

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: [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 CALIFORNIA ANESTHESIA ASSOCIATES CASH BALANCE PENSION PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 07/01/2018
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) CALIFORNIA ANESTHESIA ASSOCIATES MEDICAL GROUP, INC. 24012 CALLE DE LA PLATA, SUITE 407 LAGUNA HILLS, CA 92653
2b Employer Identification Number (EIN) 33-0500394
2c Sponsor's telephone number 800-888-2186
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 39
b Total number of participants at the end of the plan year 36
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 31
d(2) Total number of active participants at the end of the plan year 30
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Row 2: 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.) 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 546549. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	7222806	8409312
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	7222806	8409312
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	992542	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	578200	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1570742
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	337794	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	46442	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		384236
i Net income (loss) (subtract line 8h from line 8c)	8i		1186506
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: <u>1A 1C</u>
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		5000000
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. Yes No

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

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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan <u>CALIFORNIA ANESTHESIA ASSOCIATES CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CALIFORNIA ANESTHESIA ASSOCIATES MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>33-0500394</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>7222806</u>
	b Actuarial value	2b	<u>7222806</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>8</u>	<u>623200</u>
	c For active participants	<u>31</u>	<u>5816929</u>
	d Total	<u>39</u>	<u>6440129</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>786811</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>786811</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.

SIGN HERE		
	Signature of actuary	<u>09/24/2025</u>
	<u>CHRISTOPHER J. ROMAN, EA, MAAA</u>	Date
	Type or print name of actuary	<u>23-08485</u>
	<u>SCHWAB RETIREMENT PLAN SERVICES</u>	Most recent enrollment number
	Firm name	<u>234-255-8677</u>
	<u>4150 KINROSS LAKES PARKWAY</u>	Telephone number (including area code)
	<u>RICHFIELD, OH 44286</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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.74</u> %	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)		945737
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 <u>5.17</u> %		48895
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		994632
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	112.15 %
15	Adjusted funding target attainment percentage	15	112.15 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.91 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/12/2024	80794	0	07/15/2024	95220	0
02/15/2024	91755	0	08/15/2024	92920	0
03/18/2024	82510	0	09/13/2024	74504	0
04/15/2024	74574	0	10/16/2024	85560	0
05/16/2024	91229	0	11/20/2024	86785	0
06/14/2024	91440	0	12/13/2024	41667	0
			Totals ▶	18(b)	988958
				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	965575

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: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a 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 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
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	786811	
b Excess assets, if applicable, but not greater than line 31a	31b	782677	
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	4134	
	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	4134	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	965575	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	961441	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, line 26 – Schedule of Active Participant Data

Age versus Service Scatter for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	1	-	-	-	-	-	-	-	-	1
35 to 39	2	6	1	-	-	-	-	-	-	-	9
40 to 44	1	3	2	-	-	-	-	-	-	-	6
45 to 49	-	-	4	-	-	-	-	-	-	-	4
50 to 54	-	-	3	-	-	-	-	-	-	-	3
55 to 59	-	-	2	-	-	-	-	-	-	-	2
60 to 64	-	1	2	-	-	-	-	-	-	-	3
65 to 69	-	-	2	-	-	-	-	-	-	-	2
over 70	-	-	1	-	-	-	-	-	-	-	1
Total	3	11	17	-	-	-	-	-	-	-	31

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2024.

Actuarial Methods

Actuarial cost method

The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006. Under this method, an active participant's accrued benefit is calculated based on the Plan's benefit formula using current service and current compensation.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The actuarial value of assets equals the market value of assets, plus discounted receivable contributions (if any).

Demographic Assumptions

Mortality tables

The 2024 Static Optional Small Plan Combined Mortality Table as prescribed by the IRS.

Retirement rates

Retirement rates are based on the following table:

Age	Retirement Rates
62	50%
63	20%
64	20%
65	20%
66	20%
67	100%

Termination rates

None assumed.

Disability rates

None assumed.

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Disability rates

None assumed.

Assumed Future Interest Crediting Rate

Future interest crediting rates are assumed to be 3.50% each year.

Form of Payment

All participants are assumed to receive a lump sum upon commencement.

Percent of population that is married

100% of males and 100% of females were assumed to be married.

Age of assumed spouse

The female spouse is assumed to be three years younger than the male spouse.

Compensation

Compensation is assumed to be \$250,000 per year.

Administrative Expenses

No administrative expenses are assumed to be paid from the plan's trust.

Economic Assumptions

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the 2024 PPA segment rates, reflecting ARPA.

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.75%	During first 5 years starting from the valuation date.
2	4.96%	During years 6-20 starting from the valuation date.
3	5.59%	During years 21 and beyond starting from the valuation date.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Changes in prescribed methods and assumptions since the prior valuation

The assumed discount rate on benefits paid in the future were changed from the January 2023 PPA segment rates, reflecting the funding stabilization within ARPA and its regulations, to the January 2024 PPA segment rates for this valuation.

The mortality tables prescribed by the IRS for funding purposes were changed from the 2023 Static Optional Small Plan Mortality Tables to the 2024 Static Optional Small Plan Mortality Tables.

All other prescribed actuarial assumptions remained unchanged from the prior valuation.

Changes in non-prescribed methods and assumptions since the prior valuation

All non-prescribed actuarial assumptions remain unchanged from the prior valuation.

**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

2024

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▶ **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 CALIFORNIA ANESTHESIA ASSOCIATES CASH BALANCE PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CALIFORNIA ANESTHESIA ASSOCIATES MEDICAL GROUP, INC.		D Employer Identification Number (EIN) 33-0500394	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F 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			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	7222806
	b Actuarial value	2b	7222806
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	00	0
	b For terminated vested participants	8	623200
	c For active participants	31	5816929
	d Total	39	6440129
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	5.16 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	786811
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	786811

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	<i>Christopher Roman</i> <i>CR</i>	<i>9/24/2025</i>
	Signature of actuary	Date
	CHRISTOPHER J. ROMAN, EA, MAAA	23-08485
	Type or print name of actuary	Most recent enrollment number
SCHWAB RETIREMENT PLAN SERVICES	(234) 255-8677	Telephone number (including area code)
Firm name	4150 KINROSS LAKES PARKWAY	
Address of the firm	RICHFIELD, OH 44286	

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.74</u> %	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)		945737
	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 <u>5.17</u> %		48895
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		994632
	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	112.15 %
15	Adjusted funding target attainment percentage	15	112.15 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.91 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls							
18	Contributions made to the plan for the plan year by employer(s) and employees:							
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
	01-12-2024	80794	0	07-15-2024	95220	0		
	02-15-2024	91755	0	08-15-2024	92920	0		
	03-18-2024	82510	0	09-13-2024	74504	0		
	04-15-2024	74574	0	10-16-2024	85560	0		
	05-16-2024	91229	0	11-20-2024	86785	0		
	06-14-2024	91440	0	12-13-2024	41667	0		
				Totals ▶	18(b)	988958	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 965575
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	786811
b Excess assets, if applicable, but not greater than line 31a	31b	782677

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	4134
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	4134
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	965575

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

a Total (excess, if any, of line 37 over line 36)	38a	961441
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

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, line 19 – Discounted Employer Contributions

Valuation Date: 1/1/2024

Effective Interest Rate: 5.16%

<u>Actual Contribution Date</u>	<u>Actual Contribution Amount</u>	<u>Discounted Contribution Amount</u>	<u>Plan Year to which the Contribution is Applied</u>
1/12/2024	80,794	80,672	2024
2/15/2024	91,755	91,189	2024
3/18/2024	82,510	81,641	2024
4/15/2024	74,574	73,505	2024
5/16/2024	91,229	89,539	2024
6/14/2024	91,440	89,389	2024
7/15/2024	95,220	92,689	2024
8/15/2024	92,920	90,065	2024
9/13/2024	74,504	71,928	2024
10/16/2024	85,560	82,228	2024
11/20/2024	86,785	83,004	2024
12/13/2024	41,667	39,726	2024
Total	988,958	955,575	

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



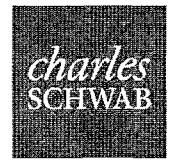
Schedule SB, line 22 – Description of Weighted Average Retirement Age

(A)	(B)	(C)	(D)	(E)
<u>Age</u>	<u>Retirement Decrement</u>	<u>Lx</u>	<u>Number Retiring</u>	<u>Weighting (A) times (D)</u>
62	50%	10,000	5,000	310,000
63	20%	5,000	1,000	63,000
64	20%	4,000	800	51,200
65	20%	3,200	640	41,600
66	20%	2,560	512	33,792
67	100%	2,048	2,048	137,216
Actives			10,000	636,808

Weighted Average Retirement Age =	64
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California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, line 26 – Schedule of Active Participant Data

Age versus Service Scatter for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	1	-	-	-	-	-	-	-	-	1
35 to 39	2	6	1	-	-	-	-	-	-	-	9
40 to 44	1	3	2	-	-	-	-	-	-	-	6
45 to 49	-	-	4	-	-	-	-	-	-	-	4
50 to 54	-	-	3	-	-	-	-	-	-	-	3
55 to 59	-	-	2	-	-	-	-	-	-	-	2
60 to 64	-	1	2	-	-	-	-	-	-	-	3
65 to 69	-	-	2	-	-	-	-	-	-	-	2
over 70	-	-	1	-	-	-	-	-	-	-	1
Total	3	11	17	-	-	-	-	-	-	-	31

2024 Schedule SB Attachment

California Anesthesia Associates Cash Balance Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2024.

Actuarial Methods

Actuarial cost method

The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006. Under this method, an active participant's accrued benefit is calculated based on the Plan's benefit formula using current service and current compensation.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The actuarial value of assets equals the market value of assets, plus discounted receivable contributions (if any).

Demographic Assumptions

Mortality tables

The 2024 Static Optional Small Plan Combined Mortality Table as prescribed by the IRS.

Retirement rates

Retirement rates are based on the following table:

Age	Retirement Rates
62	50%
63	20%
64	20%
65	20%
66	20%
67	100%

Termination rates

None assumed.

Disability rates

None assumed.

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Disability rates

None assumed.

Assumed Future Interest Crediting Rate

Future interest crediting rates are assumed to be 3.50% each year.

Form of Payment

All participants are assumed to receive a lump sum upon commencement.

Percent of population that is married

100% of males and 100% of females were assumed to be married.

Age of assumed spouse

The female spouse is assumed to be three years younger than the male spouse.

Compensation

Compensation is assumed to be \$250,000 per year.

Administrative Expenses

No administrative expenses are assumed to be paid from the plan's trust.

Economic Assumptions

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the 2024 PPA segment rates, reflecting ARPA.

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.75%	During first 5 years starting from the valuation date.
2	4.96%	During years 6-20 starting from the valuation date.
3	5.59%	During years 21 and beyond starting from the valuation date.

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Changes in prescribed methods and assumptions since the prior valuation

The assumed discount rate on benefits paid in the future were changed from the January 2023 PPA segment rates, reflecting the funding stabilization within ARPA and its regulations, to the January 2024 PPA segment rates for this valuation.

The mortality tables prescribed by the IRS for funding purposes were changed from the 2023 Static Optional Small Plan Mortality Tables to the 2024 Static Optional Small Plan Mortality Tables.

All other prescribed actuarial assumptions remained unchanged from the prior valuation.

Changes in non-prescribed methods and assumptions since the prior valuation

All non-prescribed actuarial assumptions remain unchanged from the prior valuation.

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Effective date of plan, plan document & amendments

Effective date of the plan

July 1, 2018, most recently restated effective January 1, 2024.

Definitions

Covered Employees – Employees of California Anesthesia Associates Medical Group, Inc. that are shareholders as indicated in the Plan Document.

Eligibility & Participation – The service requirement for initial eligibility to participate in the Plan is two (2) Years of Service. The minimum age at participation is 21.

Entry Date – January 1 or July 1 first following satisfaction of the Eligibility and Participation requirements.

Year of Service – One year Period of Service.

Eligibility Computation Period – The twelve-month period beginning on the Employee's Employment Commencement Date and each anniversary of such date.

Compensation – W-2 Compensation subject to certain exclusions as provided by the plan sponsor. Please refer to the Plan Document for the detailed description. Compensation used to calculate Cash Balance Credits is limited to \$250,000.

Vesting – A participant is immediately 100% vested in their accrued benefit upon termination.

Normal Retirement Date (NRD) – The participant's age 62.

Actuarial Equivalence – Forms of Payment are set equal to the value of the Cash Balance Account using a 5% interest rate and the mortality table described in IRS Revenue Ruling 2001-62.

Lump Sum Amount – The amount of benefit payable under the lump sum form of payment equals the value of the Cash Balance Account.

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, Part V – Summary of Plan Provisions (continued)

Cash Balance Account:

Cash Balance Account – Each participant has a Cash Balance Account, the value of which equals the sum of Cash Balance Credits and Interest Credits.

Interest Credits – Credited as of the last day of each Plan Year. The Interest Crediting Rate is based on the Plan’s actual rate of return with a minimum cumulative floor of 0%.

Cash Balance Credits – Credits are granted each year equal to a percentage of compensation limited to \$250,000 based on the following coverage groups:

<u>Coverage Group</u>	<u>Annual Credit as a Percentage of Compensation</u>
A	4%
B	5%
C	8%
D	10%
E	15%
F	20%
G	28%
H	32%
I	40%
J	60%
K	80%
L	100%
M	200%

Eligibility for benefits

Normal Retirement - Retirement on Normal Retirement Date.

Termination – Termination after meeting the eligibility and participation requirements.

Pre-Retirement Death Benefit - The beneficiary may elect to receive the entire benefit based on the value of the Participant’s Cash Balance Account.

Forms of benefit

Normal Form of Payment – The normal form of payment is the Life Annuity option for single participants, and the Qualified Joint and Survivor for married participants.

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, Part V – Summary of Plan Provisions (continued)

Optional Forms of Payment – participants are offered a single sum distribution, life annuity, or 50%, 75%, or 100% joint and survivor annuities.

Amount of Benefits – Benefit amounts are based on the actuarially equivalent value of the Participant's Cash Balance Account.

Benefit limitations

Maximum on Benefits and Pay - benefits may not exceed the maximum limitations as defined in the Internal Revenue Code.

Changes since prior Valuation

None.

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, line 19 – Discounted Employer Contributions

Valuation Date: 1/1/2024

Effective Interest Rate: 5.16%

<u>Actual Contribution Date</u>	<u>Actual Contribution Amount</u>	<u>Discounted Contribution Amount</u>	<u>Plan Year to which the Contribution is Applied</u>
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12/13/2024	41,667	39,726	2024
Total	988,958	955,575	

2024 Schedule SB Attachment

California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



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

(A) <u>Age</u>	(B) <u>Retirement Decrement</u>	(C) <u>Lx</u>	(D) <u>Number Retiring</u>	(E) <u>Weighting (A) times (D)</u>
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65	20%	3,200	640	41,600
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Actives			10,000	636,808

Weighted Average Retirement Age =	64
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California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002

The logo for Charles Schwab, featuring the word "charles" in a script font above the word "SCHWAB" in a bold, sans-serif font, all within a blue square.

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California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002



Schedule SB, Part V – Summary of Plan Provisions (continued)

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B	5%
C	8%
D	10%
E	15%
F	20%
G	28%
H	32%
I	40%
J	60%
K	80%
L	100%
M	200%

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California Anesthesia Associates Cash Balance Pension Plan

EIN/PN 33-0500394 / 002

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Optional Forms of Payment – participants are offered a single sum distribution, life annuity, or 50%, 75%, or 100% joint and survivor annuities.

Amount of Benefits – Benefit amounts are based on the actuarially equivalent value of the Participant's Cash Balance Account.

Benefit limitations

Maximum on Benefits and Pay - benefits may not exceed the maximum limitations as defined in the Internal Revenue Code.

Changes since prior Valuation

None.