

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: 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 RAMIN SAMADI M.D., INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/2012
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) RAMIN SAMADI M.D., INC. 25715 HOLLY OAK LANE VALENCIA, CA 91381	2b Employer Identification Number (EIN)	52-2316690
	2c Sponsor's telephone number	661-312-6256
	2d Business code (see instructions)	621111
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5a Total number of participants at the beginning of the plan year	5a	22
b Total number of participants at the end of the plan year	5b	10
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	12
d(2) Total number of active participants at the end of the plan year	5d(2)	7
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	RAMIN SAMADI, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	RAMIN SAMADI, M.D.
	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 _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4157995	1355285
b Total plan liabilities	7b	112	112
c Net plan assets (subtract line 7b from line 7a)	7c	4157883	1355173
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	164500	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	232823	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		397323
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3192359	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	7674	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3200033
i Net income (loss) (subtract line 8h from line 8c)	8i		-2802710
j Transfers to (from) the plan (see instructions)	8j		

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

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		415800
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** 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 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 Q705218A.

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
---	--	--

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>RAMIN SAMADI M.D., INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RAMIN SAMADI M.D., INC.</u>	D Employer Identification Number (EIN) <u>52-2316690</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>4155155</u>		
b Actuarial value	2b	<u>4155155</u>		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>	
b For terminated vested participants	<u>10</u>	<u>42593</u>	<u>42593</u>	
c For active participants	<u>12</u>	<u>4296295</u>	<u>4300812</u>	
d Total	<u>22</u>	<u>4338888</u>	<u>4343405</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>4.95 %</u>		
6 Target normal cost				
a Present value of current plan year accruals	6a	<u>0</u>		
b Expected plan-related expenses	6b	<u>0</u>		
c Target normal cost	6c	<u>0</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>STUART BRUNSVOLD</u> Type or print name of actuary <u>RETIREMENT & INV. SOLUTIONS, CBIZ</u> Firm name <u>4722 NORTH 24TH STREET, SUITE 300</u> <u>PHOENIX, AZ 85016</u> Address of the firm	<u>10/08/2025</u> Date <u>23-07622</u> Most recent enrollment number <u>602-308-6650</u> Telephone number (including area code)
--	--

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	397680
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	397680
10	Interest on line 9 using prior year's actual return of <u>10.71</u> %	0	42592
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		456
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>5.02</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		456
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	440272

Part III Funding Percentages			
14	Funding target attainment percentage	14	85.52 %
15	Adjusted funding target attainment percentage	15	85.52 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.61 %
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		
12/09/2024	100000	0					
04/23/2025	64500	0					
			Totals ▶	18(b)	164500	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	155212

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: 4.87 %	3rd segment: 5.59 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code)	21b	4	
22	Weighted average retirement age	22	62	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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	0	
b	Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance	Installment	
a	Net shortfall amortization installment	628522	59845	
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	59845	
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance	Total balance
		0	0	0
36	Additional cash requirement (line 34 minus line 35)	36	59845	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	155212	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	95367	
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			

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Ramin Samadi, M.D., Inc. Defined Benefit Plan

EIN: 52-2316690

PLAN NO.: 001

PLAN YEAR ENDING: December 31, 2024

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

The following actuarial assumptions and methods were used to perform the actuarial valuation as of January 1, 2024.

Interest Rates	Segment Rates for the fourth month prior to the month that contains the valuation date. Minimum Required Contribution: 4.75% - 1st Segment Rate. 4.87% - 2nd Segment Rate. 5.59% - 3rd Segment Rate. Maximum Deductible Contribution: 3.62% - 1st Segment Rate. 4.46% - 2nd Segment Rate. 4.52% - 3rd Segment Rate.
Salary Increases	None Assumed.
Retirement Age	Later of Normal Retirement Date or the end of the Plan Year.
Mortality	Pre-Retirement: None Post-Retirement: Current Applicable Mortality Table under Code Section 417(e)(3) (2024 Applicable Mortality Table)
Withdrawal	None Assumed.
Disability	None Assumed.
Expenses	Plan-related expenses expected to be paid during the Plan Year.
Payment Form	100% Elect Lump Sum.
Valuation Date	January 1, 2024.
IRS Limit Increases	None Assumed.

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Ramin Samadi, M.D., Inc. Defined Benefit Plan

EIN: 52-2316690

PLAN NO.: 001

PLAN YEAR ENDING: December 31, 2024

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

Funding Method

Funding method as required by the Pension Protection Act of 2006. Under this method, the plan's funding target is determined as the sum of the actuarial present values (as of valuation date) of the individual accrued benefits taken into account for valuation purposes as of the beginning of the plan year.

The target normal cost is the sum of actuarial present values (on the valuation date) of the benefits deemed to accrue in the plan year.

An individual's accrued benefit for valuation purposes as of any determination date with respect to any assumed separation date(s) is the accrued benefit described under the plan, based on credited service as of the determination date, with plan compensation, benefits, and offset (if any), projected to the separation date.

The benefit deemed to accrue for an individual during a plan year is the excess of the accrued benefit for valuation purposes at the end of the plan year over the accrued benefit for valuation purposes at the beginning of the plan year.

If multiple separation dates are used, the actuarial present values take into account the probability of each separation event.

Changes Since the Prior Valuation

- The expenses assumption was changed due to the change in the valuation date.
- For the Plan Year beginning January 1, 2024, the valuation date would normally have been December 31, 2024. Due to the Plan's termination effective November 30, 2024, the valuation date was changed to January 1, 2024.

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: 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 RAMIN SAMADI M.D., INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 001
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) RAMIN SAMADI M.D., INC. 25715 HOLLY OAK LANE VALENCIA CA 91381	1c Effective date of plan 01/01/2012
	2b Employer Identification Number (EIN) 52-2316690
	2c Sponsor's telephone number 661-312-6256
	2d Business code (see instructions) 621111
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
	4d PN
5a Total number of participants at the beginning of the plan year.....	5a 22
b Total number of participants at the end of the plan year.....	5b 10
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	5c(1)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c(2)
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) 12
d(2) Total number of active participants at the end of the plan year.....	5d(2) 7
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e 0

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

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

SIGN HERE		<u>10/8/25</u>	RAMIN SAMADI, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/8/25</u>	RAMIN SAMADI, M.D.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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
---	--	--

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 RAMIN SAMADI M.D., INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RAMIN SAMADI M.D., INC.	D Employer Identification Number (EIN) 52-2316690	
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	4,155,155
	b Actuarial value	2b	4,155,155
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	10	42,593
	c For active participants	12	4,296,295
	d Total	22	4,338,888
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	4.95%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	0

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>10/08/2025</u> Date
	<u>Stuart Brunsvold</u> Type or print name of actuary	<u>2307622</u> Most recent enrollment number
	<u>Retirement & Inv. Solutions, CBIZ</u> Firm name	<u>602-308-6650</u> Telephone number (including area code)
	<u>4722 North 24th Street, Suite 300</u> <u>Phoenix AZ 85016</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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	628,522		59,845	
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 59,845
	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 59,845
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 155,212
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 95,367
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				

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Ramin Samadi, M.D., Inc. Defined Benefit Plan

EIN: 52-2316690

PLAN NO.: 001

PLAN YEAR ENDING: December 31, 2024

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

Retirement Age	Number of Retirees	X	Age Times Number of Retirees	
62	12.00	X	744.00	
	12.00		<u>744.00</u> 12.00	= 62.00

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Ramin Samadi, M.D., Inc. Defined Benefit Plan

EIN: 52-2316690

PLAN NO.: 001

PLAN YEAR ENDING: December 31, 2024

Schedule SB, line 19 – Discounted Employer Contributions

Applicable Year	Contribution	Contribution Date	Interest Rate for Late Quarterly Installments	Effective Interest Rate	Interest Adjusted Contribution
2024	\$40,395	12/9/2024	9.95%	4.95%	\$37,828
2024	\$124,105	12/9/2024	n/a	4.95%	\$117,384
Total	\$164,500				\$155,212

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Ramin Samadi, M.D., Inc. Defined Benefit Plan

EIN: 52-2316690

PLAN NO.: 001

PLAN YEAR ENDING: December 31, 2024

Schedule SB, Part V – Summary of Plan Provisions

The following summary of plan provisions was used to perform the actuarial valuation as of January 1, 2024.

Effective Date	January 1, 2012.
Eligible to Participate	Age 21 and 1 Year of Service. Effective April 22, 2024, eligibility was frozen.
Normal Retirement Eligibility	The later of Age 62 or the 5 th anniversary of the first day of the Plan Year in which participation commenced.
Benefit	<p>Each Participant who is classified in an Allocation Group will receive a monthly benefit equal to the Applicable Percentage of their Average Annual Compensation for each applicable Year of Credited Service. The Applicable Percentages for each Group are as follows: Group 1, 10% and Group 2, 0.50%. The maximum number of Years of Credited Service taken into account will be 10.</p> <p>Effective April 22, 2024, the plan is frozen and the above stated percentages are 0%.</p>
Accrued Benefit	A benefit determined by the above formula to the date of determination.
Early Retirement	None.
Late Retirement Eligibility	Past Normal Retirement Eligibility.
Benefit	Greater of the Actuarial Equivalent adjustment required for late commencement or the Accrued Benefit attributable to service both before and after Normal Retirement Date.
Disability Retirement	None.
Pre-Retirement Death	Actuarial Equivalent of the Accrued Benefit.
Withdrawal Benefit	Actuarial Equivalent of the Accrued Benefit times the Vested Percentage.

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Ramin Samadi, M.D., Inc. Defined Benefit Plan

EIN: 52-2316690

PLAN NO.: 001

PLAN YEAR ENDING: December 31, 2024

Schedule SB, Part V – Summary of Plan Provisions

Vested Percentage	20% after 2 Years of Service. 40% after 3 Years of Service. 60% after 4 Years of Service. 80% after 5 Years of Service. 100% after 6 Years of Service. The Plan provides for full vesting for a Participant who terminates employment with the Employer due to death or disability while an Employee.
Optional Payment Forms	Lump Sum. Life Annuity. Installments. Life & 10 Year Certain. Term Certain up to 20 Years. Joint & Survivor.
Normal Payment Form	Life Annuity.
Year of Service	Year with 1,000 or more Hours of Service.
Year of Credited Service	Plan Year in which a Participant completes 1,000 or more Hours of Service.
Actuarial Equivalents	5.00% interest. 1994 GAR Proj. 2002 Scale AA Unisex Mortality Table. No pre-retirement mortality.
Plan Year	January 1 through December 31.

Changes Since the Prior Valuation

- Plan eligibility and benefits were frozen effective April 22, 2024.
- The plan was terminated effective November 30, 2024.

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Ramin Samadi, M.D., Inc. Defined Benefit Plan

EIN: 52-2316690

PLAN NO.: 001

PLAN YEAR ENDING: December 31, 2024

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Valuation Date Base was Established	Remaining Period (years)	Present Value of Remaining Installments	Amortization Installment	Prorated Amortization Installment
Shortfall Base	1/1/2024	15	(4,477)	(407)	(373)
Shortfall Base	12/31/2023	14	(386,567)	(36,895)	(33,820)
Shortfall Base	12/31/2022	13	1,019,566	102,587	94,038
Total Shortfall			628,522	65,285	59,845

*Prorated for plan termination of November 30, 2024.

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Ramin Samadi, M.D., Inc. Defined Benefit Plan

EIN: 52-2316690

PLAN NO.: 001

PLAN YEAR ENDING: December 31, 2024

Schedule SB, line 25 – Change in Method

The following method change occurred:

- For the Plan Year beginning January 1, 2024, the valuation date would normally have been December 31, 2024. Due to the Plan's termination effective November 30, 2024, the valuation date was changed to January 1, 2024.

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Ramin Samadi, M.D., Inc. Defined Benefit Plan

EIN: 52-2316690

PLAN NO.: 001

PLAN YEAR ENDING: December 31, 2024

Schedule SB, line 24 – Change in Actuarial Assumptions

The following actuarial assumptions were changed from the prior valuation to reflect plan experience and expectations:

- The expenses assumption was changed due to the change in the valuation date.