Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2016

This Form is Open to Public Inspection

Part I		Identification Information										
For calenda	ar plan year 2016 or fis	scal plan year beginning 01/01/2	<u>:016</u>	and ending 12	2/31/2016							
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (aployer information in ac		-						
	·	a one-participant plan	a foreign plan									
B This retu	ırn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year return	n/report (less than 12 m	ionths)							
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pro	ogram						
Dort II	Desir Dian Info	special extension (enter descr	• •	IR2017-155 TPA 33602	2							
Part II		ermation—enter all requested inf	ormation		1b Three-	digit						
1a Name PREMIER W	of pian 'ALK-IN CLINIC PENS	SION PLAN				umber	001					
					1c Effecti							
	` '	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O). Box)		2b Employ	yer Identifi	ication Number					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PREMIER WALK-IN CLINIC & PRIMARY CARE, L. L. C. 2c Sponsor's telephone number 863-644-3400												
E400 DUDNIT	THICKORY DRIVE				2d Busine		see instructions)					
	4408 BURNT HICKORY DRIVE VALRICO, FL 33596 621111											
3a Plan ad	3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN											
					3c Admin	istrator's te	elephone number					
name,	EIN, and the plan nur	e plan sponsor has changed since to mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN							
a Sponso					4c PN							
-	•	at the beginning of the plan year			5a		4					
		at the end of the plan year			5b		4					
		account balances as of the end of t		•	5c							
d(1) Tota	al number of active par	rticipants at the beginning of the pla	an year		5d(1)		4					
		rticipants at the end of the plan yea	•		5d(2)		4					
e Numb	er of participants that	terminated employment during the	e plan year with accrued ber	nefits that were less	5e		0					
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable car								
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.										
SIGN		valid electronic signature.	01/12/2018	NARINDER BRAR								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as	s plan adm	ninistrator					
SIGN												
HERE	Signature of emplo		Date	Enter name of individ								
Preparer's	name (including firm n	name, if applicable) and address (in	ıclude room or suite numbe	т)	Preparer's t	telephone	number					

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	account	ant (IC	PA)				es No
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	X No	Not d	etermined
Pai	t III Financial Information	1								
	Plan Assets and Liabilities		(a) Beginning				((b) End	of Year	15
	Total plan assets	7a	1-	332459 0		1450415				
	Total plan liabilities	7b	1	332459						
	Net plan assets (subtract line 7b from line 7a)	7c				1450415				
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	<u>it</u>		(b) Total				
а	(1) Employers	8a(1)		27500						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		103290						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1307	'90
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		12834						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							128	334
i	Net income (loss) (subtract line 8h from line 8c)	8i							1179	56
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $\begin{array}{cc} \text{If the plan provides pension benefits, enter the applicable pension} \\ \text{If the plan provides pension benefits, enter the applicable pension} \\ \text{If the plan provides pension benefits, enter the applicable pension} \\ \text{If the plan provides pension benefits, enter the applicable pension} \\ \text{If the plan provides pension benefits, enter the applicable pension} \\ \text{If the plan provides pension} \\ If th$	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoui	
	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		100	140	14/7		Allioui	11
-	described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С				10c	X					140000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Y	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information		ı				
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	j [] "Prior ye test	ear" ADP
			- □ □ □	Curre ADP t	ent year est	"	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🔲	Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Ш	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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

2016

This Form is Open to Public Inspection

Fo	or calendar plan year 2016 or fiscal plan year beginning 01/01/2016		and ending	g 12/	31/2016	
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless report	easonable cau	se is established			
	Name of plan PREMIER WALK-IN CLINIC PENSION PLAN	odosilable sad	B Three-dig plan num	git	I) •	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PREMIER WALK-IN CLINIC & PRIMARY CARE, L. L. C.		D Employer	Identific 20-15	ation Number (E 53372	EIN)
Е	Type of plan: X Single Multiple-A Multiple-B F Prior ye	ear plan size:	100 or fewer	101-	-500 More th	an 500
F	Part I Basic Information	_		_		
1	Enter the valuation date: Month 12 Day 31 Ye	ear <u>2016</u>			_	
2	Assets:					
	a Market value			2a		1422915
	b Actuarial value		T	2b		1392109
3	Funding target/participant count breakdown	` '	Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	0
	b For terminated vested participants		0		0	0
	C For active participants		4		1527435	1528116
	d Total		4		1527435	1528116
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 f status for fewer than five consecutive years and disregarding loading factor					
5	Effective interest rate			5		5.95 %
6	Target normal cost			6		3332
Sta	atement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statem accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking i combination, offer my best estimate of anticipated experience under the plan.					
	SIGN HERE				01/19/201	8
	Signature of actuary				Date	
	STEVEN D. OLSON				17-04221	
	Type or print name of actuary			Most	recent enrollmer	nt number
/	ASCENSUS				813-490-12	
	Firm name 1000 NORTH ASHLEY DRIVE SUITE 925 TAMPA, FL 33602		Te	lephone	number (includ	ing area code)
	Address of the firm					
	ne actuary has not fully reflected any regulation or ruling promulgated under the state	tute in complet	ing this schedule	e, check	the box and see	·

Pag	e 2	· -	,

D	art II	Rogin	ning of Voor	Carryov	er and Prefunding Ba	alancos								
1 (aitii	Degii	ining or rear	Carryov	er and r returnating De	alalices		(a) C	arryover balan	ce	(b)	Prefundi	ng balance	
7		Ū	. ,		able adjustments (line 13 fro	•		(=)	,0101 241411	0	(2)		0	
8					nding requirement (line 35 fr									
Ū			•	-						0			0	
9	Amount	remaining	g (line 7 minus line	e 8)						0			0	
10	Interest	on line 9	using prior year's	actual retu	rn of <u>-4.43</u> %					0			0	
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	of excess contribut	ions (line 3	38a from prior year)								30176	
					a over line 38b from prior yea e interest rate of 6.14 9								0	
	b(2) Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	actual								
													0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance	e							30176	
	d Portio	n of (c) to	be added to pref	unding bala	ance								0	
12	Other re	ductions i	in balances due to	elections	or deemed elections					0			0	
										0			0	
Data not at beginning or earlowly year (into a 1 mile 12)														
Part III Funding Percentages 14 Funding target attainment percentage											91.09%			
											15	92.62%		
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current											99.52%		
17					less than 70 percent of the f							17	%	
	art IV		tributions an		<u>`</u>		,,		, processing grant			1	,,	
18	Contribu	tions mad			ar by employer(s) and emplo	oyees:								
/ N	(a) Date //M-DD-Y		(b) Amount p	-	(c) Amount paid by	(a)			(b) Amoun		′ ((c) Amount paid by employees		
	9/09/2017		employer	27500	employees	(MM-DI	J- Y	111)	employ	er(S)		empi	byees	
0	19/09/2011			27300										
						Totals ▶		18(b)		275	00 18(c)		0	
19	Discount	ed emplo	over contributions	_ see instr	ructions for small plan with a				heginning of th		-(-)			
			•		num required contributions f				•	19a			0	
	_				usted to valuation date					19b			0	
				-	ired contribution for current year					19c			26238	
20			tions and liquidity		•	ai aujusteu i	io va	aluation u	ate	130			20230	
20					e prior year?							X	Yes No	
	_											······· <u>^</u>	📛	
				-	installments for the current y			umery m	anner (•••••			Yes X No	
	C If line	∠ua is "Y	es, see instructio	ns and cor	nplete the following table as Liquidity shortfall as of end			hie nlan	vear					
		(1) 1s	t		(2) 2nd	J or quarter	OI L		3rd			(4) 4th		
		. ,			• •			. ,						

Part V Assumptions Used to Determine Funding Target and Target Normal Cost													
21		•				<u> </u>							
	a Segm	ent rates:	1st segment: 4.43%		2nd segment: 5.91%	3rd segment: 6.65 %			N/A, fu	ll yield c	urve use	ed	
	b Applica	able month (er	nter code)				21k)		3			
22	Weighted	d average retire	ement age				22 70						
23	Mortality	table(s) (see i	nstructions)	Preso	cribed - combined Pre	escribed - separate	Sub	stitute	Э				
Pa	art VI	Miscellane	ous Items										
24		•	·		arial assumptions for the curren						res X	No	
25	Has a me	ethod change b	peen made for the curr	ent plan	year? If "Yes," see instruction	s regarding required attacl	nment.				Yes X	No	
26	Is the pla	n required to p	provide a Schedule of	Active Pa	articipants? If "Yes," see instru	ctions regarding required a	attachn	nent.			∕es X	No	
27					applicable code and see instru		27						
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years												
					ars		28				0)	
29					npaid minimum required contrib	• •	29				0)	
30	Remainir	ng amount of u	npaid minimum require	ed contri	ibutions (line 28 minus line 29)		30				0)	
Pa	art VIII	Minimum	Required Contril	oution	For Current Year								
31	Target n	ormal cost and	l excess assets (see ir	struction	ns):								
	a Target	normal cost (lir	ne 6)				31a	1			3332		
	b Excess	assets, if app	licable, but not greater	than lin	e 31a		31k)			0	1	
32	Amortiza	tion installmen	ts:			Outstanding Bala	ince		Ir	stallme	nt		
	a Net sho	ortfall amortiza	tion installment				136007	,	22603				
							()			0	l	
33					r the date of the ruling letter gra) and the waived amount		33						
34	Total fun	ding requireme	ent before reflecting ca	rryover/	prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34				25935		
					Carryover balance	Prefunding balar	nce		То	tal balar	nce		
35			e to offset funding								0)	
36	Additiona	al cash require	ment (line 34 minus lin	e 35)			36				25935		
37	Contribut	ions allocated	toward minimum requ	ired con	tribution for current year adjuste	ed to valuation date (line	37				26238	}	
38	<u> </u>		s contributions for curr					<u> </u>					
							38a	1			303		
		•	•		efunding and funding standard		38k	•			0)	
39				-	r (excess, if any, of line 36 over		39				0)	
40	Unpaid m	ninimum requir	ed contributions for all	years			40				0	1	
Pa	rt IX	Pension I	Funding Relief U	nder P	ension Relief Act of 20	10 (See Instructions	s)						
41	If an elec	tion was made	to use PRA 2010 fund	ding relie	ef for this plan:								
	a Schedu	ule elected						. 🔲 :	2 plus 7 yea	rs 🗍	15 years	3	
	b Eligible	plan year(s) f	or which the election in	line 41	a was made			2008	8 2009	2010	2011	1	
42	Amount o	of acceleration	adjustment				42		<u> </u>		_		
43	Excess in	stallment acce	eleration amount to be	carried o	over to future plan years		43						

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).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as	an attachment to Form	5500 or 5	5500-SF.			
For calendar plan year 2016 or fiscal plan	year beginning	01/01/2016		and endin	g	12/3	1/2016
▶ Round off amounts to nearest dolla	r.						
▶ Caution: A penalty of \$1,000 will be a	ssessed for late filing of	this report unless reason	nable caus	se is establishe	d.		
A Name of plan				B Three-di	git		
Premier Walk-In Clinic B	Pension Plan			plan nun	nber (PN)	•	001
0.51				D			n
C Plan sponsor's name as shown on line Premier Walk-In Clinic 8				D Employer 20-155		tion Number (E	=IN)
TICMICI WAIN IN CITITO	. IIImary care,	1. 1. 0.		20 100	3372		
E Tong of plane D Oberlan D Maddinia A	D Marketa D	F D/		1 400 (П 404 Б	·00	500
E Type of plan: X Single Multiple-A	Multiple-B	F Prior year pla	an size: X	100 or fewer	101-5	More tr	nan 500
Part I Basic Information							
1 Enter the valuation date:	Month12 Da	ay <u>31</u> Year _	2016				
2 Assets:							
a Market value					. 2a		1,422,915
b Actuarial value					. 2b		1,392,109
3 Funding target/participant count brea	akdown		` '	lumber of	. ,	ted Funding	(3) Total Funding
				ticipants	Т	arget	Target
a For retired participants and benefit	31,			0		0	0
b For terminated vested participants				0		0	0
C For active participants				4	1,	527,435	1,528,116
d Total				4	1,	527,435	1,528,116
4 If the plan is in at-risk status, check t	he box and complete line	es (a) and (b)		1			
a Funding target disregarding presc	ribed at-risk assumptions	S			4a		
b Funding target reflecting at-risk as	·				:-1		
status for fewer than five consecut							
5 Effective interest rate					5		5.95%
6 Target normal cost					6		3,332
Statement by Enrolled Actuary							
To the best of my knowledge, the information suppl accordance with applicable law and regulations. In	ed in this schedule and accompany opinion, each other assumption	eanying schedules, statements and ion is reasonable (taking into acc	nd attachmen count the exp	ts, if any, is complet erience of the plan a	e and accura ind reasonab	ite. Each prescribed le expectations) an	d assumption was applied in d such other assumptions, in
combination, offer my best estimate of anticipated e	xperience under the plan.						
SIGN	1 1	1					
HERE	. 2. %	lan				1/19/18	
Sig	nature of actuary					Date	
Steven D. Olson						17-0422	1
Type or	print name of actuary			- '-	Most re	ecent enrollme	nt number
Ascensus					(813) 490-3	1223
	Firm name			Te	elephone	number (includ	ling area code)
1000 North Ashley Drive							-
Suite 925							
Tampa	ddress of the firm	FL 33602		_			
A	Juless of the firm						
If the actuary has not fully reflected any reg	ulation or ruling promule	gated under the statute in	n completi	ng this schedul	e, check t	he box and se	е П

instructions

aa	е	2	_	

Pa	art II	Begir	nning of Year	Carryov	er and Prefund	ding Bala	ances								
_									(a) C	arryover balanc	е	(b) F	Prefundi	ng balance	
7		Ū	0 , ,		able adjustments (li		•				0			0	
8			•	•	nding requirement (•	•				0			0	
9	,										0			0	
10			- `	,	rn of <u>-4.43</u> %.						0			0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balan	ice:									
	a Preser	nt value o	of excess contribut	ions (line 3	38a from prior year)									30176	
					a over line 38b from interest rate of 6										
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using pric	or year's ac	tual							0	
														0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefundir	ng balance								30176	
	d Portion	n of (c) to	be added to pref	unding bala	ance			•						0	
12	Other red	ductions i	in balances due to	elections	or deemed election	ıs					0			0	
13	Balance	at beginr	ning of current yea	r (line 9 + l	line 10 + line 11d –	line 12)					0			0	
Р	art III	Fun	ding Percenta	ages											
14	Funding	target att	ainment percenta	ge									14	91.09%	
15 Adjusted funding target attainment percentage 92												92.62%			
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											16	99.52%			
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 perce	nt of the fur	nding tar	get, e	enter suc	ch percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls										
18					ar by employer(s) a										
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount pai employees		(a) Date (b) Amou (MM-DD-YYYY) employed					(0	-	nt paid by oyees	
•	9/09/2	,		27 , 500	, ,					, ,	()			,	
									40(1)			40()			
40							Totals ▶		18(b)		27,500	18(c)		0	
19					uctions for small plants						year:				
	_				num required contrusted to valuation of						19b			0	
					red contribution for c						19c			0 26 , 238	
20			itions and liquidity		rea continuation to	differit year	aajaotoa	10 10	ilaction a	ato	100			20,230	
	-				e prior year?								X	Yes No	
			_		installments for the									Yes X No	
					nplete the following				•					<u> </u>	
					Liquidity shortfall					·					
		(1) 1s	t		(2) 2nd				(3)	3rd			(4) 4th	1	

Part V		Assumpti	ons Used to Determin	ne Funding Target and Tar	get Normal Cost		
21	Discount						
	a Segme	ent rates:	1st segment:	2nd segment: 5 91 %	3rd segment:		N/A, full yield curve used
	b Applica	hle month (er	4.43 %	5.91 %	6.65 %	21b	
22	 		,			22	70
			_		scribed - separate	Substitu	
	-	Miscellane					<u> </u>
				uarial assumptions for the current	olan vear? If "Yes." see ii	nstructions	s regarding required
25	Has a me	ethod change b	peen made for the current of	an year? If "Yes," see instructions	regarding required attach	ment	
				Participants? If "Yes," see instruct		attachment	t Yes 🗓 No
27		•	•	er applicable code and see instruc		27	
P	art VII	Reconcilia	ation of Unpaid Minin	num Required Contribution	ns For Prior Years	I.	
28	Unpaid m			years		28	0
29				unpaid minimum required contribu	' '	29	0
30				ntributions (line 28 minus line 29)		30	<u> </u>
	art VIII	Ĭ	Required Contribution	· · · · · · · · · · · · · · · · · · ·		30	0
			excess assets (see instruct				
			,			31a	3,332
	_			line 31a		31b	0
32	Amortiza	tion installmen	ts:		Outstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	tion installment		13	36 , 007	22,603
	b Waiver	amortization i	nstallment			0	0
33				ter the date of the ruling letter gran) and the waived amount		33	
34				er/prefunding balances (lines 31a -		34	25,935
			<u> </u>	Carryover balance	Prefunding balar	ice	Total balance
35	Balances	elected for us	e to offset funding				
							0
36	Additiona	ıl cash require	ment (line 34 minus line 35).			36	25 , 935
37				ontribution for current year adjusted		37	26 220
38			s contributions for current ye	ar (see instructions)			26,238
			·	ar (see instructions)		38a	303
	_		•	orefunding and funding standard ca		38b	0
39				ear (excess, if any, of line 36 over I		39	0
40	Unpaid m	ninimum requir	red contributions for all years			40	0
Pa	rt IX	Pension I	Funding Relief Under	Pension Relief Act of 201	0 (See Instructions	5)	
41	If an elec	tion was made	to use PRA 2010 funding re	elief for this plan:			
	a Schedu	ıle elected					2 plus 7 years 15 years
	b Eligible	plan year(s) f	or which the election in line	41a was made		200	08 2009 2010 2011
42	Amount o	f acceleration	adjustment			42	
43	Excess in	stallment acce	eleration amount to be carrie	d over to future plan years		43	

ATTACHMENT TO SCHEDULE SB (form 5500) Line 19

Name of Plan Sponsor: Premier Walk-In Clinic & Primary Care, L.L.C.

Name of Plan: Premier Walk-In Clinic Pension Plan

Plan Sponsors EIN: 20-1553372

Plan Number: 001

Reference: Line 19 Valuation Date: 12/31/2016

Effective Interest Rate: 5.95%

Quarterly Contribution Requirement: \$1,052 Effective Interest Rate + 5.0%: 10.95%

Quarterly Due Date	Actual Contribution Date	Amount Due	Days Late	Late Payment Penalty	Days to 12/31	Interest	Total for Line 19c
04/15/2016 07/15/2016 10/15/2016 01/15/2017	09/09/2017 09/09/2017 09/09/2017 09/09/2017	1,052 1,052 1,052 1,052 1,052	512 421 329 237	63 53 41 30	-252 -252 -252 -252 -252	-41 -41 -41 -41	948 958 970 981
Total Quarterlies		4,208		187		-164	3,857
	Other Contribution Dates	Contribution Amount			Days to 12/31	Interest	Total for Line 19c
	09/09/2017	23,292			-252	-911	22,381
Total Other		23,292				-911	22,381
Total		27,500		187		-1,075	26,238

Method = (contribution x rate) ^ (days/365)
Rate is valuation effective investment return rate

ATTACHMENT TO SCHEDULE SB (FORM 5500) Line 22

Name of Plan Sponsor: Premier Walk-In Clinic & Primary Care, LLC

Name of Plan: Premier Walk-In Clinic Pension Plan

Plan Sponsor's EIN: 20-1553372

Plan Number: 001

Reference: Line 22

All participants, except the owner, are assumed to retire at their Normal Retirement Age. The owner is assumed to retire at Age 70. If later, the assumed retirement age is one year from the valuation date.

Method of Weighted Average Retirement Age:

The sum of the product of the assumed retirement age for each participant and the present value of accrued benefits using plan rates divided by the sum of present value of accrued benefits.

ATTACHMENT TO SCHEDULE SB (form 5500) Line 32

Name of Plan Sponsor: Premier Walk-In Clinic & Primary Care, L.L.C.

Name of Plan: Premier Walk-In Clinic Pension Plan

Plan Sponsors EIN: 20-1553372

Plan Number: 001
Reference: Line 32
Valuation Date: 12/31/2016

Type of Base	Effective Date	Interest Rate	Initial Amount	Initial Amort	Current Balance	Remaining Amortization	Payment
Shortfall	12/31/2015	4.43/5.91	6,763	7.00	6,012	6.00	1,125
Shortfall	12/31/2016	4.43/5.91	129,995	7.00	129,995	7.00	21,748
Totals					136,007		22,603

Premier Walk-In Clinic & Primary Care, L.L.C.

Premier Walk-In Clinic Pension Plan

Plan Sponsor's EIN: 20-1553372 Plan Number: 001 Schedule SB, Part V - Statement of Actuarial Assumptions

Funding Method:

Male:

Female:

N/A N/A

Cost Method: PPA Unit Credit

Asset Valuation: Assets on the valuation date are equal to the prior year assets adjusted for contributions and payments and interest at the valuation rate, subject to the 90%/110% market value corridor.

valuation rate, subj	ect to the 9	U%/11U% mar	ket value co	rridor.					
Target Assumption	<u>s:</u>				Options:				
Male Nonannuitant	t :	2016 Nonannui	tant Male		Use optional o	combined mo	rtality table	e for small plans:	Yes
Female Nonannuita	ınt:	2016 Nonannui	tant Female		Use discount	rate transitio	n:		No
Male Annuitant:		2016 Annuitant	Male		Lump sums u	se proposed	regulations:		Yes
Female Annuitant: 2016 Annuitant Female					Actuarial Equ				
Applicable months from valuation month: 3					Stability period: plan year		n year		
Probability of lump	sum:		0.0	0%	Lookback months: 1				
Use pre-retirement	mortality:		No		Nonannuitant:		N/A	A	
					Annuitant:		20	16 Applicable	
		<u>1st</u>	<u>2nd</u>	3rd		1st	2nd	<u>3rd</u>	
Segment rates:		1.52	3.80	4.79	Current:	1.82	4.12	5.01	
25 year average rat	es:	4.92	6.57	7.39	Override:	0.00	0.00	0.00	
Final rates:		4.43	5.91	6.65	o verride.	0.00	0.00	0.00	
Override:		0.00	0.00	0.00					
Salary Scale					Late Retireme	ent Rates			
Male:	0.00%				Male:	N/A			
Female:	0.00%				Female:	N/A			
Withdrawal					Marriage Pro	<u>bability</u>			Setback
Male:	N/A				Male:		0.00%		0
Female:	N/A				Female:		0.00%		
Withdrawal-Select					Expense loadi	ing:	0.00%		
Male:	N/A				Disability Rate	<u>es</u>			
Female:	N/A				Male:	N/A			
Early Retirement B	Rates				Female:	N/A			
Male:	N/A					Mo	rtality_		Setback
Female:	N/A				Male:	N/A			0
Subsidized Early R	etirement F	Rates			Female:	N/A			0

Premier Walk-In Clinic & Primary Care, LLC

Premier Walk-In Clinic Pension Plan

Plan Sponsor's EIN: 20-1553372 Plan Number: 001 Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE 01/01/2007

VALUATION

12/31/2016

DATE

ELIGIBILITY Minimum Age: 21

Minimum Service: 1 Year Entry 1/1 or 7/1 next following

Excludes union employees and non-resident aliens

HOURS Eligibility – 1,000 hours

REQUIREMENT Credited Year of Service – 1,000 hours

Vesting – 1,000 Hours

AVERAGE Average of annual compensation during 3 consecutive determination periods that produces the

ANNUAL

NNUAL highest average during all plan years

COMPENSATION

NORMAL Age 65 or participant's fifth anniversary of joining the plan, if later

RETIREMENT

BENEFIT 3% of Average Compensation per Credited Year of Service (up to 25)

FORMULA Years before effective date of plan are excluded for benefit accrual purposes

NORMAL FORM

OF BENEFIT

Life Annuity

EARLY N/A. No Early Retirement provision is provided

RETIREMENT

VESTING 6-year graded schedule

SCHEDULE Service prior to effective date of the plan is not counted for vesting purposes

ACTUARIAL Pre-retirement: 5.5%

EQUIVALENCE Post-retirement: 5.5% & 1994 GAR Unisex Table projected to 2002

DEATH BENEFIT Excess of present value of participant's vested accrued benefit minus present value of QPSA benefit

DISABILITY

BENEFIT

N/A. No Disability Benefit provision is provided

LATE The greater of the Normal Retirement benefit and Actuarial Equivalent benefit

RETIREMENT

Form 5500-SF

Department of the Treasury Internat 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

		t Identification Information	and	12/31/20	1.6
	r plan year 2016 or	fiscal plan year beginning	01/01/2016 and ending a multiple-employer plan (not multiemployer)		
		X a single-employer plan	list of participating employer information in a	accordance with the fo	orm instructions.)
A This retu	urn/report is for:	a one-participant plan	a foreign plan		
B This retu	m/report is	the first return/report	the final return/report		
D THIS FOLK	itin oport is	an amended return/report	a short plan year return/report (less than 12	months)	
_				DFVC program	
C Check b	oox if filing under:	∑ Form 5558	automatic extension		
			cription) Hurricane Irma IR2017-159	1PA 33602	
Part II	Basic Plan Inf	ormation—enter all requested i	nformation	1h Thurs disit	T
1a Name		and the second second second second		1b Three-digit plan number	
Premier	Walk-In Cli	nic Pension Plan		(PN) •	001
				1c Effective date	e of plan
				01/01/20	
2a Plan s	oonsor's name (emp	loyer, if for a single-employer plan)	2b Employer Ide	
Mailing	address (include ro	om, ant, suite no, and street, or P	.O. Box)	(EIN) 20-1	
		nic & Primary	stal code (if foreign, see instructions)	2c Sponsor's tel	
Care, L		iiic & rrimory		(863) 644	
				621111	de (see instructions)
5408 Bu	rat Hickory	Drive		021111	
Valrico			FI. 33596		
	dministrator's name	and address X Same as Plan Sp	onsor.	3b Administrator	r's EIN
				3c Administrator	r's telephone number
				1	
		the least has about discount	on the last return/report filed for this plan, enter the	4h FiN	
4 If the r	name and/or EIN of	the plan sponsor has changed sing	be the last return/report filed for this plan, enter the	4b EiN	
name	, EIN, and the plan i	the plan sponsor has changed sind number from the last return/report.	se the last return/report filed for this plan, enter the	4b EiN	
name a Spons	, EIN, and the plan i or's name	number from the last return/report.		4c PN	4
a Spons 5a Total	, EIN, and the plan i or's name number of participar	number from the last return/report.	Γ	4c PN	
a Spons 5a Total b Total	EIN, and the plan in or's name number of participar number of participar	number from the last return/report. Its at the beginning of the plan year	Γ	4c PN 5a 5b	
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