

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>09/20/2022</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>BETTERMED URGENT CARE 401(K) RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>07/01/2015</u>
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) <u>VIRGINIA URGENT CARE SPECIALISTS, LLC</u> <u>PO BOX 9422</u> <u>HENRICO, VA 23228</u>	2b Employer Identification Number (EIN) <u>46-4077402</u>
	2c Plan Sponsor's telephone number <u>804-270-0784</u>
	2d Business code (see instructions) <u>621493</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/12/2023	KARL HEADLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 251
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 234 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 3D 3H 2T 3B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 09/20/2022

A Name of plan <u>BETTERMED URGENT CARE 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VIRGINIA URGENT CARE SPECIALISTS, LLC</u>	D Employer Identification Number (EIN) <u>46-4077402</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

NWPS

91-2090931

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

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

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

CLARKSON DAVID, CPA, P.C.

20-8934673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NWPS

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 60 64	NONE	8500	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: STEVE WALLS & ASSOCIATES, PLLC	b EIN: 26-4555225
c Position: ACCOUNTANT	
d Address: 11541 NUCKOLS ROAD, SUITE A GLEN ALLEN, VA 23059	e Telephone: 804-270-0784

Explanation: FIRM WAS MERGED WITH CLARKSON DAVID, CPA, P.C.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **09/20/2022**

A Name of plan BETTERMED URGENT CARE 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 VIRGINIA URGENT CARE SPECIALISTS, LLC	D Employer Identification Number (EIN) 46-4077402

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2776850	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2776850	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	129517	
(B) Participants.....	2a(1)(B)	227523	
(C) Others (including rollovers).....	2a(1)(C)	924	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		357964
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	61	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		61
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-487161
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-129136
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2628801	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2628801
f Corrective distributions (see instructions)	2f		618
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	18295	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		18295
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2647714
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-2776850
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: CLARKSON DAVID, CPA, P.C.

(2) EIN: 20-8934673

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 09/20/2022

A Name of plan <u>BETTERMED URGENT CARE 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VIRGINIA URGENT CARE SPECIALISTS, LLC</u>	D Employer Identification Number (EIN) <u>46-4077402</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 75-3182674

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

**BETTERMED URGENT CARE
401(k) RETIREMENT PLAN**

Financial Statements

**September 20, 2022 (date of asset distribution)
and December 31, 2021**

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CLARKSON ♦ DAVID, CPA

ACCOUNTING FOR YOUR FUTURE

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Certified Valuation Analyst
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Independent Auditor's Report on Financial Statements

The Trustees

BetterMed Urgent Care 401(k) Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of the BetterMed Urgent Care 401(k) Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (hereafter "ERISA Section 103(a)(3)(C) audit"). The financial statements are comprised of the statements of net assets available for benefits as of September 20, 2022 (date of asset distribution) and December 31, 2021 and the related statement of changes in net assets available for benefits for the period from January 1, 2022 through September 20, 2022 (date of asset distribution) and the related notes to the financial statements (collectively hereafter "the financial statements").

The Plan Administrator, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit needs not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

The Plan Administrator has obtained a certification from Matrix Trust Company, a qualified institution, as of September 20, 2022 and December 31, 2021 stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of this report:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Independent Auditor's Report on Financial Statements – continued

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that the Plan Administrator determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("Professional Standards"). Our responsibilities under Professional Standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet other ethical responsibilities, in accordance with the relevant ethical requirements relating to the conduct of our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of the Plan Administrator for the Financial Statements

The Plan Administrator is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. The Plan Administrator's election of the ERISA Section 103(a)(3)(C) audit does not affect the Plan Administrator's responsibility for the financial statements.

The Plan Administrator is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of this report, our objectives are to obtain reasonable assurance whether the Plan's financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an independent auditor's report that includes our opinion.

Independent Auditor's Report on 2021 Financial Statements - continued

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with Professional Standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with Professional Standards, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

Independent Auditor's Report on Financial Statements - continued

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

Emphasis of Matter

As discussed in Note 2, effective May 31, 2022, the Plan Sponsor sold its underlying business operations to entities owned and operated by Hospital Corporation of America ("HCA") in a business acquisition accounted for as an asset sale. In connection with this transaction, the Plan Administrator terminated the Plan effective May 31, 2022. As a result of these matters, the Plan Administrator has presented the accompanying financial statements using the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

A handwritten signature in blue ink that reads "Clarkson David, CPA." The signature is written in a cursive, flowing style.

CLARKSON DAVID, CPA, P.C.
Glen Allen, Virginia
February 16, 2023

BetterMed Urgent Care 401(k) Retirement Plan

Statements of Net Assets Available for Benefits

September 20, 2022 (date of asset distribution) and December 31, 2021

	2022	2021
Assets		
Cash and cash equivalents	\$ -	\$ 32,169
Investments, at fair value (Notes 5 and 7)	-	2,744,681
Total assets	<u>-</u>	<u>2,776,850</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 2,776,850</u>

See accompanying notes to financial statements.

BetterMed Urgent Care 401(k) Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Period from January 1, 2022 through September 20, 2022 (date of asset distribution)

Additions

Interest and dividends	\$ 61
Contributions:	
Company matching contributions	129,517
Employee contributions	227,523
Participant rollover contributions	924
Total contributions	<u>357,964</u>
Total additions	<u>358,025</u>

Deductions

Benefits paid to participants (Note 7)	(2,628,801)
Net depreciation in fair value of investments (Notes 5 and 7)	(487,161)
Corrective distributions	(618)
Administrative expenses (Notes 3, 6 and 7)	(18,295)
Total deductions	<u>(3,134,875)</u>
Net decrease in net assets available for benefits	(2,776,850)

Net Assets Available For Benefits

Beginning of year	<u>2,776,850</u>
End of year	<u>\$ -</u>

See accompanying notes to financial statements.

BetterMed Urgent Care 401(k) Retirement Plan

Notes to Financial Statements

Note 1—Description of Plan

The following description of the BetterMed Urgent Care 401(k) Retirement Plan (the “Plan”) provides only general information. Participants and other interested parties should refer to the Plan document for a more complete description of the Plan’s provisions.

General: The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Employees of the following entities are eligible to participate in the Plan:

1. Virginia Urgent Care Specialists, LLC,
2. Emergency Physicians Immediate Care Center 1, LLC,
3. Emergency Physicians Immediate Care Center 2, LLC, and
4. BetterMed of North Carolina, PLLC.

These commonly owned entities are hereby referred to as the “Company” or “the Plan Sponsor”. Employees are eligible to participate in the Plan when they have attained the age of 21 immediately upon date of hire.

Governance: The Plan has two Trustees – Dr. Paulo Gazoni and Dr. Mark Rausch (collectively hereafter the “Trustees”). The Trustees are responsible for governance of the Plan such as (a) determining the appropriateness of the Plan’s investment offerings, (b) monitoring investment performance, and (c) monitoring administrative fees. Virginia Urgent Care Specialists, LLC is the Plan Sponsor and Plan Administrator.

Custodian: The Plan’s custodian is Matrix Trust Company (the “Custodian”).

Recordkeeper: The Plan’s recordkeeper is Northwest Plan Services, Inc. (“NWPS” or the “Recordkeeper”).

Participant contributions: Participating employees may contribute a portion of their compensation not to exceed the amount allowed under current law. Participants may contribute on a pre-tax or after-tax basis. Participants who have reached age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also rollover amounts representing distributions from other qualified defined contribution plans. The Plan offers approximately 30 publicly-traded mutual funds as investment options for participants.

Company contributions: The Plan has elected the safe harbor features pursuant to Section 401(k)(12) and 401(m)(11). Accordingly, the Company is required to fund a safe harbor contribution in an amount up to a maximum of 100% of participant contributions not to exceed 4% of eligible compensation.

For the period from January 1, 2022 through May 31, 2022 (date of termination), the Company’s contributions totaled \$129,517.

BetterMed Urgent Care 401(k) Retirement Plan

Notes to Financial Statements

Note 1—Description of Plan (continued)

Participant accounts: Each participant's account is credited with the participant's contributions, Company contributions and investment earnings (loss) and charged with administrative expenses. Administrative expenses are limited to fees charged by the Recordkeeper for participant directed distributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Funding policy: The principal purpose of the Plan is to provide retirement benefits at participants' normal retirement age; accordingly, the principal goal of the Plan's investments is to provide both security and long-term stability with moderate growth commensurate with the anticipated retirement dates of Plan participants. As such, multiple investment choices are offered to Plan participants to prevent erosion by inflation. The Plan's investments maintain sufficient liquidity to enable the Plan, on short notice, to make distributions to Plan participants in the event of death or disability prior to normal retirement age.

Vesting: Participants are immediately vested in their contributions and safe harbor contributions (plus earnings thereon). Vesting in discretionary Company contributions, if any, is based on years of continuous service; participants vest according to a graded vesting schedule such that the participant is fully vested after their sixth year of employment.

Participants also fully vest in discretionary Company contributions, if any, by reaching retirement age (as defined), upon death or total and permanent disability.

Forfeitures: Due to 401(a)(17) and 415(c) limitations in short plan years, the Plan was required to forfeit \$9,292 of employer contributions for the period from January 1, 2022 through May 31, 2022 (date of termination). Pursuant to the Plan document, these forfeitures were used in 2022 to offset Plan administrative expenses.

Participant loans: The Plan does not offer participant loans.

Distributions: A participant or their beneficiary may be eligible to receive distributions from their account when one of the following occurs:

- termination of employment;
- qualifying hardship;
- normal retirement at age 65;
- early retirement between the ages of 55 through 64;
- total and permanent disability; or
- death.

Participant accounts are disbursed in lump-sum versus monthly payments.

BetterMed Urgent Care 401(k) Retirement Plan

Notes to Financial Statements

Note 1—Description of Plan (continued)

Distributions (continued): Hardship distributions from the Plan are permitted for medical expenses, the purchase of a principal residence, tuition and other post-secondary expenses, amounts necessary to prevent eviction, funeral expenses and certain qualifying repairs to the participant's primary residence. Distributions are subject to approval by the Trustees.

In the rare event a former participant does not provide written distribution instructions to the Plan Administrator, the Plan Administrator may elect to pay distributions of vested accounts of less than \$5,000 in a direct rollover to an individual retirement plan designated by the Plan Administrator.

Plan amendments: Effective January 1, 2022, the Plan was amended and restated to comply with Cycle 3-Post-PPA requirements and to adopt the provisions of the SECURE Act and the CARES Act.

Note 2—Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with U.S. GAAP and follow the criteria established by the Financial Accounting Standards Board Accounting Standards Codification Section 962, *Plan Accounting – Defined Contribution Pension Plans* ("ASC 962").

Estimates: The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition: Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission and are actively traded. The Plan's shares of mutual funds are valued at the daily net asset value as determined by quoted market prices in an active market (Level 1). For the period from January 1, 2022 through September 20, 2022 (date of asset distribution), these investments, including gains and losses from purchases and sales, as well as held during the year, declined in value by \$487,161.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date; interest income is recorded when earned.

Payment of benefits: Benefits are recorded when paid.

BetterMed Urgent Care 401(k) Retirement Plan

Notes to Financial Statements

Note 2—Summary of Significant Accounting Policies (continued)

Tax matters: Effective January 1, 2022, the Plan adopted a prototype non-standardized profit-sharing plan. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (“IRS”) as to the prototype plan’s qualified status and the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code (the “Code”) and the Department of Labor (“DOL”). Therefore, the Plan Administrator believes that the Plan is qualified and the related trust is tax-exempt.

The Plan files Form 5500, *Annual Return/Report of Employee Benefit Plan*, on an annual basis. The Plan is subject to routine audits by the IRS and/or the DOL; however, there are currently no audits in progress for any tax periods. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

U.S. GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded as of September 20, 2022 (date of asset distribution) there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements.

Risks and uncertainties: The Plan invests in publicly traded mutual funds. The Plan’s mutual fund investments are subject to various risks, which may include: (a) default risk, (b) credit risk, (c) interest rate volatility risk, (d) disintermediation risk, (e) liquidity risk, (f) market risk, and (g) business risk.

Reconciliation of financial statements to Schedule H of Form 5500: There are no reconciling items from the accompanying financial statements to Schedule H of Form 5500 as of and for the period from January 1, 2022 through September 20, 2022 (date of asset distribution).

Liquidation basis of accounting: Effective May 31, 2022, the Plan Sponsor sold its underlying business operations to entities owned and operated by Hospital Corporation of America (“HCA”) in a business acquisition accounted for as an asset sale. In connection with this transaction, the Plan’s Trustees terminated the Plan effective May 31, 2022 and plan participants were notified to rollover or withdraw their account balances (which was completed on September 20, 2022). As a result of these matters, the Plan Administrator has determined that the liquidation basis of accounting is the appropriate basis of accounting for the accompanying financial statements. Other than enhanced footnote disclosures, the impact to the accompanying financial statements from the going concern basis of accounting to the liquidation basis of accounting was immaterial.

BetterMed Urgent Care 401(k) Retirement Plan

Notes to Financial Statements

Note 3—Plan Expenses

Plan administration fees: The Company pays for certain administrative expenses of the Plan including professional tax and compliance fees, audit expenses, insurance, personnel, and other administrative costs. The Company has acknowledged that it intends to continue to pay for such costs and that it will not seek reimbursement of such costs from the Plan.

For the period from January 1, 2022 through September 20, 2022 (date of asset distribution), the Plan's Recordkeeper, NWPS, was compensated \$8,500 via direct compensation from the Plan for specific participant transactions. For the period from January 1, 2022 through September 20, 2022 (date of asset distribution), the Plan compensated its independent auditors \$9,795.

Mutual fund fees: The Plan's underlying mutual funds and its collective investment trust fund are compensated for their services pursuant to standard industry practice and prevailing market rates. Mutual fund fees are netted from the underlying mutual funds' reported unrealized gains and losses. Published expense ratios for the Plan's underlying mutual funds for the period from January 1, 2022 through September 20, 2022 (date of asset distribution) were as follows:

Minimum Expense Ratio	0.89%
Maximum Expense Ratio	1.69%

Note 4—Concentrations

During 2022 and 2021, the Plan held mutual funds issued by T. Rowe Price of approximately 68% of Plan assets.

Note 5—Fair Value Measurements

Topic 820, *Fair Value Measurements and Disclosures*, of the Codification establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

- Level 1 – financial assets whose values are based on unadjusted, quoted prices for identical assets in an active market
- Level 2 – financial assets whose values are based on their quoted prices in inactive markets, or whose values are based on models – but the inputs to those models are observable either directly or indirectly for substantially the full term of the asset
- Level 3 – financial assets whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement – these inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset or liability

BetterMed Urgent Care 401(k) Retirement Plan

Notes to Financial Statements

Note 5—Fair Value Measurements (continued)

The fair value of the Plan's mutual funds is based on the underlying quoted net asset values of the shares held by the Plan at year-end. All of the Plan's mutual funds are actively traded and, accordingly, are valued pursuant to Level 1.

Note 6—Related Party Transactions and Party-In-Interest Transactions

The Custodian provides services to the Plan by providing plan administration services and is a named fiduciary of the Plan; therefore, transactions with the Custodian are deemed related party transactions. However, pursuant to Reg. 2520.103-10(b)(3) of the Code, such transactions with the Custodian are statutorily exempt and, accordingly, do not constitute party-in-interest transactions requiring regulatory disclosure.

The Plan's Recordkeeper is compensated by direct and indirect methods, as follows:

Direct compensation: NWPS invoices the Plan Sponsor on a quarterly basis pursuant to its standard fee schedule; for the period from January 1, 2022 through September 20, 2022 (date of asset distribution), the Plan Sponsor paid NWPS a total of \$4,350. NWPS is also compensated by the Plan's participants for specific participant transactions and was paid \$8,500 during the period from January 1, 2022 through September 20, 2022 (date of asset distribution).

Indirect compensation: NWPS is compensated through revenue sharing agreements with the Plan's underlying mutual funds in amounts ranging from .15% to .20% of plan assets.

Note 7—Information Certified by the Custodian

The Plan Administrator has elected the alternative method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's accompanying financial statements and supplemental schedules.

BetterMed Urgent Care 401(k) Retirement Plan

Notes to Financial Statements

Note 7—Information Certified by the Custodian (continued)

The table below presents the information as of and for the period ended September 20, 2022 (date of asset distribution) that was certified by the Custodian:

Net depreciation in fair value of investments	\$ 487,161
Dividends, interest and capital gains	61
Benefits paid to participants	2,628,801
Administrative expenses	18,295

The table below presents the information as of December 31, 2021 that was certified by the Custodian:

Cash and cash equivalents	\$ 32,169
Investments, at fair value (Level 1)	2,744,681

Note 8—Subsequent Events

The Plan Administrator has evaluated subsequent events through February 16, 2023, which is the date the financial statements were available to be issued. This evaluation did not identify any subsequent events requiring adjustment to, or disclosure in, the accompanying financial statements.

BetterMed Urgent Care 401(k) Retirement Plan

Schedule I
EN: 46-4077402
PN: 001

Schedule H, Line 4 (a) - Schedule of Delinquent Participant Contributions
Period from January 1, 2022 through September 20, 2022 (date of asset distribution)

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE-2002-51

None.

See accompanying independent auditor's report.

BetterMed Urgent Care 401(k) Retirement Plan

Schedule II
EN: 46-4077402
PN: 001

Schedule H, Line 4 (i) - Schedule of Assets (Held at End of Period)
September 20, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost *	Current value
None.				

The information on this schedule for publicly traded mutual funds has been certified by Matrix Trust Company as complete and accurate.

** Cost is not required for a participant-directed plan.*

See accompanying independent auditor's report.

BetterMed Urgent Care 401(k) Retirement Plan

**Schedule III
EN: 46-4077402
PN: 001**

**Schedule H, Line 4 (i) - Schedule of Assets (Acquired and Disposed of Within Year)
Period from January 1, 2022 through September 20, 2022 (date of asset distribution)**

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Costs of acquisitions	Proceeds of dispositions
None.			

See accompanying independent auditor's report.

BetterMed Urgent Care 401(k) Retirement Plan

**Schedule IV
EN: 46-4077402
PN: 001**

Schedule H, Line 4 (j) - Schedule of Reportable Transactions

Period from January 1, 2022 through September 20, 2022 (date of asset distribution)

(a)	(b)	(c)	(d)	*	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price		Cost of asset	Current value of asset on transaction date	Net gain or loss

None.

* Columns (e) and (f) have been omitted as they are not applicable.

See accompanying independent auditor's report.

BetterMed Urgent Care 401(k) Retirement Plan

Schedule II
EN: 46-4077402
PN: 001

Schedule H, Line 4 (i) - Schedule of Assets (Held at End of Period)
September 20, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost *	Current value
None.				

The information on this schedule for publicly traded mutual funds has been certified by Matrix Trust Company as complete and accurate.

** Cost is not required for a participant-directed plan.*

See accompanying independent auditor's report.