Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARIZONA CENTER FOR HEMATOLOGY AND ONCOLOGY, P.L.C. CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2020

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)
ARIZONA CENTER FOR HEMATOLOGY AND ONCOLOGY, P.L.C.

7975 NORTH HAYDEN ROAD SUITE C-100
SCOTTSDALE, AZ 85258

2b Employer Identification Number (EIN) 86-0930581

2c Sponsor's telephone number 480-278-8863

2d Business code (see instructions) 621111

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	62
b Total number of participants at the end of the plan year	**5b**	59
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	58
d(2) Total number of active participants at the end of the plan year	**5d(2)**	51
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	TERRY LEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	TERRY LEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584149. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	23888099	26402904
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	23888099	26402904
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	4958261	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	967444	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5925705
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3357493	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	53407	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3410900
i Net income (loss) (subtract line 8h from line 8c)	8i		2514805
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C 3D

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

Part VIII IRS Compliance Questions

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

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

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

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705218A.

SCHEDULE SB (Form 5500)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
ARIZONA CENTER FOR HEMATOLOGY AND ONCOLOGY, P.L.C. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ARIZONA CENTER FOR HEMATOLOGY AND ONCOLOGY, P.L.C.

D Employer Identification Number (EIN)
86-0930581

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

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2025

2 Assets:

a Market value	**2a**	21425553
b Actuarial value	**2b**	21425553

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	8	1890192	1890192
c For active participants	51	11935303	11935303
d Total	59	13825495	13825495

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3598116
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	3598116

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

09/28/2026
Date

JAMES J. LEMON, EA, MSEA
Type or print name of actuary

26-06508
Most recent enrollment number

RETIREMENT & INV. SOLUTIONS, CBIZ
Firm name

330-304-3688
Telephone number (including area code)

5399 LAUBY ROAD
SUITE 200
NORTH CANTON, OH 44720
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.00 %	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)		4844652
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.38 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		4844652
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	154.97 %
15	Adjusted funding target attainment percentage	15	151.41 %
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	149.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/03/2025	4354164	0			
08/28/2026	604097	0			
			Totals ► 18(b)	4958261	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	4956575

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.86 %	2nd segment: 5.31 %	3rd segment: 5.67 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

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**	3598116
b Excess assets, if applicable, but not greater than line 31a	**31b**	3598116

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**	4956575
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	4956575
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

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Arizona Center for Hematology and Oncology, P.L.C. Cash Balance Pension Plan
EIN: 86-0930581
PLAN NO.: 004
PLAN YEAR ENDING: December 31, 2025

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	No. Avg. Comp	No. Avg. Comp	No. Avg. Comp	No. Avg. Comp	No. Avg. Comp	No. Avg. Comp	No. Avg. Comp	No. Avg. Comp	No. Avg. Comp	No. Avg. Comp
Under 25										
25 to 29										
30 to 34										
35 to 39		3								
40 to 44		3	6							
45 to 49		2	7							
50 to 54			5							
55 to 59		1	8							
60 to 64		2	5							
65 to 69		1	3							
70 and up			5							

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Arizona Center for Hematology and Oncology, P.L.C. Cash Balance Pension Plan
EIN: 86-0930581
PLAN NO.: 004
PLAN YEAR ENDING: December 31, 2025

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

The following actuarial assumptions and methods were used to perform the actuarial valuation as of December 31, 2025.

Interest Rates	Segment Rates for the fourth month prior to the month that contains the valuation date. Minimum Required Contribution: 4.86% - 1st Segment Rate. 5.31% - 2nd Segment Rate. 5.67% - 3rd Segment Rate. Maximum Deductible Contribution: 4.86% - 1st Segment Rate. 5.36% - 2nd Segment Rate. 5.67% - 3rd Segment Rate.
Salary Increases	None Assumed.
Retirement Age	Later of Normal Retirement Date or the end of the Plan Year.
Mortality	Pre-Retirement: None Post-Retirement: Current Applicable Mortality Table under Code Section 417(e)(3) (2025 Applicable Mortality Table)
Withdrawal	None Assumed.
Disability	None Assumed.
Expenses	Plan-related expenses expected to be paid during Plan Year.
Payment Form	100% Elect Lump Sum.
Valuation Date	End of Year.
IRS Limit Increases	None Assumed.
Asset Valuation Method	Market Value.

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Arizona Center for Hematology and Oncology, P.L.C. Cash Balance Pension Plan
EIN: 86-0930581
PLAN NO.: 004
PLAN YEAR ENDING: December 31, 2025

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

Funding Method	Funding method as required by the Pension Protection Act of 2006. Under this method, the plan's funding target is determined as the sum of the actuarial present values (as of valuation date) of the individual accrued benefits taken into account for valuation purposes as of the beginning of the plan year. The target normal cost is the sum of actuarial present values (on the valuation date) of the benefits deemed to accrue in the plan year. An individual's accrued benefit for valuation purposes as of any determination date with respect to any assumed separation date(s) is the accrued benefit described under the plan, based on credited service as of the determination date, with plan compensation, benefits, and offset (if any), projected to the separation date. The benefit deemed to accrue for an individual during a plan year is the excess of the accrued benefit for valuation purposes at the end of the plan year over the accrued benefit for valuation purposes at the beginning of the plan year. If multiple separation dates are used, the actuarial present values take into account the probability of each separation event.

Changes Since the Prior Valuation

- There were no assumption or method changes since the prior valuation.

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110
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2025

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Arizona Center for Hematology and Oncology, P.L.C. Cash Balance Pension Plan

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2020

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)
Arizona Center for Hematology and Oncology, P.L.C.

7975 North Hayden Road Suite C-100

Scottsdale AZ 85258

2b Employer Identification Number (EIN) 86-0930581

2c Sponsor's telephone number 480-278-8863

2d Business code (see instructions) 621111

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	62
b Total number of participants at the end of the plan year	**5b**	59
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	58
d(2) Total number of active participants at the end of the plan year	**5d(2)**	51
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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

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

SIGN HERE	Terry Lee	10-5-26	Terry Lee
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Terry Lee	10-5-26	Terry Lee
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
Arizona Center for Hematology and Oncology, P.L.C. Cash Balance Pension Plan

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Arizona Center for Hematology and Oncology, P.L.C.

D Employer Identification Number (EIN)
86-0930581

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

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2025

2 Assets:

a Market value	**2a**	21,425,553
b Actuarial value	**2b**	21,425,553

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	8	1,890,192	1,890,192
c For active participants	51	11,935,303	11,935,303
d Total	59	13,825,495	13,825,495

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3,598,116
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	3,598,116

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

Jim Lemon
Signature of actuary

09/28/2026
Date

James J. Lemon, EA, MSEA
Type or print name of actuary

2606508
Most recent enrollment number

Retirement & Inv. Solutions, CBIZ
Firm name

330-304-3688
Telephone number (including area code)

5399 Lauby Road
Suite 200
North Canton OH 44720
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.00 %	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)		4,844,652
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.38 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4,844,652
	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	154.97 %
15	Adjusted funding target attainment percentage	15	151.41 %
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	149.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/03/2025	4,354,164	0			
08/28/2026	604,097	0			
			Totals ► 18(b)	4,958,261	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	4,956,575

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.86 %	5.31 %	5.67%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

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**	3,598,116
b Excess assets, if applicable, but not greater than line 31a	**31b**	3,598,116

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**	4,956,575
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	4,956,575
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

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Arizona Center for Hematology and Oncology, P.L.C. Cash Balance Pension Plan
EIN: 86-0930581
PLAN NO.: 004
PLAN YEAR ENDING: December 31, 2025

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

Retirement Age	Number of Retirees		Age Times Number of Retirees		
65	45.00	X	2,925.00		
67	1.00	X	67.00		
70	1.00	X	70.00		
71	2.00	X	142.00		
72	1.00	X	72.00		
73	1.00	X	73.00		
	51.00		3,349.00 / 51.00	=	65.67

ATTACHMENT TO SCHEDULE SB OF FORM 5500

PLAN NAME: Arizona Center for Hematology and Oncology, P.L.C. Cash Balance Pension Plan
EIN: 86-0930581
PLAN NO.: 004
PLAN YEAR ENDING: December 31, 2025

Schedule SB, Part V – Summary of Plan Provisions

The following summary of plan provisions was used to perform the actuarial valuation as of December 31, 2025.

Effective Date	January 1, 2020.
Eligible to Participate	Age 21 and 1 Year of Service. The following employees are excluded from the Plan: Employees who are not included in an Allocation Group.
Normal Retirement Eligibility	Age 65.
Benefit	Actuarial Equivalent of Participant's Hypothetical Account. The Participant's Hypothetical Account is the sum of the Participant's Principal Credits and Interest Credits. Principal Credits are based on the Allocation Group in which the Participant is classified. For each Plan Period of Service or fraction thereof, Principal Credits are provided to Participants in an amount equal to the following or fraction thereof for a partial Plan Period of Service. The Hypothetical Allocations are as follows, for the Plan Year ending December 31, 2025 only:

Allocation Group	Principal Credit
Group A	Lesser of $170,000 or 59.6492% of Comp
Group B	Lesser of $178,000 or 62.4562% of Comp
Group C	Lesser of $113,000 or 39.6492% of Comp
Group D	Lesser of $88,000 or 30.8772% of Comp
Group E	Lesser of $100,000 or 35.0878% of Comp
Group F	Lesser of $127,000 or 44.5615% of Comp
Group G	Lesser of $101,000 or 73.1885% of Comp
Group H	Lesser of $50,000 or 17.5439% of Comp
Group I	Lesser of $13,000 or 4.4615% of Comp
Group J	Lesser of $133,000 or 46.6667% of Comp

ATTACHMENT TO SCHEDULE SB OF FORM 5500

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Schedule SB, Part V – Summary of Plan Provisions

Group K	Lesser of $36,955 or 12.9667% of Comp
Group L	Lesser of $166,000 or 58.2457% of Comp
Group M	Lesser of $106,000 or 37.1930% of Comp
Group N	Lesser of $154,000 or 54.0351% of Comp
Group O	Lesser of $88,000 or 30.8772% of Comp
Group P	Lesser of $103,000 or 36.1406% of Comp
Group Q	Lesser of $20,000 or 7.0176% of Comp
Group R	Lesser of $108,000 or 37.8948% of Comp
Group S	Lesser of $140,000 or 49.1229% of Comp
Group T	Lesser of $136,000 or 47.7193% of Comp
Group U	Lesser of $140,000 or 49.1229% of Comp
Group V	Lesser of $90,000 or 31.5790% of Comp
Group W	Lesser of $197,000 or 69.1229% of Comp
Group X	Lesser of $67,000 or 47.1832% of Comp
Group Y	Lesser of $88,000 or 30.8772% of Comp
Group Z	Lesser of $106,000 or 37.1930% of Comp
Group AA	Lesser of $50,000 or 17.5439% of Comp
Group BB	Lesser of $88,000 or 30.8772% of Comp
Group CC	Lesser of $94,000 or 32.9825% of Comp
Group DD	Lesser of $28,000 or 9.8246% of Comp
Group EE	Lesser of $123,000 or 43.1579% of Comp
Group FF	Lesser of $5,000 or 8.7720% of Comp
Group GG	Lesser of $10,000 or 3.5088% of Comp
Group HH	Lesser of $26,000 or 9.1229% of Comp
Group II	Lesser of $136,000 or 47.7193% of Comp
Group JJ	Lesser of $144,000 or 50.5264% of Comp
Group KK	Lesser of $120,000 or 42.1053% of Comp
Group LL	Lesser of $170,000 or 59.6492% of Comp
Group MM	Lesser of $127,000 or 44.5615% of Comp
Group NN	Lesser of $99,000 or 34.7369% of Comp
Group OO	Lesser of $104,000 or 83.2000% of Comp
Group PP	Lesser of $170,000 or 59.6492% of Comp
Group QQ	Lesser of $89,000 or 31.2281% of Comp
Group RR	Lesser of $45,000 or 15.7895% of Comp
Group SS	Lesser of $106,000 or 37.1930% of Comp
Group TT	Lesser of $114,000 or 40.0000% of Comp

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Schedule SB, Part V – Summary of Plan Provisions

	Group UU — Lesser of $80,000 or 28.0702% of Comp Group VV — Lesser of $120,000 or 42.1053% of Comp Group WW — Lesser of $89,000 or 31.2281% of Comp Group XX — Lesser of $57,000 or 53.2711% of Comp Group YY — Lesser of $126,000 or 44.2106% of Comp Group ZZ — Lesser of $25,000 or 8.7720% of Comp Group AAA — Lesser of $197,000 or 69.1229% of Comp Group BBB — Lesser of $188,000 or 65.9650% of Comp Interest Credits are added quarterly in an amount equal to one-quarter (1/4) of 2.0%.
Accrued Benefit	A benefit determined by the above formula to the date of determination.
Early Retirement	None.
Late Retirement Eligibility	Past Normal Retirement Eligibility.
Benefit	Greater of the Actuarial Equivalent of the Accrued Benefit as of the last day of the prior year or the Accrued Benefit attributable to service both before and after Normal Retirement Date.
Disability Retirement	Actuarial Equivalent of the Accrued Benefit.
Pre-Retirement Death	Actuarial Equivalent of the Accrued Benefit.
Withdrawal Benefit	Actuarial Equivalent of the Accrued Benefit times the Vested Percentage.
Vested Percentage	0% after 1 or 2 Years of Service. 100% after 3 Years of Service.
Optional Payment Forms	Lump Sum.
Normal Payment Form	Life Annuity.

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Schedule SB, Part V – Summary of Plan Provisions

Year of Service	Year with 1,000 or more Hours of Service.
Plan Period of Service	Plan Year in which an Employee is credited with a 12-month Period of Service.
Actuarial Equivalents	5.00% Pre-Retirement Interest. 5.00% Post-Retirement Interest. 2020 Applicable 417(e)(3) Mortality Table. No pre-retirement mortality.
Plan Year	January 1 through December 31.

Changes Since the Prior Valuation

- The Normal Retirement Benefit definition changed.