

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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: [ ] 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: SOUTHEAST TEXAS OB/GYN ASSOCIATES, P.A. CASH BALANCE PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2011
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHEAST TEXAS OB/GYN ASSOCIATES, P.A.
2b Employer Identification Number (EIN): 76-0448631
2c Sponsor's telephone number: 409-899-1499
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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 70
5b Total number of participants at the end of the plan year: 54
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 48
5d(2) Total number of active participants at the end of the plan year: 37
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 4

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Filed with authorized/valid electronic signature, 07/14/2025, DAVID SMITH, Signature of plan administrator. Row 2: Filed with authorized/valid electronic signature, 07/14/2025, DAVID SMITH, Signature of employer/plan sponsor.

- 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
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554829. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	3593025	3330025
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	3593025	3330025
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>		
<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>	334071	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		334071
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	576271	
<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>	20800	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		597071
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-263000
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<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? Continue to answer "Yes" for any prior year failures until fully corrected. (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>		X	
<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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  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? .....  Yes  No  
(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.

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

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

**b** Enter the minimum required contribution for this plan year ..... **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year ..... **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

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

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  Yes  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?  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  
 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705279A.

<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>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>SOUTHEAST TEXAS OB/GYN ASSOCIATES, P.A. CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHEAST TEXAS OB/GYN ASSOCIATES, P.A.</u>	<b>D</b> Employer Identification Number (EIN) <u>76-0448631</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	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>3593025</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>3593025</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>4</u>	<u>888021</u>
	<b>b</b> For terminated vested participants .....	<u>3</u>	<u>6347</u>
	<b>c</b> For active participants .....	<u>51</u>	<u>1586971</u>
	<b>d</b> Total .....	<u>58</u>	<u>2481339</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>5.01 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>1194490</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1194490</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	<u>04/30/2025</u>	Date
	<u>ROMAN T. UMALI, JR.</u>	<u>23-02890</u>	Most recent enrollment number
	Firm name	<u>281-599-1103</u>	Telephone number (including area code)
	<u>PO BOX 929</u> <u>FULSHEAR, TX 77441</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	1136668
<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	1136668
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.43</u> % .....	0	73088
<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) .....		48151
<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>5.09</u> % .....		2451
<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 .....		50602
<b>d</b>	Portion of (c) to be added to prefunding balance .....		50602
<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	1260358

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	94.00 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	144.80 %
<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>	90.23 %
<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
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>

<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 .....	<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> 0
<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		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<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 checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<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> Demographic and benefit information				
<b>a</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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" 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>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 1194490
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	148672		13588	
<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>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 1208078
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	1208078	1208078	
<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> 0
<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> 0
<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

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

**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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

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

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  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:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

**D** If the plan is a collectively-bargained plan, check here


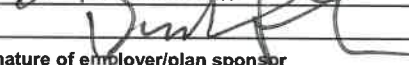
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

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

<b>1a</b> Name of plan <b>Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan</b>		<b>1b</b> Three-digit plan number (PN) ▶	<b>002</b>
		<b>1c</b> Effective date of plan	<b>01/01/2011</b>
<b>2a</b> 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) <b>Southeast Texas OB/GYN Associates, P.A.</b>  <b>755 N. 11th St. Suite P4200</b>  <b>US Beaumont TX 77702</b>		<b>2b</b> Employer Identification Number (EIN) <b>76-0448631</b>	
		<b>2c</b> Sponsor's telephone number <b>(409) 899-1499</b>	
		<b>2d</b> Business code (see instructions)	<b>621111</b>
<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 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. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year		<b>5a</b>	<b>70</b>
<b>b</b> Total number of participants at the end of the plan year		<b>5b</b>	<b>54</b>
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		<b>5c(1)</b>	
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		<b>5c(2)</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year		<b>5d(1)</b>	<b>48</b>
<b>d(2)</b> Total number of active participants at the end of the plan year		<b>5d(2)</b>	<b>37</b>
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<b>5e</b>	<b>4</b>

**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> <input checked="" type="checkbox"/>		<u>7-14-25</u>	<b>DAVID SMITH</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b> <input checked="" type="checkbox"/>		<u>7-14-25</u>	<b>DAVID SMITH</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2024)  
v. 240311

- 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
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year 554829. (See instructions.)

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets .....	<b>7a</b>	3,593,025	3,330,025
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	3,593,025	3,330,025
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers .....	<b>8a(1)</b>		
(2) Participants .....	<b>8a(2)</b>		
(3) Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	334,071	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		334,071
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	576,271	
<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>	20,800	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		597,071
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		(263,000)
<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:  
1A 1C 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:	Yes	No	Amount
<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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	10a	X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	10b	X	
<b>c</b> Was the plan covered by a fidelity bond? .....	10c	X	500,000
<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? .....	10d	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.) .....	10e	X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	10f	X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	10g	X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	10h	X	
<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 .....	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  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  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 the plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

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

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  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?  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
- 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 **02/28/2023** (MM/DD/YYYY) and the Opinion Letter serial number **0705279a**.

## Consent to File

### Electronic Filing of Form 5500/Form 8955\*

**NOTE TO CLIENT:**

- A signed copy of this authorization must be returned to Holzknacht Umali, Inc. no later than 10 business days prior to the due date of the filing & a copy of this authorization must be kept in your records.
- Holzknacht Umali, Inc. will communicate any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return/report upon electronically signing the filing.
- To sign on behalf of the plan administrator, Holzknacht Umali, Inc. must take on additional duties & responsibilities as a "signer" under the DOL EFAST2 system and must subsequently charge an 'electronic filing fee'. This fee is \$85.00 for the 5500 filing and \$35.00 for the Form 8955 filing. This service is optional, and if declined, we will provide general instructions on the filing process at no additional charge.

#### Authorization to Electronically Sign and File Form 5500/Form 8955

I hereby authorize any employee of Holzknacht Umali, Inc. ("Service Provider") to electronically sign and file 5500/8955 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500/8955 form(s).
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- The Plan Sponsor will be charged an \$85.00 fee for the 5500 and \$35 fee for the 8955 filing fee for this optional service and if I decline, the Service Provider may not be held liable for fees or penalties assessed due to late signing of timely completed 5500/8955 forms.
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 7-14-25

By: 

\*Generally, every plan will file a Form 5500 each plan year. A Form 8955 may not need to be filed every year. This consent serves a dual purpose to provide consent to file the Form 5500 and to file the Form 8955 when needed.

# Schedule of Retired or Separated Participants

## Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan For the plan year 01/01/2024 through 12/31/2024

Gender	Date of Birth	Date of Retirement	RA	AA	Beneficiary DOB	Form of Payment	Vest Pct	Present Value of Benefits			Funding Target
								Vested Accrued Benefit	Vested Plan PVAB	Vested 417(e)	
<b>Not Yet Paid</b>											
<b>Brittney Atherton</b> -- terminated 3/30/2023 no BIS - not yet paid											
F	02/20/1985	03/01/2050	65	39			100	9.37	396	0	343
<b>Savanna Barr</b> -- terminated 6/21/2024 no BIS - not yet paid											
F	08/06/1990	09/01/2055	65	33			100	17.57	0	0	0
<b>Brittany Billingsly</b> -- terminated 1/12/2024 no BIS - not yet paid											
F	03/26/1988	04/01/2053	65	36			100	5.25	0	0	0
<b>Karlee Brodnax</b> -- terminated 6/28/2024 no BIS - not yet paid											
F	09/26/1996	10/01/2061	65	27			100	30.11	0	0	0
<b>Katherine Doubt (Sherman)</b> -- terminated 6/28/2024 no BIS - not yet paid											
F	10/10/1986	11/01/2051	65	37			100	437.26	14,664	0	12,282
<b>Lea Dougharty</b> -- terminated 7/30/2024 no BIS - not yet paid											
F	12/06/1981	01/01/2047	65	42			100	50.38	1,062	0	918
<b>Kashia McCord</b> -- terminated 11/15/2024 no BIS - not yet paid											
F	02/25/1992	03/01/2057	65	32			100	209.68	4,208	0	3,498
<b>Kayla Odom</b> -- terminated 12/20/2022 in prior year - not yet paid											
F	05/01/1992	05/01/2057	65	32			100	18.75	564	0	468
<b>Leticha Richards</b> -- terminated 4/19/2024 no BIS - not yet paid											
F	10/05/1979	11/01/2044	65	44			100	35.99	0	0	0
<b>Amber Riedmuller</b> -- terminated 9/1/2020 in prior year - not yet paid											
F	10/15/1983	11/01/2048	65	40			100	143.37	6,368	0	5,536
<b>Hayleigh Saurage (Kelly)</b> -- terminated 3/14/2024 no BIS - not yet paid											
F	12/03/1995	01/01/2061	65	28			100	13.72	0	0	0
<b>Deborah Sherman</b> -- terminated 9/11/2024 no BIS - not yet paid											
F	12/05/1969	01/01/2035	65	54			100	7,453.65	436,443	0	438,276
Subtotal:								\$8,425.10	\$463,705	\$0	\$461,321
<b>Receiving Payment</b>											
<b>Reta Etie</b> -- retired 7/25/2024 no BIS - receiving payment-Life											
F	12/07/1957	01/01/2023	65	66			100	87.01	10,860	0	10,710
<b>James Kirby</b> -- retired 9/20/2024 no BIS - receiving payment-Life											
M	10/19/1955	11/01/2020	65	68			100	5,090.82	436,443	0	437,484
<b>Zenobia Maples</b> -- retired 6/30/2024 no BIS - receiving payment-Life											
F	08/27/1937	01/01/2016	78	86			100	178.66	9,492	0	9,399
<b>Coffy Pieternelle</b> -- retired 7/12/2024 no BIS - receiving payment-Life											
M	01/11/1958	02/01/2023	65	66			100	4,762.01	436,443	0	430,428
Subtotal:								\$10,118.50	\$893,238	\$0	\$888,021
<b>Recv'd Part Pymnt</b>											
<b>Cristy Loftin</b> -- terminated 2/16/2024 no BIS - recv'd part pymnt											
F	02/06/1977	03/01/2042	65	47			100	48.39	2,867	0	2,806
Subtotal:								\$48.39	\$2,867	\$0	\$2,806
<b>Non-Vested</b>											

# Schedule of Retired or Separated Participants

## Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan For the plan year 01/01/2024 through 12/31/2024

Gender	Date of Birth	Date of Retirement	RA	AA	Beneficiary DOB	Form of Payment	Vest Pct	Vested Accrued Benefit	Present Value of Benefits		Funding Target
									Vested Plan PVAB	Vested 417(e)	
<b>Voyce M. Charles</b> -- new participant - terminated 8/9/2024 no BIS - non-vested - non-vested											
F	10/23/1999	11/01/2064	65	24			0	0.00	0	0	0
<b>Jennifer Cruz</b> -- terminated 11/3/2023 no BIS - non-vested											
F	11/07/1999	12/01/2064	65	24			100	0.00	0	0	0
<b>Ashley Dumas</b> -- terminated 3/20/2024 no BIS - non-vested - non-vested											
F	12/24/1985	01/01/2051	65	38			0	0.00	0	0	0
<b>Sharae Johnson</b> -- terminated 11/3/2023 no BIS - non-vested											
F	04/10/1983	05/01/2048	65	41			100	0.00	0	0	0
<b>Emily Linscomb</b> -- terminated 6/29/2017 in prior year - non-vested											
F	02/06/1984	03/01/2049	65	40			100	0.00	0	0	0
<b>Ginger Provost</b> -- terminated 4/28/2023 no BIS - non-vested											
F	02/13/1968	03/01/2033	65	56			100	0.00	0	0	0
<b>Karen Ramirez</b> -- terminated 8/30/2023 no BIS - non-vested											
F	02/19/1998	03/01/2063	65	26			100	0.00	0	0	0
<b>Regina Richards</b> -- terminated 3/14/2024 no BIS - non-vested - non-vested											
F	04/29/1980	05/01/2045	65	44			0	0.00	0	0	0
<b>Destiny Woods</b> -- terminated 6/11/2024 no BIS - non-vested - non-vested											
F	12/03/1997	01/01/2063	65	26			0	0.00	0	0	0
Subtotal:								\$0.00	\$0	\$0	\$0
<b>Fully Paid Out</b>											
<b>Nicol Andrepont</b> -- terminated 8/5/2017 paid out this year											
F	09/22/1983	10/01/2048	65	40			0	0.00	0	0	0
<b>Dana Arterberry</b> -- terminated 12/14/2021 paid out this year											
F	08/23/1956	09/01/2021	65	67			0	0.00	0	0	0
<b>Mary Courmier</b> -- terminated 2/19/2021 paid out this year											
F	11/14/1977	12/01/2042	65	46			0	0.00	0	0	0
<b>Tisha Cunningham (Gantt)</b> -- terminated 9/24/2019 in prior year - fully paid out											
F	04/14/1980	05/01/2045	65	44			0	0.00	0	0	0
<b>Neysha Grigsby</b> -- terminated 6/18/2020 in prior year - fully paid out											
F	11/28/1983	12/01/2048	65	40			0	0.00	0	0	0
<b>Ofelia Hawkins</b> -- terminated 7/31/2020 in prior year - fully paid out											
F	12/05/1971	01/01/2037	65	52			0	0.00	0	0	0
<b>Bobbi Holder</b> -- terminated 8/23/2023 paid out this year											
F	08/04/1962	09/01/2027	65	61			0	0.00	0	0	0
<b>Terri Holland</b> -- terminated 12/31/2014 paid out this year											
F	11/08/1965	12/01/2030	65	58			0	0.00	0	0	0
<b>Rachel Johnson</b> -- terminated 4/29/2022 paid out this year											
F	06/18/1991	07/01/2056	65	33			0	0.00	0	0	0
<b>Tara Johnson (Yentzen)</b> -- terminated 7/10/2020 paid out this year											
F	10/17/1988	11/01/2053	65	35			0	0.00	0	0	0
<b>Gail Loftin (Davis)</b> -- terminated 3/26/2021 in prior year - fully paid out											
F	01/07/1956	02/01/2021	65	68			0	0.00	0	0	0

# Schedule of Retired or Separated Participants

## Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan For the plan year 01/01/2024 through 12/31/2024

Gender	Date of Birth	Date of Retirement	RA	AA	Beneficiary DOB	Form of Payment	Vest Pct	Present Value of Benefits			
								Vested Accrued Benefit	Vested Plan PVAB	Vested 417(e)	Funding Target
<b>Allison Monk</b> -- terminated 9/6/2017 paid out this year											
F	03/02/1982	04/01/2047	65	42			0	0.00	0	0	0
<b>Stacie Sheffield</b> -- terminated 11/12/2021 in prior year - fully paid out											
F	12/11/1974	01/01/2040	65	49			0	0.00	0	0	0
<b>Chelsea Tamez</b> -- terminated 7/27/2020 paid out this year											
F	02/16/1985	03/01/2050	65	39			0	0.00	0	0	0
<b>Jessica Velasco (Galvin)</b> -- terminated 10/2/2020 in prior year - fully paid out											
F	12/23/1988	01/01/2054	65	35			0	0.00	0	0	0
<b>Joi Weller</b> -- terminated 1/3/2020 in prior year - fully paid out											
F	01/18/1973	02/01/2038	65	51			0	0.00	0	0	0
<b>Brooke Williamson</b> -- terminated 8/20/2021 paid out this year											
F	11/26/1986	12/01/2051	65	37			0	0.00	0	0	0
Subtotal:								\$0.00	\$0	\$0	\$0
Totals:								\$18,591.99	\$1,359,810	\$0	\$1,352,148

# Schedule SB, Part V

## Statement of Actuarial Assumptions/Methods

### Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan

76-0448631 / 002

For the plan year 01/01/2024 through 12/31/2024

**Valuation Date:** 01/01/2024

**Funding Method:** As prescribed in IRC Section 430  
 Age - Eligibility age at last birthday and other ages at nearest birthday  
 New participants are not included in current year's valuation  
 Prospective Compensation - Highest 3 years of service

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

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)		
Segment #	Year	Rate %
Segment 1	0 - 5	4.37
Segment 2	6 - 20	4.96
Segment 3	> 20	4.95

Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP		
Segment #	Year	Rate %
Segment 1	0 - 5	4.75
Segment 2	6 - 20	4.96
Segment 3	> 20	5.59

Pre-Retirement - Mortality Table - None  
 Improvement Scale - None  
 Early Retirement Table - None  
 Turnover Table - None  
 Disability Table - None  
 Salary Scale - None  
 Interest Credit Rate - Current Yr - 5%    Projected Yrs - 5%  
 Expense Load - None  
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
 Improvement Scale - None  
 Cost of Living - None

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

**Discrimination Test Assumptions:**

HCE Determination - Based on top 20% of employees  
 Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

**410(b)/401(a)(4) Testing:**

Pre-Retirement - Interest - 8.5%                      CB Projection Rate - 5%  
 Post-Retirement - Interest - 8.5%  
 Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 100% Survivor Benefits

**Schedule SB, Part V**  
**Statement of Actuarial Assumptions/Methods**  
**Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan**  
**76-0448631 / 002**  
**For the plan year 01/01/2024 through 12/31/2024**

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**401(a)(26) Testing:**

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

**Schedule SB, line 32 -**  
**Schedule of Amortization Bases**  
**Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan**  
**76-0448631 / 002**  
**For the plan year 01/01/2024 through 12/31/2024**

Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
01/01/2024	148,672	Shortfall	148,672	15	13,588
Totals:			\$148,672		\$13,588

# Schedule SB, Part V Summary of Plan Provisions

## Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan 76-0448631 / 002

For the plan year 01/01/2024 through 12/31/2024

**Employer:** Southeast Texas OB/GYN Associates, P.A.  
 Type of Entity - Medical Corporation taxed as C Corp  
 EIN: 76-0448631    TIN:    Plan #: 002    Plan Type: Cash Balance

**Dates:**    Effective - 01/01/2011    Valuation - 01/01/2024  
 Top Heavy Years - 2020, 2021, 2022, 2023, 2024

**Eligibility:**    All employees excluding non-resident aliens, members of an excluded class and union  
 Minimum age - 21    Months of service - 12  
 Hours Required for - Eligibility - 1000    Benefit accrual - 1000    Vesting - 1000  
 Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

**Retirement:**    Normal - First of month coincident with or next following attainment of age 65 and completion of the 5th anniversary of the 1st day of the initial plan year of participation  
 Early - Not provided

**Average Compensation:**    Highest 3 years of service  
 Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

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

Pay Credits -	Classification	Pay Credit Formula
	A	\$230,000 limited to \$230,000 /HCE/Key/
	B	5% of average compensation /NHCE/
	C	5% of average compensation /NHCE/
	D	5% of average compensation /NHCE/

Interest Credit Rate - Current Yr - 5%    Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None  
 Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

**Top Heavy Minimum:**    Provided in another plan

**IRS Limitations:**    415 Limits -    Percent: 100    Dollar: \$275,000  
 Maximum 401(a)(17) compensation - \$345,000

**PBGC:**    Plan is covered by Pension Benefit Guaranty Corporation

**Normal Form:**    Life Annuity

**Optional Forms:**    Lump Sum  
 Life Annuity Guaranteed for 10 Years  
 Joint with 50%, 75% or 100% Survivor Benefit

**Vesting Schedule:**    100% vested in 3 years.  
 Service is calculated using all years of service, except years prior to age 18

# Schedule SB, Part V Summary of Plan Provisions

**Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan**  
76-0448631 / 002

**For the plan year 01/01/2024 through 12/31/2024**

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

**Actuarial Equivalence:**

Pre-Retirement - Interest -	5%
Mortality Table -	24E - 2024 Applicable Mortality Table for 417(e) (unisex)
Post-Retirement - Interest -	5%
Mortality Table -	24E - 2024 Applicable Mortality Table for 417(e) (unisex)

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

**Southeast Texas OB/GYN Associates, P.A. Cash Balance Plan**

**76-0448631 / 002**

**For the plan year 01/01/2024 through 12/31/2024**

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



SCHEDULE SB (Form 5500)

Single-Employer Defined Benefit Plan Actuarial Information

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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.

Form fields for Plan Name, Plan Sponsor, Plan Number, EIN, and Plan Type.

Part I Basic Information

Main actuarial data table with columns for valuation date, assets, funding target breakdown, and target normal cost.

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.

Signature block for Roman T. Umali, Jr. and enrollment details including date, number, and firm address.

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	1,136,668
<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	1,136,668
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.43</u> % .....	0	73,088
<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) .....		48,151
<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>5.09</u> % ...		2,451
<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		50,602
<b>d</b>	Portion of (c) to be added to prefunding balance .....		50,602
<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	1,260,358

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	94.00 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	144.80 %
<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>	90.23 %
<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		
<b>Totals ▶</b>			<b>18(b)</b>			<b>18(c)</b>	

<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 .....	<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>	0
<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**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0

**22** Weighted average retirement age ..... **22** 65

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

**Part VI Miscellaneous items**

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

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

**26** Demographic and benefit information

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

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

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

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

<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**

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	1,194,490
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	148,672	13,588
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	1,208,078
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	Carryover balance	Prefunding Balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	1,208,078	1,208,078

**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** 0

**38** 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>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	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