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

2017

This Form is Open to Public Inspection

Part I		t Identification Information					
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017		and ending 12	2/31/2017	
A This ref	turn/report is for:	X a single-employer plan			n (not multiemployer) (ployer information in ac		
		a one-participant plan	a for	eign plan			
B This retu	urn/report is	the first return/report	H	nal return/report			
C Charlet	box if filing under:	an amended return/report	_		report (less than 12 m	_	
• Check	box ii iiiiiig under.	X Form 5558 special extension (enter descr		matic extension		DFVC prograr	n
Part II	Basic Plan Info	ormation—enter all requested inf	formation				
1a Name		Cities an requested in	ioiiiiatioii			1b Three-digit	
	/ALK-IN CLINIC PEN	SION PLAN				plan numbe	
						(PN) ▶	001
						1c Effective da	ate of plan 01/01/2007
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)					dentification Number
Mailing	g address (include roo	om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		f foreign, see instru	uctions)		20-1553372
		RIMARY CARE, L. L. C.	.ai code (ii	i loreign, see msuc	ictions)		telephone number 3-644-3400
						2d Business c	ode (see instructions)
5408 BURNT VALRICO, F	FHICKORY DRIVE						621111
VALITIOO, I	2 00000						
3a Plan a	dministrator's name a	and address X Same as Plan Spon	nsor.			3b Administrat	tor's EIN
						3c Administrat	tor's telephone number
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name ha	ac change	ad since the last re	turn/report filed for	4b EIN	
this pl	an, enter the plan spo	onsor's name, EIN, the plan name a					
a Spons C Plan N	or's name lame					4d PN	
5a Total i	number of participants	s at the beginning of the plan year				5a	4
		s 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 pa	articipants at the beginning of the pla	lan year			5d(1)	4
		articipants at the end of the plan yea				5d(2)	4
than	100% vested	o terminated employment during the				5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report v	will be assessed ι	ınless reasonable caı		
SB or Sche	edule MB completed a	other penalties set forth in the instruc- and signed by an enrolled actuary, a					
SIGN	Filed with authorized	d/valid electronic signature.	1	0/02/2018	NARINDER BRAR		
HERE	Signature of plan			Date	Enter name of individ	ual signing as pla	n administrator
SIGN							
HERE	6:			2-1-			

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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	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	an indepei and condit	ndent qualified public a	ccount	ant (IQ	PA)		X Yes No X Yes No
_	If you answered "No" to either line 6a or line 6b, the plan cann					_		
С	If the plan is a defined benefit plan, is it covered under the PBGC in						<u></u>	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	е РВСС р	remium filing for this p	ian yea	r			. (See instructions.)
Pa	t III Financial Information	_						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
а	Total plan assets	. 7a	145	50415				1601780
b	Total plan liabilities	. 7b		0				
С	Net plan assets (subtract line 7b from line 7a)	. 7c	145	50415				1601780
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Γotal
а	Contributions received or receivable from: (1) Employers	. 8a(1)		35000				
	(2) Participants	. 8a(2)		0				
	(3) Others (including rollovers)	. 8a(3)		0				
b	Other income (loss)	. 8b	12	25764				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						160764
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		9399				
g	Other expenses	. 8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						9399
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						151365
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 1A 3B 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the inst	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	,	4.0		V		
b	Program)			10a		Χ		
	reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			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	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		Χ			
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	X	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter t Day		of the letter Year	ruling
lf y	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			
С	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			
е	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	s X No)
	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
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3)	PN(s)

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

2017

This Form is Open to Public Inspection

Fo	or calendar plan year 2017 or fiscal plan year beginning 01/01/2017		and endin	g 12/3	31/2017	
•	Round off amounts to nearest dollar.					
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonab	ole caus	e is establishe	d.		
	Name of plan		B Three-di	git		
	PREMIER WALK-IN CLINIC PENSION PLAN		plan nun	nber (PN) •	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identific	ation Number (EIN)
	PREMIER WALK-IN CLINIC & PRIMARY CARE, L. L. C.		1 -7-	20-15	,	,
E	Type of plan: X Single Multiple-A Multiple-B F Prior year plan s	size: X	100 or fewer	101-	500 More t	nan 500
F	Part I Basic Information					
1	Enter the valuation date: Month 12 Day 31 Year 2017	7				
2	Assets:					
	a Market value			. 2a		1566780
	b Actuarial value			. 2b		1514823
3	Funding target/participant count breakdown	` '	umber of icipants		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		1663715	1663715
	d Total		4		1663715	1663715
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 at-risk status for fewer than five consecutive years and disregarding loading factor			4b		
5	Effective interest rate			5		5.72 %
6	Target normal cost			6		3343
	Itement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and at accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accoun combination, offer my best estimate of anticipated experience under the plan.					
	SIGN HERE				09/28/201	18
	Signature of actuary				Date	
	STEVEN D. OLSON				17-0422	1
	Type or print name of actuary			Most	recent enrollme	nt number
	ASCENSUS, LLC				813-490-1	223
5	Firm name 2203 N. LOIS AVE. BUITE 1150 FAMPA, FL 33607		T€	elephone	number (includ	ling area code)
	Address of the firm					
	e actuary has not fully reflected any regulation or ruling promulgated under the statute in co	ompletin	g this schedul	e, check	the box and se	е

Page 2	? - ·
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P	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances								
						-		(a) C	arryover balance)	(b) F	refundin	g balance	
7		•	0 1 7		able adjustments (line 13 fro					0			0	
8			•	•	nding requirement (line 35 f					0			0	
9	Amount	remainin	g (line 7 minus line	8)						0			0	
10	Interest	on line 9	using prior year's	actual retu	rn of <u>6.82</u> %					0			0	
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:									
				,	ons (line 38a from prior year)						303			
					a over line 38b from prior ye interest rate of							18		
	` ,		•	•	edule SB, using prior year's								0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding baland	e							321	
	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	
					line 10 + line 11d – line 12)					0			0	
P	art III	Fun	ding Percent	ages							·			
				<u> </u>								14	91.05%	
					entage							15	92.88%	
16					of determining whether carry					o reduc	e current	16	91.09%	
17	•				less than 70 percent of the							17	%	
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18					ar by employer(s) and empl									
(1)	(a) Dat √M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(b) Amount paid by employer(s)				(c) Amount paid by employees			
C	9/04/2018	3		35000										
						Totals ▶		18(b)		3500	18(c)			
19	Discount	ed emplo	wer contributions	_ see instr	uctions for small plan with a	l.			heginning of the		10(0)		0	
13			•		•					19a			0	
<u> </u>								19b			0			
				,	ired contribution for current ye				-	19c			32567	
20			itions and liquidity		•	<u> </u>								
					e prior year?							X	Yes No	
	b If line	20a is "Y	es," were required	l quarterly	installments for the current	year made ir	n a tir	nely ma	anner?				Yes X No	
	C If line	20a is "Y	es," see instructio	ns and cor	mplete the following table as	applicable:								
		(4) 4			Liquidity shortfall as of en	d of quarter	of thi					(4)		
		(1) 1s	Ţ		(2) 2nd			(3)	3rd			(4) 4th		

Б	art V	Accumpti	iono Hood te	o Dotormina	Funding Target and	I Target Na	armal Coat						
21		•	ons used to	Determine	FI UNUMBER AND	ı raryet NC	Jillai CUSL						
		ent rates:	1st se	gment:	2nd segment:		3rd segment:			П			
	a cog	on ratos.		4.16%	5.72%		6.48 %			N/A, ful	yield (curv	e used
	b Applic	able month (e	nter code)					21	b		3		
22	Weighted	d average retir	ement age					22	2		70		
23	Mortality	table(s) (see	instructions)	X Pres	cribed - combined	Prescribed -	separate	Sub	stitute				
Pa	art VI	Miscellane	ous Items										
				rescribed actua	arial assumptions for the cu	rrent plan vea	r? If "Yes." see i	nstruc	tions r	egarding re	nuired		
		•								•	· 🖂	Yes	X No
25	Has a me	athod change	hoon made for	the current plan	n year? If "Yes," see instruc	tions rogardin	a required attack	mont				Yes	X No
	i ias a ilie	ethou change	been made for	ine current plai	ryear: II Tes, see Ilistiut	dions regardin	y required attaci	IIII C III.			·····□	163	NO NO
26	Is the pla	n required to p	provide a Sched	dule of Active P	articipants? If "Yes," see ir	structions reg	arding required a	ıttachı	ment			Yes	X No
27					r applicable code and see in		arding	27	,				
							D: V						
	art VII				um Required Contrib			20	,				
28 29					ears unpaid minimum required co			28					0
23		' '					, ,	29)				0
30	Remainir	ng amount of ι	ınpaid minimum	n required contr	ibutions (line 28 minus line	29)		30)				0
Pa	art VIII	Minimum	Required C	ontribution	For Current Year								
31	Target n	ormal cost and	d excess assets	s (see instructio	ns):								
	a Target	normal cost (li	ne 6)					31	а				3343
	b Excess	s assets, if app	olicable, but not	greater than lin	ne 31a			31	b				0
32	Amortiza	tion installmer	nts:			(Outstanding Bala	nce		In	stallme	nt	
	a Net sh	ortfall amortiza	ation installmen	t			1	4889	2			2	7248
	b Waive	r amortization	installment										
33					r the date of the ruling lette			33	3				
24) and the waived amo			2.6	_			2	0504
-34	l otal fun	aing requirem	ent before refle	cting carryover/	prefunding balances (lines			34	•				0591
					Carryover balance		Prefunding balar	ice		10	al bala	nce	
35			se to offset fund	•									0
36								36				3	0591
37					stribution for current year ac								0091
51					vear ac			37				3	2567
38	Present	value of exces	s contributions	for current year	(see instructions)								
	a Total (excess, if any,	of line 37 over	line 36)				38	а		-		1976
	b Portion	n included in lir	ne 38a attributa	ble to use of pr	efunding and funding stand	ard carryover	balances	38	b				
39	Unpaid n	ninimum requi	red contribution	for current yea	er (excess, if any, of line 36	over line 37)		39)				0
40								40)				0
Pai	rt IX	Pension	Funding Re	lief Under F	Pension Relief Act of	2010 (See	Instructions	5)					
41	If an elec	tion was made	to use PRA 20	010 funding relie	ef for this plan:								
_	a Schedi	ule elected	<u>-</u>						2	plus 7 yea	s	15	years
	b Eligible	e plan year(s)	for which the el	ection in line 41	a was made				2008	2009	2010		2011
42	Amount o	of acceleration	adjustment					42	2	-			
43	Excess in	nstallment acce	eleration amour	nt to be carried	over to future plan years			43	3				

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).

2017

OMB No. 1210-0110

This Form is Open to Public

Inspection

			File as a	n attachment to Form	5500 or 5	500-SF.			
Fo	r calendar p	olan year 2017 or fiscal plar	n year beginning	01/01/2017		and ending	9	12/3	1/2017
		amounts to nearest dolla							
•	Caution: A	A penalty of \$1,000 will be a	assessed for late filing of t	his report unless reaso	nable caus	e is established	d.		
A I	Name of pla	an				B Three-dig	jit		
P	remier	Walk-In Clinic	Pension Plan			plan num	ber (PN)	•	001
_	Dian anana	or's name as shown on line	20 of Form 5500 or 5500	CE .		D Employer	Idoptifico	tion Number (E	=INI\
		Walk-In Clinic				20-1553		uon number (c	=IIN)
	Temter	wark in Cillic	a lilmary care,	п. п. с.		20 1333	0012		
F -	Type of plan	: X Single Multiple-A	Multiple-B	F Prior year pla	an size: 🛛	100 or fewer	101-5	00 More th	nan 500
		<u> </u>	Williapie B	1 Horyour pi	AIT 0120. [X]	100 01 10 101		oo 🔲 word u	1011 000
		Basic Information	Month 12 Day	v 31 Year	2017				
<u>1</u>		valuation date:	Month Day	y <u>31</u> Year _	2017				
2	Assets:						2a		1 566 700
		value					+		1,566,780
		ial value			1		2b		1,514,823
3	Funding	target/participant count brea	akdown		` '	umber of ticipants	. ,	ted Funding arget	(3) Total Funding Target
	a For ret	ired participants and benefi	ciaries receiving payment			0		0	0
	b For ter	minated vested participants	3			0		0	0
		ive participants				4	1.	663,715	1,663,715
	d Total					4		663,715	1,663,715
4		n is in at-risk status, check					± /	003/113	1,003,713
		g target disregarding presc			<u> </u>		4a		
		g target reflecting at-risk as							
		status for fewer than five co							
5	Effective	interest rate					5		5.72 %
6	Target no	ormal cost					6		3,343
	-	Enrolled Actuary							
	accordance wi	my knowledge, the information supp th applicable law and regulations. In	my opinion, each other assumptio						
	combination, o	ffer my best estimate of anticipated	experience under the plan.						
;	SIGN	1	ta D. Open					0/20/10	
ŀ	HERE	~	ac 2. 7-2					9/28/18	
		Sig	gnature of actuary					Date	
St	even D	. Olson						17-0422	1
		Type or	r print name of actuary					ecent enrollme	
As	census	, LLC					(813) 490-1	1223
			Firm name			Te	lephone i	number (includ	ing area code)
		Lois Ave.							
	uite 11	50		ET 22607					
1.9	mpa	Α	ddress of the firm	FL 33607					
f the	actuany ho	as not fully reflected any reg	rulation or ruling promulas	ated under the statute in	n completir	na this schodula	check t	he hov and so	
	uctions	as not rully reflected any reg	guiation or running promulge	itou unuer the statute ii	i compietii	ig ii iio ochedult	, UIICUN I	no box and Se	

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Schedule SB	(Form	5500	2017
ochequie ob	(FOIIII	SOUU) ZU I /

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							
				•			(a) C	Carryover balance		(b) F	refundii	ng balance	
7		•	•		able adjustments (line 13 fror				0			0	
8			•	•	nding requirement (line 35 fro	•			0			0	
9	Amount r	emaining	g (line 7 minus line	8)					0			0	
10	Interest of	on line 9	using prior year's	actual retur	n of <u>6.82</u> %				0			0	
11	Prior yea	r's exces	s contributions to	be added t	o prefunding balance:								
	a Preser	nt value o	f excess contribut	ions (line 3	8a from prior year)							303	
	b(1) Inte	erest on t nedule SI	the excess, if any, B, using prior year	of line 38a 's effective	over line 38b from prior yea interest rate of _5.95 _%	r 6				18			
	b(2) Inte	erest on I	ine 38b from prior	year Sche	dule SB, using prior year's a	ctual							
					r to add to prefunding balance							0	
												321	
	u Portion	n of (c) to	be added to prefi	unding bala	ance							0	
					or deemed elections				0			0	
13	Balance				ine 10 + line 11d – line 12)				0			0	
Part III Funding Percentages													
14	Funding	target att	ainment percenta	ge							14	91.05%	
											15	92.88%	
16					f determining whether carryo				reduce	current	16	91.09%	
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the fo	unding targ	get, enter su	ch percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18					ar by employer(s) and emplo	_							
(N	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		Date D-YYYY)	id by s)	(c) Amount paid by employees				
0	9/04/2	2018		35,000									
						Totals ▶	18(b)			18(c)			
10	Discount	مط مصمام	v cor contributions	ana inatri	rations for amall plan with a		, ,		5.000	10(0)		0	
19					uctions for small plan with a volum required contributions fr				9a			0	
b Contributions made to avoid restrictions adjusted to valuation date										32 , 567			
20			itions and liquidity	•	ca continuation for carrein year	ii dajastoa	o valuation c					32,307	
	•				e prior year?						X	Yes No	
	b If line 2	20a is "Y	es," were required	l quarterly i	nstallments for the current y	ear made i	n a timely m	anner?				Yes X No	
	C If line 2	20a is "Y	es," see instructio	ns and com	plete the following table as	applicable:							
		(4) 4	•		Liquidity shortfall as of end	of quarter					(4) 411		
		(1) 1s	l		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>	

P	art V	Assumpti	ons Used to Determine	e Funding Target and Tar	get Normal Cost					
21	Discount	rate:								
	a Segme	ent rates:	3rd segment: 6.48 %		N/A, full yield curve used					
	b Applica	able month (er	21b	3						
22	Weighted	average retire	22	70						
23	Mortality table(s) (see instructions)									
Pa	Part VI Miscellaneous Items									
24		•	·	arial assumptions for the current p	•		· · ·			
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment									
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instructi	ions regarding required a	ttachment	Yes X No			
27			_	r applicable code and see instruct		27				
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	ns For Prior Years					
28	Unpaid m	inimum requir	red contributions for all prior ye	ears		28	0			
29				unpaid minimum required contribu	' '	29	0			
30	Remainin	g amount of u	inpaid minimum required conti	ributions (line 28 minus line 29)		30	0			
Pa	Part VIII Minimum Required Contribution For Current Year									
31	31 Target normal cost and excess assets (see instructions):									
a Target normal cost (line 6)										
	b Excess assets, if applicable, but not greater than line 31a									
32	Amortizat	ion installmen	nce	Installment						
	a Net shortfall amortization installment									
	b Waiver amortization installment									
33				er the date of the ruling letter grant) and the waived amount		33				
34	Total fund	ding requireme	ent before reflecting carryover.	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	30,591			
				Carryover balance	Prefunding balan	ce	Total balance			
35			e to offset funding				0			
36	Additiona	I cash require	ment (line 34 minus line 35)			36	30,591			
37	36 Additional cash requirement (line 34 minus line 35)									
38	Present v	alue of excess	s contributions for current yea	r (see instructions)		•				
	a Total (excess, if any, of line 37 over line 36)									
39	Unpaid m	inimum requir	39	0						
40 Unpaid minimum required contributions for all years							0			
Pa	rt IX	Pension I	Funding Relief Under I	Pension Relief Act of 2010	0 (See Instructions)				
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:						
	a Schedu	le elected					2 plus 7 years 15 years			
	b Eligible	plan year(s) f	or which the election in line 4°	1a was made		200	08 2009 2010 2011			
42	Amount o	f acceleration	adjustment			42				
43	Excess in	stallment acce	eleration amount to be carried	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: 12/31/2017

Effective Interest Rate: 5.72%

Quarterly Contribution Requirement: \$6,484 Effective Interest Rate + 5.0%: 10.72%

Quarterly Due Date	Actual Contribution Date	Amount Due	Days Late	Late Payment Penalty	Days to 12/31	Interest	Total for Line 19c
04/15/2017 07/15/2017 10/15/2017 01/15/2018	09/04/2018 09/04/2018 09/04/2018 09/04/2018	6,484 6,484 6,484 6,484	507 416 324 232	388 320 250 180	-247 -247 -247 -247 -247	-240 -240 -240 -240	5,856 5,924 5,994 6,064
Total Quarterlies		25,936		1,138		-960	23,838
	Other Contribution Dates	Contribution Amount			Days to 12/31	Interest	Total for Line 19c
	09/04/2018	9,064			-247	-335	8,729
Total Other		9,064				-335	8,729
Total		35,000		1,138		-1,295	32,567

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Part I

Department of Labor

Pension Benefit Guaranty Corporation

Annual Report Identification Information

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.

2017

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

_ For Galen	uar plan year 2017 or	riscal plan year beginning	<u> </u>	and ending	<u> 12/31/20</u>	017			
_		a single-employer plan		plan (not multiemployer)					
A This re	eturn/report is for:		list of participating employer information in accordance with the form instructions.)						
5		a one-participant plan	☐ a foreign plan						
B This re	turn/report is	the first return/report	the final return/report	-					
		an amended return/report	a short plan year retu	urn/report (less than 12 n	nonths)				
C Check	box if filing under:				_				
• Chicon	Cook in mining direct.	∑ Form 5558 ☐	automatic extension		DFVC program				
D-4 !!	I Desir Di I	special extension (enter des							
Part II		formation—enter all requested i	nformation	<u> </u>	···				
1a Name	•	inic Pension Plan			1b Three-digit plan number				
r I Cii. I e	er waik-ii. Ci	Inic Pension Plan			(PN)	001			
					1c Effective date				
					01/01/20	•			
2a Plans	sponsor's name (emp	ployer, if for a single-employer plan)	· · · · · · · · · · · · · · · · · · ·		2b Employer Idea				
Mailin	ng address (include ro	om, apt., suite no. and street, or P.	O. Box)		(EIN)20-15				
⊃remie	or town, state or provi or Maike In Cl	nce, country, and ZIP or foreign pos inic & Primary	stal code (if foreign, see ins	tructions)	2c Sponsor's tele				
Care,	L. L. C.	into a stimary			(863) 644				
					2d Business code				
5408 B	Rurnt Hickory	Drive							
Valric	'n		£11	1 33596	601111				
		and address X Same as Plan Spo		33390	621111	3b Administrator's EIN			
		and dodnote Medine as François	AISOL.		SD Administrator	S EIN			
					3c Administrator	s telephone number			
						.,			
					1				
4 If the	name and/or EIN of t	he plan sponsor or the plan name h	nas changed since the last	return/report filed for	4b EIN	me: •			
this p	ilan, enter the plan sp sor's name	onsor's name, EIN, the plan name	and the plan number from	the last return/report.		··			
C Plan N				•	4d PN				
O FIGURE	value								
5a Total	number of participant	is at the beginning of the plan year.	·	<u> </u>	5a				
		is at the end of the plan year			5b	4			
C Numb	per of participants with	account balances as of the end of	the plan year (anly defined	contribution class	30	4			
comp	lete this item)		we bian year formy defined	Contribution plans	5c				
		articipants at the beginning of the p			5d(1)				
			5d(2)						
e Numb	ber of participants who	enefits that were less							
than	<u>100% ve</u> sted	***************************************			5e	0			
Under pena	A penalty for the late	or incomplete filing of this return ther penalties set forth in the instru	n/report will be assessed	unless reasonable cau	use is established.				
OF AL OCHE	edule MB completed a true, correct, and corr	anu signed by an enfolled actuary, :	ctions, i declars that i have as well as the electronic ve	examined this return/report	port, including, if appl t, and to the best of m	icable, a Schedule ny knowledge and			
SIGN Narinder S Braz 18 Narinder Braz					·				
HERE	Signature of plan	administrator	Date	Enter name of individu	tal signing as plac on	fministrator			
SIGN					aar signing as plan ac	ministrator			
HERE	-			<u>i</u>					

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: 12/31/2017

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	5,193	5.00	1,125
Shortfall	12/31/2016	4.43/5.91	129,995	7.00	115,411	6.00	21,478
Shortfall	12/31/2017	4.43/5.91	28,288	7.00	28,288	7.00	4,645
Totals					148,892		27,248

Premier Walk-In Clinic & Primary Care, LLC

Premier Walk-In Clinic Pension Plan

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

EFFECTIVE DATE 01/01/2007

VALUATION

12/31/2017

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

highest average during all plan years **COMPENSATION**

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

RETIREMENT

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

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

Life Annuity NORMAL FORM

OF BENEFIT

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

Pre-retirement: 5.5% **ACTUARIAL**

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

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: Fair Market Value

Male Nonannuitant: 2017 Nonannuitant Male Use optional combined mortality table for small plans: Yes Female Nonannuitant: 2017 Nonannuitant Female Use discount rate transition: No Male Annuitant: 2017 Annuitant Male Lump sums use proposed regulations: Yes Female Annuitant: 2017 Annuitant Female Actuarial Equivalent Floor Applicable months from valuation month: 3 Stability period: plan year Probability of lump sum: 0.00% Stability period: plan year Use pre-retirement mortality: No Nonannuitant: 1 Nonannuitant: No Nonannuitant: 1 Use pre-retirement mortality: No Nonannuitant: No Lookback months: 1 1 No Annuitant: 0.00% 3.76 4.66 Current: 2.04 4.03 4.82 Segment rates: 4.16 5.72 6.48 Override: 0.00 0.00 0.00 0.00 <th></th>										
Semale Nonannuitant: 2017 Nonannuitant Female	Target Assumptions:					Options:				
Male Annuitant: 2017 Annuitant Male Lump sums use proposed regulations: Yes	Male Nonannuitant:	2017	Nonannui	tant Male		Use optional c	combined mo	rtality table	for small plans:	Yes
Probability of lump sum: 0.00% 1st 0.00% 1st 2.04 4.03 3.74 3.74 3.76 3.76 4.66 4.08 3.72 3.76 4.66 4.08 3.72 3.76 4.66 4.08 3.72 3.76 4.66 4.08 3.72 3.76 4.66 4.08 3.72	Female Nonannuitar	nt: 2017	Nonannui	tant Female		Use discount 1	No			
Applicable months from valuation month: 3	Male Annuitant:	Annuitant	Male		Lump sums us	Yes				
Probability of lump sum: 0.00% Lookback months: 1	Female Annuitant:	2017	Annuitant	Female		Actuarial Equ	<u>iivalent Floor</u>	<u>.</u>		
Use pre-retirement mortality: No Nonannuitant: N/A	Applicable months from valuation month:					Stability perio	od:	pla	n year	
Namuitant: 2017 Applicable	Probability of lump	sum:		0.0	0%	Lookback mo	nths:	1		
1st 2nd 3rd 3rd 2nd 3rd 2nd 3rd 2nd 3rd 2nd 3rd 3rd 2nd 3rd 4.66 2nd 2.04 4.03 4.82 25 year average rates: 4.62 6.35 7.20 Override: 0.00	Use pre-retirement	mortality:		No		Nonannuitant:			A	
Segment rates: 1.75 3.76 4.66 Current: 2.04 4.03 4.82						Annuitant:		20	17 Applicable	
Segment rates: 1.75 3.76 4.66 Current: 2.04 4.03 4.82			<u>1st</u>	<u>2nd</u>	<u>3rd</u>		1.4	2nd	3 nd	
25 year average rates:	Segment rates:		1.75	3.76	4.66	Current				
Final rates: 4.16 5.72 6.48 Override: 0.00 0.00 0.00 Salary Scale Male: 0.00% Female: 0.00% Female: 0.00% Male: N/A Withdrawal Male: N/A Female: N/A Male: 0.00% Withdrawal-Select Expense loading: 0.00% Male: N/A Female: N/A Male: N/A Female: N/A Male: N/A Male: N/A Male: N/A Subsidity Rates Female: N/A Male: N/A	_									
Salary Scale Late Retirement Rates Male: 0.00% Male: N/A Female: 0.00% Female: N/A Withdrawal Male: N/A Setback Male: N/A Male: 0.00% 0 Female: N/A Female: 0.00% 0 Withdrawal-Select Expense loading: 0.00% 0 Male: N/A Disability Rates N/A Female: N/A Male: N/A Male: N/A Male: N/A Male: N/A Setback Male: N/A O	·					Overriue:	0.00	0.00	0.00	
Salary Scale										
Male: 0.00% Male: N/A Female: 0.00% Female: N/A Withdrawal Male: 0.00% 0 Female: N/A Female: 0.00% 0 Withdrawal-Select Expense loading: 0.00% 1 Male: N/A Disability Rates N/A Female: N/A Male: N/A Male: N/A N/A Mortality Setback Female: N/A Male: N/A 0 Subsidized Farty Petirament Pates Male: N/A N/A 0	Override:		0.00	0.00	0.00					
Male: 0.00% Male: N/A Female: 0.00% Female: N/A Withdrawal Male: 0.00% 0 Female: N/A Female: 0.00% 0 Withdrawal-Select Expense loading: 0.00% 1 Male: N/A Disability Rates N/A Female: N/A Male: N/A Male: N/A N/A Mortality Setback Female: N/A Male: N/A 0 Subsidized Farty Petirament Pates Male: N/A N/A 0	Salamy Saala					Lata Datinama	out Dates			
Female: 0.00% Female: N/A	· 	0.000/								
Mithdrawal Marriage Probability Male: N/A Male: 0.00% 0										
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Female: N/A Female: 0.00% Withdrawal-Select Expense loading: 0.00% Male: N/A Disability Rates Female: N/A Male: N/A Early Retirement Rates Female: N/A Male: N/A Male: N/A Male: N/A Female: N/A Male: N/A Male: N/A Subsidized Farly Retirement Pates		N/A				<u> </u>	Name y	0.00%		<u> </u>
Withdrawal-Select Expense loading: 0.00% Male: N/A Disability Rates Female: N/A Male: N/A Early Retirement Rates Female: N/A Mortality Setback Female: N/A Male: N/A 0 Subsidized Fartly Petirement Pates N/A 0						Female:				v
Female: N/A Male: N/A	Withdrawal-Select					Expense loadi	ing:			
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Subsidized Farly Patirament Patas	Female:	N/A				Male:				<u> </u>
remaie: 17/11	Subsidized Early Re	tirement Rates				Female:	N/A			0