

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	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 multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 MEDICAL GROUP OF BEVERLY HILLS, INC. DEFINED BENEFIT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/2007
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) MEDICAL GROUP OF BEVERLY HILLS, INC. 6500 WILSHIRE BLVD. 19TH FLOOR LOS ANGELES, CA 90048
2b	Employer Identification Number (EIN) 95-4077334
2c	Plan Sponsor's telephone number 310-385-3200
2d	Business code (see instructions) 621111

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 accompanying schedules, statements and attachments, 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.	04/07/2026	JILL MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 MEDICAL GROUP OF BEVERLY HILLS c Plan Name MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN	4b EIN 95-4077334 4d PN 002
5 Total number of participants at the beginning of the plan year	5 249
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 215 6a(2) 213 6b 1 6c 34 6d 248 6e 0 6f 248 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 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 MEDICAL GROUP OF BEVERLY HILLS, INC. DEFINED BENEFIT 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 MEDICAL GROUP OF BEVERLY HILLS, INC.	D Employer Identification Number (EIN) 95-4077334
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	32259552	
b	Actuarial value	2b	32259552	
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	1	98075	98075
b	For terminated vested participants	33	3919650	3919650
c	For active participants	215	27299385	27299385
d	Total	249	31317110	31317110
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.27 %	
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 THOMAS LALLY, EA Type or print name of actuary FUTUREPLAN BY ASCENSUS Firm name PO BOX 426 FORT WASHINGTON, PA 19034-9998 Address of the firm	09/10/2025 Date 23-06250 Most recent enrollment number 215-648-8000 Telephone number (including area code)
--------------------------	---	--

Liquidity shortfall as of end of quarter of this plan year

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 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ 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	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	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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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		
A Name of plan MEDICAL GROUP OF BEVERLY HILLS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL GROUP OF BEVERLY HILLS, INC.	D Employer Identification Number (EIN) 95-4077334	

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RBC WEALTH MANAGEMENT

FLOOR 15, 6500 WILSHIRE BLVD
LOS ANGELES, CA 90048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	FINANCIAL ADVISOR	182405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MATRIX TRUST COMPANY

9465 WILSHIRE BLVD, SUITE 700
BEVERLY HILLS, CA 90212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 33	CUSTODIAN	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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

A Name of plan MEDICAL GROUP OF BEVERLY HILLS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL GROUP OF BEVERLY HILLS, INC.	D Employer Identification Number (EIN) 95-4077334

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	91329	3031580
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1001400	662481
(2) U.S. Government securities	1c(2)	6508562	14902786
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	6096
(B) All other	1c(3)(B)	4928854	208113
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	11045	0
(B) Common	1c(4)(B)	3088416	3234294
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	4337540	1781623
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12318200	10356025
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	32285346	34182998
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	32285346	34182998

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	51228	
(B) U.S. Government securities	2b(1)(B)	44125	
(C) Corporate debt instruments	2b(1)(C)	7575	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	303747	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		406675
(2) Dividends: (A) Preferred stock	2b(2)(A)	83	
(B) Common stock	2b(2)(B)	109086	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	331684	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		440853
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13488229	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12884981	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		603248
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	332407	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		695220
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		2478403

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	398346	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		398346
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	182405	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		182405
j Total expenses. Add all expense amounts in column (b) and enter total	2j		580751

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1897652
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?		☒	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 558330.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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					
A Name of plan MEDICAL GROUP OF BEVERLY HILLS, INC. DEFINED BENEFIT PENSION PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL GROUP OF BEVERLY HILLS, INC.				D Employer Identification Number (EIN) 95-4077334	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," 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: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a 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	
21b 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	
22 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 <u>03 / 30 / 2018</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J501819A</u> .	

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Medical Group of Beverly Hills
Defined Benefit Pension Plan

Opinion

We have audited the accompanying financial statements of Medical Group of Beverly Hills Defined Benefit Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year December 31, 2024, the statement of accumulated plan benefits as of January 1, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, and the accumulated plan benefits as of January 1, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions,

including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 13, 2025

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Cash and Cash Equivalents	\$ 3,031,580	\$ 91,329
Money Market Funds	662,481	1,001,400
Government Debt Securities	14,902,786	6,508,561
Corporate Debt Securities	214,209	4,928,854
Equity Securities	3,234,294	3,099,462
Mutual Funds	1,631,340	1,527,354
Exchange Traded Funds	8,724,685	10,790,846
Limited Partnership/Hedge Funds	<u>1,781,623</u>	<u>4,337,540</u>
TOTAL ASSETS	<u>34,182,998</u>	<u>32,285,346</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 34,182,998</u>	<u>\$ 32,285,346</u>

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 1, 2024 TO DECEMBER 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment Income:	
Interest and Dividends	\$ 847,528
Net Appreciation of Investments	<u>1,630,875</u>
 TOTAL ADDITIONS	 <u>2,478,403</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits Paid to Participants	398,346
Administrative Fees	<u>182,405</u>
 TOTAL DEDUCTIONS	 <u>580,751</u>
 NET INCREASE	 1,897,652

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>32,285,346</u>
End of year	<u><u>\$ 34,182,998</u></u>

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested Benefits:

Participants Currently Receiving Payments	\$ 98,075
Other Vested Participants	<u>31,219,035</u>

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 31,317,110</u></u>
--	-----------------------------

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2023 TO JANUARY 1, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, BEGINNING OF YEAR	\$ 27,998,761
Increase (Decrease) During the Year Attributable to:	
Increase for Interest Due to the Decrease in the Discount Period at 5.37%	1,475,226
Benefits Paid	(1,054,275)
Changes in Actuarial Assumptions	352,122
Benefits Accumulated and Actuarial Gains and Losses	<u>2,545,276</u>
Net Increase	<u>3,318,349</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, END OF YEAR	<u><u>\$ 31,317,110</u></u>

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Medical Group of Beverly Hills Defined Benefit Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document and amendments for more complete information.

A. General

The Plan is a cash balance defined benefit pension plan established on January 1, 2007 to provide benefits to all employees of Medical Group of Beverly Hills, Inc. (the "Company" and "Plan Sponsor"), excluding non-resident aliens, members of an excluded class and union. The Plan administrator believes the Plan is designed and operated in compliance with applicable requirements of the Internal Revenue Code (the "IRC") and provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

B. Vesting

An employee's right to the retirement benefits provided by the Company's contributions to the Plan shall become fully vested upon 1,000 hours of service.

C. Eligibility

An employee must have attained age 21, completed one year of service with at least 1,000 hours of service. Plan entry is on January 1 or July 1 coinciding with or next following attainment of eligibility. Effective on June 15, 2024, the Plan was amended to freeze benefit accruals and eligibility.

D. Participant Accounts and Funding Policy

The Company maintains members' hypothetical accounts, which are credited with their contributions plus interest at rates prescribed by the Plan. Plan participants determine the amount they want contributed by the Company. Participants are 100% vested immediately.

The Plan's funding policy provides that the Company will contribute an amount sufficient to meet or exceed the annual ERISA minimum funding requirement determined by an actuary on an annual basis. Effective on June 15, 2024, the Plan was amended to freeze benefit accruals and eligibility.

E. Pension Benefits

Plan participants are eligible to receive their vested benefits upon reaching the age of 62 and completion of 5 years of participation. The annual benefit, which is payable to the participant during his remaining lifetime, is based upon the actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.

The normal form of retirement benefit is a life annuity. If a participant dies after benefit payments have commenced, benefits will continue, in accordance with the form of annuity elected. If a participant dies before payments have commenced, the participant's accrued benefit remains payable to the designated beneficiary in accordance with the Plan's death benefit provisions.

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

F. Death Benefits

If a participant dies before payments have commenced, the participant's vested accrued benefits will be paid to the designated beneficiary in the form required under the Plan. For married participants, the benefit is generally payable as a qualified pre-retirement survivor annuity unless waived with spousal consent. For unmarried participants, or if the annuity requirement is waived, the benefit is paid as a lump sum distribution.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

C. Risks and Uncertainties

Investments are exposed to various risks such as interest rate, market fluctuations, and credit risks. Due to the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the various risk factors in the near term could materially affect the amounts reported in the financial statements.

Contributions and the actuarial present value of accumulated plan benefits are calculated based on certain assumptions about interest rates, participant demographics, and other factors subject to change. Due to uncertainties inherent in the assumptions, it is at least reasonably possible that changes, in the near term, could be material to the financial statements.

D. Investment Valuation and Income Recognition

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1 - inputs are quoted prices in an active market.

Level 2 - inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 - inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables represent the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of December 31, 2024 and 2023:

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Investment Valuation and Income Recognition (Continued)

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 3,031,580	\$ -	\$ -	\$ 3,031,580
Money Market Funds	662,481	-	-	662,481
Government Debt Securities	13,711,032	1,191,754	-	14,902,786
Corporate Debt Securities	-	214,209	-	214,209
Equity Securities	3,234,294	-	-	3,234,294
Mutual Funds	1,631,340	-	-	1,631,340
Exchange Traded Funds	8,724,685	-	-	8,724,685
Total Assets in the Fair Value Hierarchy	<u>\$ 30,995,412</u>	<u>\$ 1,405,963</u>	<u>\$ -</u>	32,401,375
Investments Measured at Net Asset Value ^A				<u>1,781,623</u>
				<u>\$ 34,182,998</u>

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 91,329	\$ -	\$ -	\$ 91,329
Money Market Funds	1,001,400	-	-	1,001,400
Government Debt Securities	5,325,348	1,183,213	-	6,508,561
Corporate Debt Securities	-	4,928,854	-	4,928,854
Equity Securities	3,099,462	-	-	3,099,462
Mutual Funds	1,527,354	-	-	1,527,354
Exchange Traded Funds	10,790,846	-	-	10,790,846
Total Assets in the Fair Value Hierarchy	<u>\$ 21,835,739</u>	<u>\$ 6,112,067</u>	<u>\$ -</u>	27,947,806
Investments Measured at Net Asset Value ^A				<u>4,337,540</u>
				<u>\$ 32,285,346</u>

^A In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Level 1 investments include cash and cash equivalents, money market funds, US Treasury bills, equity securities, mutual funds and exchange traded funds valued based on quoted prices in an active market.

Level 2 investments include non-US Treasuries and corporate debt securities valued using matrices of trades in similar securities or third party pricing services.

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation of investments includes gain and losses on investments bought and sold as well as held during the year.

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Investment Valuation and Income Recognition (Continued)

The unfunded commitments and significant terms of redemption for the Plan's investments valued at net asset value are as follows:

	2024	2023			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Align Affordable Housing Bond Fund LP	\$ 299,113	\$ 326,689	\$ 56,426	None	None
Ironwood Institutional Multi-Strategy Fund LLC	-	2,608,408	None	Semi Annual	95 Days
Mesa West Real Estate Income Fund IV LP	502,443	402,443	400,000	None	None
Owl Rock Capital Corporation II	980,067	1,000,000	None	Quarterly	None
	<u>\$ 1,781,623</u>	<u>\$ 4,337,540</u>			

The investment strategies for investments valued at net asset value are as follows:

ALIGN AFFORDABLE HOUSING BOND FUND LP acquires a diversified pool of tax-exempt subordinate bonds, that provide cost-effective capital to borrowers and equity-like returns to accredited investors on a tax adjusted basis.

IRONWOOD INSTITUTIONAL MULTI STRATEGY FUND LLC primarily invests across four core hedge fund strategies: relative value, market neutral and ledged equity, event-driven, and distressed and credit securities.

MESA WEST REAL ESTATE INCOME FUND IV LP originates and purchases first mortgage loans, mezzanine loans, and other structured finance investments.

OWL ROCK CAPITAL CORPORATION II seeks to generate current income, and to a lesser extent, capital appreciation by targeting investment opportunities with favorable risk-adjusted returns.

NOTE 3 - PLAN TERMINATION

It is the intention of the Company that the Plan shall be permanently administered for the benefit of the participants and, accordingly, the Plan shall be irrevocable. However, the Company is not under any obligation, or liability, to continue to maintain the Plan or to make contributions for any given length of time and may, at its sole discretion, discontinue making contributions and terminate the Plan. In the event of a termination, the assets of the Plan shall be allocated to participants in the order of priority described in the Plan document. That allocation priority is intended to comply with the provisions of ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the "PBGC"), if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC.

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accrued benefits is determined by actuaries at FuturePlan by Ascensus and is the amount that results from applying actuarial assumptions to adjust the accrued benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected dates of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2024 (2023) were as follows:

Interest rates as of the valuation date range from 4.37% to 4.95% (2.13% to 3.93%) for 0 to more than 20 years.

Eligibility age at last birthday and other ages at nearest birthday.

Mortality assumptions based on the 24C - 2024 (23C - 2023) combined mortality table for post-retirement.

No separate pre-retirement mortality, turnover, early retirement, salary scale, expense load, ancillary benefit loads, or disability tables were applied.

Plan assets were valued at fair market value. No expected long-term rate of return on plan assets applied.

The change in actuarial assumptions is the difference between the Funding Target totals between 2023 and 2024 actuarial assumptions.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 5 - PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by the custodian or its affiliates. Transactions related to these investments qualify as party in interest transactions; however, they are exempt from the prohibitions under ERISA.

NOTE 6 - ADMINISTRATION OF THE PLAN

Plan assets are administered under a trust agreement with Matrix Trust Company. Under the trust agreement, the custodian has full discretion as to the investment of trust funds, subject to a written investment policy established by the plan administrator. The custodian manages the assets and make payments from the Plan as directed by the plan administrator. The Plan paid Matrix Trust Company \$182,405 for the year ended December 31, 2024. Other expenses are paid by the Company.

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 - INCOME TAX STATUS

The Plan adopted a Non-Standardized Pre-Approved Defined Benefit Plan document sponsored by Ascensus LLC, which received an opinion letter from the Internal Revenue Service dated February 28, 2023. The letter state that the prototype documents satisfy the applicable provisions of the IRC. The Plan has been amended since receiving the most recent determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2025, the date on which the financial statements were available to be issued. There were no other subsequent events that required recognition or additional disclosures in these financial statements.

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN

FORM 5500

SCHEDULE H – LINE 4

E.I.N. 95-4077334; PLAN NO. 002

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Plan Administrator
Medical Group of Beverly Hills
Defined Benefit Pension Plan

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 13, 2025

Schedule SB, line 26a -
Schedule of Active Participant Data
Medical Group of Beverly Hills Defined Benefit Pension Plan
95-4077334/002
For the plan year 01/01/2024 through 12/31/2024

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34	9	7	1							
35 to 39	13	24	12							
40 to 44	1	13	14	3						
45 to 49	4	3	10	10	3					
50 to 54	3	5	3	4	10					
55 to 59	2	2	8	3	8					
60 to 64			4	1	4					
65 to 69	1	1	3	1	9					
70 & up	1	1	5	2	7					

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods
Medical Group of Beverly Hills Defined Benefit Pension Plan
95-4077334 / 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 included in current year's valuation
Retrospective Compensation - Current compensation
Form of Payment - Assumed form of payment for funding is Life Annuity

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 - 4% Projected Yrs - 4%
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 - 4%
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 - Age 65 or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	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 multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
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	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 MEDICAL GROUP OF BEVERLY HILLS, INC. DEFINED BENEFIT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/2007
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) MEDICAL GROUP OF BEVERLY HILLS, INC. 6500 WILSHIRE BLVD. 19TH FLOOR LOS ANGELES CA 90048
2b	Employer Identification Number (EIN) 95-4077334
2c	Plan Sponsor's telephone number 310-385-3200
2d	Business code (see instructions) 621111

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 accompanying schedules, statements and attachments, 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		4/7/2026	Jill Martin
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

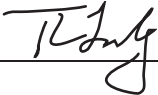
MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-4077334; PLAN NO. 002
DECEMBER 31, 2024

Issuer	Description	Transaction	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost	Net Gain or (Loss)
Dain Rauscher Cash	Cash and Cash Equivalent	Purchases	-	-	\$ 68,653,855	\$ -	\$ 68,653,855	\$ -
		Sales	-	-	-	65,904,070	65,904,070	-
Federated Hermes Treas Oblig-AS	Money Market Fund	Purchases	-	-	32,715,406	-	32,715,406	-
		Sales	-	-	-	33,047,862	33,047,862	-
US Treasury Bill:	US Treasury Bill Securities	Purchases	-	02/27/24	1,000,109	-	1,000,109	-
		Sales	-	-	-	1,000,000	1,000,109	(109)
	US Treasury Bill Securities	Purchases	-	02/29/24	-	-	-	-
		Sales	-	-	-	2,000,000	2,000,821	(821)
	US Treasury Bill Securities	Purchases	-	03/12/24	1,750,137	-	1,750,137	-
		Sales	-	-	-	1,750,000	1,750,137	(137)
	US Treasury Bill Securities	Purchases	-	03/26/24	900,058	-	900,058	-
		Sales	-	-	-	900,000	900,058	(58)
	US Treasury Bill Securities	Purchases	-	05/02/24	1,000,182	-	1,000,182	-
		Sales	-	-	-	1,000,000	1,000,182	(182)
	US Treasury Bill Securities	Purchases	-	05/30/24	1,000,074	-	1,000,074	-
		Sales	-	-	-	1,000,000	1,000,074	(74)
	US Treasury Bill Securities	Purchases	-	06/25/24	1,000,037	-	1,000,037	-
		Sales	-	-	-	1,000,000	1,000,037	(37)
	US Treasury Bill Securities	Purchases	-	08/08/24	1,000,086	-	1,000,086	-
		Sales	-	-	-	1,000,000	1,000,086	(86)
	US Treasury Bill Securities	Purchases	-	09/12/24	1,749,749	-	1,749,749	-
		Sales	-	-	-	1,750,000	1,749,749	251
	US Treasury Bill Securities	Purchases	-	10/03/24	1,000,861	-	1,000,861	-
		Sales	-	-	-	1,000,000	1,000,861	(861)
	US Treasury Bill Securities	Purchases	-	03/11/25	2,365,402	-	2,365,402	-
		Sales	-	-	-	-	-	-
	US Treasury Bill Securities	Purchases	-	03/20/25	2,813,886	-	2,813,886	-
		Sales	-	-	-	-	-	-
	US Treasury Bill Securities	Purchases	-	06/12/25	4,200,446	-	4,200,446	-
		Sales	-	-	-	-	-	-
JP Morgan Chase Financial	Corporate Debt Securities	Purchases	-	11/07/24	-	-	-	-
		Sales	-	-	-	2,400,000	1,600,000	800,000
Ironwood Institutional Multi Strategy	Limited Partnerships/ Hedge Funds	Purchases	-	-	-	-	-	-
		Sales	-	-	-	2,702,167	2,592,877	109,290

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 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 MEDICAL GROUP OF BEVERLY HILLS, INC. DEFINED BENEFIT 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 MEDICAL GROUP OF BEVERLY HILLS, INC.	D Employer Identification Number (EIN) 95-4077334
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	32,259,552	
b	Actuarial value	2b	32,259,552	
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	1	98,075	98,075
b	For terminated vested participants	33	3,919,650	3,919,650
c	For active participants	215	27,299,385	27,299,385
d	Total	249	31,317,110	31,317,110
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.27%	
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 THOMAS LALLY, EA Type or print name of actuary FUTUREPLAN BY ASCENSUS Firm name PO BOX 426 FORT WASHINGTON PA 19034-9998 Address of the firm	9/10/2025 Date 2306250 Most recent enrollment number 215-648-8000 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 ☐	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.	
Schedule SB (Form 5500) 2024 v. 240311	

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>5.51</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)		266,880
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>5.37</u> %		14,331
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		281,211
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	103.00 %
15 Adjusted funding target attainment percentage	15	103.00 %
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	98.61 %
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
Totals ►			18(b)	0	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	0

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
0	0	0	0

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 %	☐ N/A, full yield curve used
	b Applicable month (enter code).....				21b 0
22	Weighted average retirement age				22 65
23	Mortality table(s) (see instructions) ☒ 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	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	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 0
		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 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)		
	a Total (excess, if any, of line 37 over line 36)	38a	0
	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
-----------	---

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

Medical Group of Beverly Hills Defined Benefit Pension Plan

95-4077334 / 002

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

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, Part V

Summary of Plan Provisions

Medical Group of Beverly Hills Defined Benefit Pension Plan 95-4077334 / 002

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

<u>Employer:</u>	Medical Group of Beverly Hills			
	Type of Entity -	C Corporation		
	EIN: 95-4077334	TIN:	Plan #: 002	Plan Type: Cash Balance
<u>Dates:</u>	Effective - 01/01/2007		Valuation - 01/01/2024	
<u>Eligibility:</u>	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		
<u>Retirement:</u>	Normal -	First of month coincident with or next following attainment of age 62 and completion of 5 years of participation		
	Early -	Not provided		
<u>Average Compensation:</u>	Current compensation			
	Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation		
<u>Plan Benefits:</u>	Retirement -	Frozen benefit formula		
	Pay Credits -	Pay credits allocated per Appendix A applicable for plan year		
	Interest Credit Rate -	Current Yr - 4%	Projected Yrs - 4%	
	Accrued Benefit -	Frozen accrued benefit as of 01/01/2024		
		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		
<u>Top Heavy Minimum:</u>	None			
<u>IRS Limitations:</u>	415 Limits -	Percent: 100	Dollar: \$275,000	
	Maximum 401(a)(17) compensation - \$345,000			
<u>PBGC:</u>	Plan is covered by Pension Benefit Guaranty Corporation			
<u>Normal Form:</u>	Life Annuity			
<u>Optional Forms:</u>	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit			
<u>Vesting Schedule:</u>	100% Vested immediately Service is calculated using all years of service			
<u>Present Value of Accrued Benefit:</u>	Based on the Hypothetical Account Balance.			
<u>Actuarial Equivalence:</u>				
	Pre-Retirement -	Interest -	5%	
		Mortality Table -	None	
	Post-Retirement -	Interest -	5%	
		Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)	

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4077334; PLAN NO. 002
DECEMBER 31, 2024

No. of Shares	Description	Fair Value	Cost
<u>Cash and Cash Equivalents</u>			
	Cash	\$ 137,962	\$ 137,962
	Dain Rauscher Cash	2,758,510	2,758,510
	Limited Partnership Holdback Receivable	135,108	135,108
	<u>TOTALS - CASH AND CASH EQUIVALENTS</u>	<u>\$ 3,031,580</u>	<u>\$ 3,031,580</u>
<u>Money Market Funds</u>			
595,219	Federated Hermes Treasury Obl CL AS	\$ 595,219	\$ 595,219
67,262	Vanguard Treasury Money Market Investor	67,262	67,262
	<u>TOTALS - MONEY MARKET FUNDS</u>	<u>\$ 662,481</u>	<u>\$ 662,481</u>
<u>Mutual Funds</u>			
20,209	Gateway TR Gateway FD CL Y	\$ 935,087	\$ 619,119
43,706	PIMCO GNMA And Government Securities Fund Inst	400,787	500,000
28,086	PIMCO Income FD Instl CL	295,466	348,549
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 1,631,340</u>	<u>\$ 1,467,668</u>
<u>Exchange Traded Funds</u>			
700	Alerian MLP Index ETN	\$ 20,657	\$ 15,180
19,500	Ft-Preferred Secur & Inc Etf	345,150	400,298
700	iShares MSCI Singapore ETF	15,295	12,733
2,840	Spdr Bloomberg Convertible S	221,208	142,166
2,835	Spdr Gold Trust Gold Shs	686,439	343,961
17,823	Vanguard FTSE Developed Markets ETF	852,296	902,139
7,023	Vanguard FTSE Emerging Market	309,293	341,753
175	Vanguard Health Care ETF	44,396	27,369
1,353	Vanguard Index Tr Ext	257,043	253,590
7,837	Vanguard Intermediate Term B	585,659	695,199
26,335	Vanguard International Bond	1,291,732	1,481,317
8,228	Vanguard Long Term Bond	563,042	804,491
13,478	Vanguard Mortgage Backed Fund	611,093	705,281
3,140	Vanguard S&P 500 ETF	1,691,862	1,253,388
15,912	Vanguard Short Term Bond ETF	1,229,520	1,289,466
	<u>TOTALS - EXCHANGE TRADED FUNDS</u>	<u>\$ 8,724,685</u>	<u>\$ 8,668,331</u>
<u>Equity Securities</u>			
250	Abbott Laboratories	\$ 28,278	\$ 10,829
75	Abbvie Inc	13,328	11,202
50	Accenture PLC	17,590	4,920
600	Alexander & Baldwin Inc.	10,644	10,565
	<u>Forward</u>	<u>\$ 69,840</u>	<u>\$ 37,516</u>

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4077334; PLAN NO. 002
DECEMBER 31, 2024

No. of Shares	Description	Fair Value	Cost
<u>Equity Securities</u> (Continued)			
	<u>Forwarded</u>	\$ 69,840	\$ 37,516
400	Allison Transmission Holding	43,224	16,577
660	Alphabet Inc CL C	125,690	17,063
230	Amazon Com Inc	50,460	23,239
200	Anheuser Busch Inbev	10,014	15,346
650	Apple Inc	162,772	13,643
600	Bank Of America Corp	26,370	11,386
250	Berkshire Hathaway Inc ClB	113,320	28,732
136,606	Blackstone Real EstateIncome Trust Inc I	1,901,506	2,000,000
288	Canadian Pacific Kansas City Ltd	20,843	11,446
250	Chevron Corp	36,210	28,947
500	Cogeco Inc	20,490	23,949
700	Comcast Corp Cl A	26,271	31,134
100	Danaher Corp Del	22,955	8,632
150	Disney Walt Co	16,703	9,479
200	Henry Schein Inc	13,840	13,721
110	Jacobs Solutions	14,698	15,315
150	Johnson & Johnson	21,693	13,602
45	Lockheed Martin Corp	21,867	16,787
75	Mcdonalds Corp	21,742	12,247
175	Merck & Company Inc	17,409	13,419
330	Microsoft Corporation	139,095	14,107
150	Nestle SA Sponsored ADR Registered (NSRGY)	12,255	10,032
200	Nike Inc.	15,134	7,467
370	Novo-Nordisk As	31,827	13,505
125	Oneok Inc	12,550	4,629
100	Pepsico Inc	15,206	10,134
140	Progressive Corp	33,545	9,938
350	Shell PLC ADR A	21,928	22,699
475	Siemens Healthineer-Unsp ADR	12,497	13,382
65	Simon Ppty Group Inc	11,194	10,181
165	Starbucks Corp.	15,056	9,253
180	Tjx Companies	21,746	16,249
300	Unilever Plc Spon ADR New	17,010	12,575
70	Union Pacific Corp.	15,963	13,619
500	Valvoline Inc	18,090	18,079
375	Verizon Communications	14,996	16,315
600	Walmart Inc	54,210	15,275
500	Weyerhaeuser Co	14,075	17,485
<u>TOTALS - EQUITY SECURITIES</u>		<u>\$ 3,234,294</u>	<u>\$ 2,597,104</u>

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4077334; PLAN NO. 002
DECEMBER 31, 2024

No. of Shares	Description	Maturity Date	Interest Rate	Fair Value	Cost
<u>Limited Partnerships/Hedge Funds</u>					
299,113	Align Affordable Housing Bond Fund LP			\$ 299,113	\$ 344,576
502,443	Mesa West Real Estate Income Fund IV, LP			502,443	600,000
110,742	Owl Rock Capital Corporation II			980,067	1,000,000
<u>TOTALS - LIMITED PARTNERSHIPS/HEDGE FUNDS</u>				<u>\$ 1,781,623</u>	<u>\$ 1,944,576</u>

Par Value	<u>Government Debt Securities</u>				
\$ 25,000	Adelanto CA Public Utility Aut Txbl-Ref-Util Sys Proj-Ser B	07/01/29	4.500%	\$ 25,226	\$ 24,922
40,000	Allentown Pa City Sch Dist Txbl-Ser D	02/01/27	3.168%	39,345	40,000
40,000	Arizona Board Of Regents	08/01/30	3.440%	37,919	40,000
20,000	Bridgeport Ct Txbl-Ref-Ser D	09/15/31	3.163%	18,204	20,631
35,000	Broward Cnty Fl Arpt Sys Reven Txbl-Ref-Ser C-Bam-Tcrs	10/01/34	3.084%	30,121	36,214
10,000	California St Stwd Cmnty Dev Txbl-Ref-Cops	06/01/32	2.419%	8,441	10,000
25,000	California St Txbl- Various Purpose	03/01/38	5.125%	24,892	25,765
50,000	Cerritos Ca Cmnty Clg Dist Txbl-Ref	08/01/35	2.768%	41,663	50,000
15,000	Chicago IL Board of Education Series C	11/01/29	6.319%	15,517	17,121
30,000	Chicago IL Build America Bonds-Recovery Z	01/01/40	6.257%	31,573	32,872
20,000	Cmwlth Fing Auth Pa Taxable-Ser A	06/01/27	5.740%	20,484	20,281
10,000	Colorado St Hlth Facs Auth Hos Txbl-Ref-Sanford Hlth-Ser B	11/01/28	2.988%	9,493	10,000
15,000	Connecticut St Txbl-Ser A	04/15/28	3.432%	14,586	14,938
20,000	Downey CA Pensn Oblig Txbl-Pension Oblig	06/01/33	2.150%	15,959	15,500
35,000	Duke University N C Rev Taxable-Ser A	04/01/37	5.850%	37,661	37,716
20,000	Emeryville Ca Txbl-Election Of 2018-Social B	08/01/34	4.510%	19,599	19,715
20,000	Gardena CA Pensn Oblig Txbl	04/01/31	2.963%	17,984	16,774
35,000	Garfield Cnty Ok Educatnl Facs Txbl-Enid Public Schs Proj-B	09/01/26	2.850%	34,921	35,000
40,000	Hawaiian Gardens Ca Redev Agy Txbl-Ref-Ser B	12/01/33	3.500%	36,177	34,087
10,000	Illinois St Fin Auth Revenue Txbl-Rosalind Franklin Univ Of	08/01/27	4.700%	10,033	10,000
23,529	Illinois St Taxable-Pension-Agm-Cr	06/01/33	5.100%	23,388	25,314
18,824	Illinois State Tax Pension	06/01/33	5.100%	18,638	18,553
15,000	Jackson TN Hosp Revenue Txbl-West Tennessee Healthcare	04/01/27	4.608%	15,044	15,000
50,000	Laredo Clg Tx Comb Fee Revenue Txbl-Ref-Ser B	08/01/36	3.322%	42,121	50,000
10,000	Lynn Haven Fl Revenue Txbl	08/01/29	2.625%	9,241	9,849
10,000	Madison Macoupin Etc Cntys LLC Txbl-Ser B	11/01/25	3.350%	9,964	10,000
35,000	Maryland St Cmnty Dev Admin De Txbl-Ref-Rsdl-Ser A	03/01/27	2.913%	34,191	35,000
20,000	Maryland St Hlth & Hgr Educatnl Txbl-Ref-Loyola University-Ser	10/01/31	3.070%	17,625	20,326
30,000	Massachusetts St Dev Fin Agy R Txbl-Ref-Wellforce-Ser B	07/01/33	4.496%	29,277	32,003
35,000	Menlo Park Ca City Sch Dist Txbl-Ref	07/01/32	2.664%	30,807	35,000
15,000	Minnesota St Hsg Fin Agy Txbl-Ser C	01/01/29	2.591%	14,081	15,000
20,000	Monroe Cnty NY Wtr Auth Taxable B-Build Amer Bds	08/01/30	6.259%	21,171	20,614
20,000	Montana St Fac Fin Auth Revenu Txbl-Billings Clinic-Ser B	08/15/38	4.368%	18,309	17,949
10,000	Mount Holly Twp NJ Txbl-Redev	11/01/30	4.500%	9,783	10,325
<u>Forward</u>				<u>\$ 783,438</u>	<u>\$ 826,469</u>

MEDICAL GROUP OF BEVERLY HILLS DEFINED BENEFIT PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4077334; PLAN NO. 002
DECEMBER 31, 2024

Par Value	Description	Maturity Date	Interest Rate	Fair Value	Cost
<u>Government Debt Securities (Continued)</u>					
	<u>Forwarded</u>			\$ 783,438	\$ 826,469
\$ 20,000	New Haven Ct Txbl-Ref-Ser C	08/01/30	3.057%	18,373	19,854
10,000	New Jersey Economic Development Authority/Nj	02/15/29	7.425%	10,857	12,240
40,000	New York City NY Housing Dev Corp Taxable-Sustainable Neighborhood	11/01/28	2.967%	37,811	40,000
45,000	New York City NY Hsg Dev Corp Txbl-Sustainable Neighborhood	11/01/25	3.850%	45,094	45,000
10,000	Newburgh City Ny Txbl-Ref	06/15/29	2.724%	9,191	10,000
20,000	Palo Alto CA Cops Txbl-Ref-Capital Impt Pro-Gre	11/01/34	4.000%	18,508	17,565
10,000	Pennsylvania St Econ Dev Finga Txbl-State System Higher Educa	06/15/29	2.152%	8,999	10,120
10,000	Pennsylvania St Fin Auth Txbl-Ref-Beaver City	11/15/33	2.884%	8,418	10,000
25,000	Pennsylvania St Hgr Eductnl Fa Txbl-Ref-Drexel University-Ser	05/01/32	2.677%	21,030	25,000
20,000	Portland OR Cmnty Clg Dist Txbl-Pensn	06/01/38	4.637%	18,722	19,011
35,000	Saint Clair Cnty IL Sch Dist # Txbl-Ref-Ser A	12/01/26	3.155%	34,323	35,000
15,000	Saint Johns Cnty FI Indl Dev A Ser B-Auth-Txbl-Ref	08/01/28	2.875%	14,103	14,921
30,000	San Luis Unit/Westlands Wtr Di Txbl-Ser A	09/01/30	2.512%	27,022	30,605
35,000	San Marcos Ca Redev Agy Success Txbl-Ref	10/01/28	3.125%	33,376	33,845
20,000	Sanger CA Pensn Oblig Txbl	07/15/29	2.012%	17,758	20,000
10,000	South Carolina St Jobs-Econ De Txbl-Ref	07/01/30	2.729%	8,841	10,610
30,000	Suffolk Cnty Ny Txbl-Ref-Ser C	06/15/28	2.473%	27,954	30,000
15,000	Temecula Ca Redev Agy Successo Txbl-Ref-Ser B	12/15/25	3.000%	14,797	14,658
35,000	Vacaville Ca Redev Agy Success Txbl-Ref-Sub-Redev	09/01/31	3.406%	33,140	35,000
2,900,000	US Treasury Bill	03/20/25	-	2,874,092	2,813,886
1,000,000	US Treasury Bill	04/17/25	-	987,864	958,292
1,200,000	US Treasury Bill	05/15/25	-	1,181,601	1,147,407
4,400,000	US Treasury Bill	06/12/25	-	4,318,564	4,200,446
1,000,000	US Treasury Bill	08/07/25	-	975,226	965,931
1,000,000	US Treasury Bill	03/06/25	-	992,676	976,973
2,400,000	US Treasury Bill	03/11/25	-	2,381,008	2,365,402
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				<u>\$ 14,902,786</u>	<u>\$ 14,688,235</u>
<u>Corporate Debt Securities</u>					
\$ 5	Bank Of America Corp	-	7.250%	\$ 6,096	\$ 6,150
45,000	Adventist Health	03/01/32	5.430%	45,843	46,999
20,000	Ascension Health	11/15/29	2.532%	18,036	21,059
10,000	Christus Health	07/01/28	4.341%	10,007	10,794
20,000	Entergy Louisiana LLC	03/15/34	5.350%	20,314	19,964
10,000	Howard University	10/01/30	2.801%	8,791	10,357
30,000	Netflix Inc	11/15/26	4.375%	30,067	33,488
50,000	Occidental College	10/01/34	3.015%	39,105	50,000
25,000	Prov St Joseph Hlth Obl	10/01/33	5.403%	25,574	25,711
10,000	South Jersey NJ Port Corp Amt-Sub-Marine Term-Ser B	01/01/26	5.000%	10,376	11,158
<u>TOTALS - CORPORATE DEBT SECURITIES</u>				<u>\$ 214,209</u>	<u>\$ 235,680</u>
<u>TOTAL INVESTMENTS</u>				<u>\$ 34,182,998</u>	<u>\$ 33,295,655</u>