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Clark Schaefer Hackett shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator	Date 8/8/24
Employer/Plan Sponsor (if not the Plan Administrator)	Date

PART II Acknowledgement of Receipt of Authorization

On behalf of Clark Schaefer Hackett, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

Signature	Title: Vice President	Date: 7/20/24

The designated service provider must retain this authorization.
Do not submit this form to the DOL unless requested to do so.

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COLUMBUS AESTHETIC & PLASTIC SURGERY, INC. CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2014

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)
COLUMBUS AESTHETIC & PLASTIC SURGERY, INC.

5005 ARLINGTON CENTRE BLVD.

UPPER ARLINGTON OH 43220

2b Employer Identification Number (EIN) 31-1480832

2c Sponsor's telephone number 614-246-6900

2d Business code (see instructions) 621111

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	105
b Total number of participants at the end of the plan year	**5b**	95
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	77
d(2) Total number of active participants at the end of the plan year	**5d(2)**	67
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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

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

SIGN HERE	Signature of plan administrator	Date 8/8/24	JOHN WAKELIN, III Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

A Name of plan
COLUMBUS AESTHETIC & PLASTIC SURGERY, INC. CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COLUMBUS AESTHETIC & PLASTIC SURGERY, INC.

D Employer Identification Number (EIN)
31-1480832

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2023

2 Assets:

a Market value	**2a**	4,136,901
b Actuarial value	**2b**	4,136,901

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	28	85,403	85,403
c For active participants	77	4,028,491	4,029,919
d Total	105	4,113,894	4,115,322

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

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

5 Effective interest rate	**5**	5.12%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	921,714
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	921,714

Statement by Enrolled Actuary

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

SIGN HERE

HN
Signature of actuary

06/17/2024
Date

HANS NIENABER
Type or print name of actuary

2305737
Most recent enrollment number

CUNI, RUST & STRENK, INC.
Firm name

513-985-6164
Telephone number (including area code)

4555 LAKE FOREST DRIVE
SUITE 620
CINCINNATI OH 45242
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -2.80 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		104,664
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.22 %		5,463
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		110,127
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.52 %
15	Adjusted funding target attainment percentage	15	100.52 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/30/2023	1,465,321	0			
			Totals ► 18(b)	1,465,321	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,406,016

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	5.00 %	5.74 %	

b Applicable month (enter code)	**21b**	3
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	921,714
b Excess assets, if applicable, but not greater than line 31a	**31b**	21,579

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	900,135

	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**	900,135
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,406,016
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	505,881
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

2023 Schedule SB, line 22 -- Description of Weighted Average Retirement Age
Plan Name: Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan
EIN: 31-1480832
PN: 004

(A)	(B)	(C)	(D)	(E)
Retirement Age	Active Count	Retirement Rates	Expected Retirements	Sum Weighted Average Age
62	146	100.00%	146.00000	9052.00000
63	0	100.00%	0.00000	0.00000
64	2	0.00%	0.00000	0.00000
65	6	0.00%	0.00000	0.00000
66	6	0.00%	0.00000	0.00000
67	6	33.33%	2.00000	134.00000
68	6	66.67%	4.00000	272.00000
69	2	0.00%	0.00000	0.00000
70	2	0.00%	0.00000	0.00000
71	2	100.00%	2.00000	142.00000
Total			154.00000	9600.00000
Weighted Average Retirement Age				**62.3**

2023 Schedule SB, line 19(c) – Discounted Employer Contributions

Plan Name: Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan
EIN: 31-1480832
PN: 004

Effective Interest Rate: 5.12%
Effective Interest Rate for Late Quarterlies: N/A

Date	Contribution Amount	# Days to 1/1/2023	Discounted Contributions @ 5.12%
10/30/2023	1,465,321	302	1,406,016
Totals	1,465,321		1,406,016

Schedule SB, Line 26 – Schedule of Active Participant Data.

Plan Name: Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan

EIN: 31-1480832

PN: 004

Years of Credited Service:

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	2		2		0		0		0		0		0		0		0		0	
25 to 29	7		6		0		0		0		0		0		0		0		0	
30 to 34	6		11		5		0		0		0		0		0		0		0	
35 to 39	2		3		0		0		0		0		0		0		0		0	
40 to 44	2		5		5		0		0		0		0		0		0		0	
45 to 49	0		2		4		0		0		0		0		0		0		0	
50 to 54	0		1		5		0		0		0		0		0		0		0	
55 to 59	0		0		5		0		0		0		0		0		0		0	
60 to 64	0		0		1		0		0		0		0		0		0		0	
65 to 69	0		0		3		0		0		0		0		0		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

2023 Schedule SB, Part V – Actuarial Assumptions
Plan Name: Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan
EIN: 31-1480832
PN: 004

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1. Interest Rates: IRS Segment rates as of the month prior to the valuation date subject to the MAP-21 95% - 105% corridor as amended by ARPA-21:

   a. Minimum Funding

Segment 1	4.75%
Segment 2	5.00%
Segment 3	5.74%
Post-retirement Lump Sum Rate	5.50%

   b. Maximum Funding: RS Segment Rates as of the month prior to the valuation date.

Segment 1	1.57%
Segment 2	3.21%
Segment 3	3.66%
Post-retirement Lump Sum Rate	5.50%

   c. Interest Crediting Rate: 5.00%

2. Mortality Rates:

   Preretirement: None.

   Postretirement: Funding: IRS 2023 Combined Small Plan Mortality Table.

   Lump Sums: IRS 2023 Applicable Mortality Table.

3. Salary Scale: 0.00%.

4. Retirement Rates:

   Funding: Later of Normal Retirement Age under the Plan or current age +5.

2023 Schedule SB, Part V – Actuarial Assumptions
Plan Name: Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan
EIN: 31-1480832
PN: 004

5. Termination Rates:	None.
6. Disability Rates:	None.
7. Plan Expenses:	Based on prior plan year expenses.
8. Actuarial Cost Method:	Unit Credit under PPA Rules.
9. Asset Valuation Method:	Market Value of all trust investments, plus any accrued contributions as of the Valuation Date.
10. Employee Data:	An employee census was supplied by Clark Schaefer Hackett and included all employees in the Eligible Class. We did not audit the census.
11. Asset Data:	Asset data and contribution amounts and dates were supplied by Clark Schaefer Hackett. We did not audit the data.
12. Assumed Form of Benefit Payment:	Lump sum distribution.
13. Rationale for Assumptions:	The IRS segment rates and mortality tables used to determine minimum funding and maximum deductible amounts are pursuant to IRS regulations. The discount rate for accounting liabilities is based on the Plan actuarial equivalence assumption. The selection of other actuarial assumptions is based on the actuary's best estimate of future expectations based on an examination of historical results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes.

2023 Schedule SB, Part V – Actuarial Assumptions
Plan Name: Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan
EIN: 31-1480832
PN: 004

14. Changes Since Last Year: Interest rates changed as required by PPA.

2023 Schedule SB, Part V – Plan Provisions
Plan Name: Columbus Aesthetic & Plastic Surgery, Inc. Cash Balance Plan
EIN: 31-1480832
PN: 004

1. Effective Date:	January 1, 2014. Amended and restated effective January 1, 2021.
2. Plan Year:	January 1st through December 31st.
3. Covered Employees:	Employees of Columbus Aesthetic & Plastic Surgery, Inc.
4. Eligibility:	Prior to January 1, 2021: January 1st nearest to the attainment of age 21 and the completion of one year of service. After January 1, 2021: January 1st or July 1st following the attainment of age 21 and the completion of 1 year of service.
5. Average Monthly Compensation:	Average monthly compensation for the highest three consecutive Plan Years.
6. Vesting Service:	One Year of Vesting Service is granted for each Plan Year in which the Employee was credited with 1,000 hours.
7. Benefit Service:	Prior to January 1, 2021: One Year of Benefit Service is granted for each Plan Year in which the Employee was credited with 100 hours while a Plan Participant. After January 1, 2021: One Year of Benefit Service is granted for each Plan Year in which the Employee was credited with 1000 hours while a Plan Participant.

8. Normal Retirement:

a. Eligibility

Later of attainment of Age 62 or the fifth anniversary of Plan participation.

b. Monthly Benefit

1/12th of the Actuarial Equivalent of the Participant's Cash Balance Account. The Cash Balance Account is the sum of the Contribution Credits (as described below) and Interest Credits using the Cash Balance Interest Rate (also described below). For each Year of Benefit Service, the Contribution Credit shall be allocated to a Participant's Cash Balance Account on the last day of the Plan Year in an amount equal to the following:

Group	Contribution Credit
1	$175,000
2	$60,000
3	$60,000
4	$60,000
5	$0
6	Lesser of 1,000 & 4% of Comp

The Cash Balance Interest Rate shall be the actual rate of return on the investment of the Plan's assets – compounded monthly and credited twelve times a year, however, the cumulative Cash Balance Interest Rate for all years of Plan participation may not be less than zero, and the annual Cash Balance Interest Rate shall not exceed 5.00%.

Benefit accruals for the Cash Balance benefit were frozen effective December 31, 2020.

8. Normal Retirement: (continued)

Effective January 1, 2021:

c. Monthly Benefit

Group One - President and Secretary: 10.50% of Average Compensation per Year of Benefit Service.
Group Two – All other Owners: 8.50% of Average Compensation per Year of Benefit Service.
Group Three - All other Participants: 0.50% of Average Compensation per Year of Benefit Service.

Effective 1/1/2023, only certain owners are included in Group Two, All other owners are moved to Group Three.

All benefits are offset by the benefit equivalent to the profit-sharing contribution for each Year of Benefit Service. Maximum offset per Year of Benefit Service is 0.50% of Average Compensation.

9. Early Retirement:

a. Eligibility — No Early Retirement benefit offered.

b. Monthly Benefit — N/A

10. Late Retirement:

a. Eligibility — Beyond Normal Retirement Age.

b. Monthly Benefit — Accrued Benefit as of the actual retirement date or the actuarial equivalent of the Normal Retirement Benefit, if greater.

11. Vested Retirement:

a. Eligibility — 3 Years of Vesting Service.

b. Monthly Benefit — Calculated as for Normal Retirement based on the Hypothetical Account Balance as of date of separation, times the participant's vesting percentage.

12. Disability Retirement:

a. Eligibility	Total and permanent disability.
b. Benefit	Actuarial Present Value of the Participant's Accrued Benefit.

13. Pre-Retirement Death:

a. Eligibility	A Participant with an Accrued Benefit.
b. Benefit	Actuarial Present Value of the Participant's Accrued Benefit.

14. Payment Forms:

a. Normal	Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants.
b. Optional	Actuarially equivalent lump sum distribution, life annuity, 50%, 66 2/3%,75% or 100% Joint & Survivor annuity.

15. Actuarial Equivalency:

Cash Balance Plan:	IRS Applicable Mortality Table, and IRS Applicable Interest Rate for the third calendar month prior to the month in which the distribution occurs.
Offset Plan:	
a. Other than Lump Sums	Pre-retirement: No mortality and 5.50% interest. Post-retirement: 5.50% and the 1994 Group Annuity Reserve Table, blended 50% male/50% female.
b. Lump Sums	Greater of the lump sum calculated using the assumptions in (a) and the lump sum calculated using the 417(e) Applicable Mortality Table and 417(e) Applicable Interest Rate for the fifth month prior to the beginning of the Plan Year in which the distribution occurs.

16. Maximum Annual Benefit:	$265,000 per year for participants retiring at age 62 or later during the 2023 Plan Year.
17. Changes Since Last Year:	The owners included in Group Two were changed.