

**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

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan M.D. PRACTICE SOLUTIONS DEFINED BENEFIT PLAN		<b>1b</b> Three-digit plan number (PN) ▶	002
		<b>1c</b> Effective date of plan	01/01/2012
<b>2a</b> 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) M.D. PRACTICE SOLUTIONS JEAN CORMIER 3 EISENHAURE LN NORTH READING, MA 01864-2406		<b>2b</b> Employer Identification Number (EIN)	04-3449697
		<b>2c</b> Sponsor's telephone number	978-276-3223
		<b>2d</b> Business code (see instructions)	621111
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year.....		<b>5a</b>	1
<b>b</b> Total number of participants at the end of the plan year .....		<b>5b</b>	1
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>5c</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....		<b>5d(1)</b>	1
<b>d(2)</b> Total number of active participants at the end of the plan year.....		<b>5d(2)</b>	1
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<b>5e</b>	

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/21/2023	JEAN CORMIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2022)  
v.220413

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets.....	<b>7a</b>	1665700	1589098
<b>b</b> Total plan liabilities.....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	1665700	1589098
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers.....	<b>8a(1)</b>	196000	
<b>(2)</b> Participants.....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b> Other income (loss).....	<b>8b</b>	-272602	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		-76602
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions).....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>		
<b>g</b> Other expenses.....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		-76602
<b>j</b> Transfers to (from) the plan (see instructions).....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3B 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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

**Part VI Pension Funding Compliance**

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

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

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

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

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

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

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

**b** Enter the minimum required contribution for this plan year ..... **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year ..... **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  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  No

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

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

<b>SCHEDULE SB (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>M.D. PRACTICE SOLUTIONS DEFINED BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>M.D. PRACTICE SOLUTIONS</u>		
<b>D</b> Employer Identification Number (EIN) <u>04-3449697</u>		

**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
a Market value.....	<b>2a</b>		<u>1665700</u>
b Actuarial value.....	<b>2b</b>		<u>1665700</u>
<b>3</b> Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants.....	<u>0</u>	<u>0</u>	<u>0</u>
c For active participants.....	<u>1</u>	<u>1123082</u>	<u>1123082</u>
d Total.....	<u>1</u>	<u>1123082</u>	<u>1123082</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>		<u>4.75 %</u>
<b>6</b> Target normal cost.....			
a Present value of current plan year accruals.....	<b>6a</b>		<u>86391</u>
b Expected plan-related expenses.....	<b>6b</b>		<u>2800</u>
c Total (line 6a + line 6b).....	<b>6c</b>		<u>89191</u>

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>07/13/2023</u> Date
	<u>SCOTT BOULAY</u> Type or print name of actuary	<u>03-06423</u> Most recent enrollment number
	<u>HUB INTERNATIONAL</u> Firm name	<u>781-229-9500</u> Telephone number (including area code)
	<u>300 BALLARDVALE STREET WILMINGTON, MA 01887</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	487202
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	46940
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	440262
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.57</u> % .....	0	64143
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %.....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	504405

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	103.40 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	103.40 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	154.74 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/18/2022	196000						
			<b>Totals ▶</b>	<b>18(b)</b>	196000	<b>18(c)</b>	

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b> 187438
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	89191
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	38213

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....		

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	50978
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	50978	50978

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	187438
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**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	187438
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	50978

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

**Jean Cormier Pension Plan  
Age & Service Chart  
Attachment to Form 5500 Schedule SB**

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up
<b>Under 25</b>	0	0	0	0	0	0	0	0	0	0
<b>25 to 29</b>	0	0	0	0	0	0	0	0	0	0
<b>30 to 34</b>	0	0	0	0	0	0	0	0	0	0
<b>35 to 39</b>	0	0	0	0	0	0	0	0	0	0
<b>40 to 44</b>	0	0	0	0	0	0	0	0	0	0
<b>45 to 49</b>	0	0	0	0	0	0	0	0	0	0
<b>50 to 54</b>	0	0	0	0	0	0	0	0	0	0
<b>55 to 59</b>	0	0	0	1	0	0	0	0	0	0
<b>60 to 64</b>	0	0	0	0	0	0	0	0	0	0
<b>65 to 69</b>	0	0	0	0	0	0	0	0	0	0
<b>70 and up</b>	0	0	0	0	0	0	0	0	0	0

## APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

<b>Plan Sponsor EIN/PN</b>	M.D. Practice Solutions EIN/PN: 04-3449697 / 002
<b>Key Interest Rates</b>	PPA funding liability rates
	1st segment rate 4.75%
	2nd segment rate 5.18%
	3rd segment rate 5.92%
	PPA rates used are the applicable rates for September 2021 (HATFA) without applying the three year transition option.
	FAS 35 valuation interest rate 6.00%
<b>Compensation Increases</b>	None assumed.
<b>Administrative Expenses</b>	Assumed to be \$2,800 for the 2022 plan year.
<b>Pre-Retirement Mortality</b>	IRS 2022 Static mortality table.
<b>Post-Retirement Mortality</b>	IRS 2022 Static mortality table.
<b>Retirement</b>	All participants are assumed to retire at age 62 (or the completion of five years of service).
<b>Representative Termination Rates</b>	None assumed.
<b>Disability</b>	None assumed.
<b>Disabled Mortality</b>	Not applicable
<b>Form of Payment</b>	All participants are assumed to elect a lump sum distribution of their benefit. Lump sums are based on an assumed interest rates of 5.50%.
<b>Marriage</b>	100% of participants are assumed to be married; husbands are assumed to be three years older than wives.
<b>Employees</b>	No new or rehired employees.
<b>Inclusion Date</b>	Immediate entry.

## APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

***Cost Method***

PPA Unit Credit Cost Method

***Employee Data***

Employee data was supplied by Dr. Cormier as of January 1, 2022.

***Asset Method***

Investments are measured on the basis of fair market value.

***Nature of Actuarial Calculations***

The results documented in this report are estimates based on data that may be imperfect as well as on assumptions with respect to future events. Certain plan provisions may be approximated or deemed immaterial and therefore are not valued. Reasonable efforts were made to ensure that items significant to the context of the actuarial liabilities and costs are treated appropriately.

Future experience may differ from the assumptions used in these calculations. As differences arise, future expenses will be adjusted to reflect actual plan experience.

***Changes in Assumptions and Methods Since Most Recent Actuarial Valuation***

We have updated the mortality and discount rates assumptions as required. We have also updated both the normal cost assumption to include additional fees paid from plan assets during the plan year and the lump sum interest rate assumption (in recognition of the 415 lump sum limit).

## APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

<b>Plan Sponsor EIN/PN</b>	M.D. Practice Solutions EIN/PN: 04-3449697 / 002
<b>Effective Date</b>	January 1, 2012.
<b>Eligibility</b>	<u>Employment Classification:</u> All employees <u>Minimum Age &amp; Service:</u> Immediate participation
<b>Service</b>	<u>Credited Service:</u> 1,000 hours per plan/calendar year <u>Vesting Service:</u> N/A, all benefits are immediately vested
<b>Accrued Benefit</b>	The plan provides a normal retirement benefit that is equal to 6.0% of final average compensation multiplied by Years of Service (including up to three years of past service). Service and/or benefits are reduced in accordance with applicable maximum benefit limitations prescribed by IRC Section 415, as applicable.
<b>Normal Retirement</b>	<u>Eligibility:</u> First of the month coincident with or next following the attainment of age 62. <u>Benefit Formula:</u> Accrued benefit (actuarial equivalent value of the plan benefit if lump sum). <u>Commencement Date:</u> Payments will commence on the retired participant's Normal Retirement Date. <u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.
<b>Early Retirement</b>	The plan does not provide specific benefits at early retirement.
<b>Late Retirement</b>	<u>Eligibility:</u> Retirement after age 62. <u>Benefit:</u> The benefit calculated as of the participant's Deferred Retirement Date with an actuarial increase for late retirement. <u>Commencement Date:</u> Payments will commence on the retired participant's Deferred Retirement Date. <u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.
<b>Vested Deferred Retirement</b>	<u>Eligibility:</u> All benefits are immediately vested. <u>Benefit:</u> Accrued benefit at date of terminated (actuarial equivalent value of the plan benefit for lump sums). <u>Commencement Date:</u> Deferred until normal retirement date. Terminated participants may elect to receive their benefits as a single lump sum in lieu of future payment(s). <u>Form of Payment:</u> Payable monthly for life. Optional forms are available on an actuarially equivalent basis.

## APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS

### ***Death Before Retirement***

Eligibility: Payable to surviving spouse.

Benefit: The actuarial present value of the participant's accrued benefit.

Commencement Date: Payable upon the death of the participant.

Form of Payment: Payable monthly for life. Surviving spouse's may also elect a single lump sum payment in lieu of future payment(s).

### ***Death After Retirement***

Death benefits payable after a participant has attained normal retirement date are paid according to the form of annuity elected by the participant at retirement.

### ***Disability Benefit***

Eligibility: Termination by permanent and total disability.

Benefit: The actuarial present value of the participant's accrued benefit.

Commencement Date: Payable upon the disability of the participant.

Form of Payment: Payable monthly for life. Surviving spouse's may also elect a single lump sum payment in lieu of future payment(s).

### ***Forms of Payment***

The normal form of payment for single participants is the life annuity. The normal form for married participants is an actuarially reduced 100% joint & survivor annuity. All participants may elect a lump sum form of payment.

### ***Benefits Not Valued***

No explicit assumption has been included for disability.

### ***Changes Since Prior Valuation***

Effective with this valuation, the benefit multiplier was increased from 5.0% to 6.0% and applies to all service.

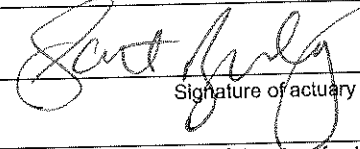
<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan M.D. PRACTICE SOLUTIONS DEFINED BENEFIT PLAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF M.D. PRACTICE SOLUTIONS	<b>D</b> Employer Identification Number (EIN) 04-3449697	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>		
<b>2</b>	Assets:	<b>2a</b>	1665700
	<b>a</b> Market value.....	<b>2b</b>	1665700
	<b>b</b> Actuarial value .....		
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	0	0
	<b>b</b> For terminated vested participants.....	0	0
	<b>c</b> For active participants.....	1	1123082
	<b>d</b> Total .....	1	1123082
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b>	Effective interest rate.....	<b>5</b>	4.75%
<b>6</b>	Target normal cost .....		
	<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	86391
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	2800
	<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>	89191

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	 Signature of actuary	07/13/2023 Date
SCOTT BOULAY	Type or print name of actuary	03-06423 Most recent enrollment number
HUB INTERNATIONAL	Firm name	781-229-9500 Telephone number (including area code)
300 BALLARDVALE STREET WILMINGTON, MA 01887		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions   
 For Paperwork Reduction Act Notice, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2022 v. 220413



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
21 Discount rate:			
a Segment rates:	1st segment: 4.75%	2nd segment: 5.18%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age .....			22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

<b>Part VI Miscellaneous Items</b>			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....			27

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
28 Unpaid minimum required contributions for all prior years.....			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....			30 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 89191
b Excess assets, if applicable, but not greater than line 31a .....			31b 38213
32 Amortization installments:	Outstanding Balance		Installment
	a Net shortfall amortization installment .....	0	0
	b Waiver amortization installment.....		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 50978
35 Balances elected for use to offset funding requirement.....	Carryover balance	Prefunding balance	Total balance
	0	50978	50978
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			37 187438
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 187438
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			38b 50978
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years.....			40 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

# FILING AUTHORIZATION

## 2022 FORM 5500 / 5500-SF

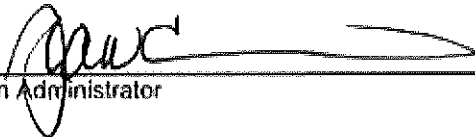
Plan Name: Jean Cormier Pension Plan  
EIN/PN: 04-3449697 / 002  
Plan Year Ending: December 31, 2022

### Part I - Authorization of Practitioner to Electronically Sign and File

I hereby authorize HUB International ("HUB") to electronically sign and file the above-named return/report through EFAST2. I understand that in granting this authority that:

- \* I/we must manually sign and date page 2 of the Form 5500/5500-SF and provide a PDF/scanned copy of the Form 5500/5500-SF to HUB before the electronic filing can be initiated;
- \* HUB will retain a copy of this written authorization in its records;
- \* HUB will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL or IRS regarding this annual return/report; and
- \* A copy of my signature, as it appears on page 2 of the Form 5500/5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- \* HUB shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

  
\_\_\_\_\_  
Plan Administrator


7/21/23  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Plan Sponsor (If not the Plan Administrator)

\_\_\_\_\_  
Date

### Part II - Acknowledgement of Receipt of Authorization

On behalf of HUB, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

  
\_\_\_\_\_  
HUB Authorized Representative

7/25/23  
\_\_\_\_\_  
Date

Note: The designated service provider must retain this authorization.

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefits Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed under sections 104 and 4085 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. 1510-0040  
1510-0040

**2022**

This Form Is Open to  
Public Inspection

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022


- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan M.D. PRACTICE SOLUTIONS DEFINED BENEFIT PLAN		<b>1b</b> Three-digit plan number (PN) ▶	602
		<b>1c</b> Effective date of plan	01/01/2012
<b>2a</b> 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) M.D. PRACTICE SOLUTIONS  JEAN CORMIER 3 EISENHOWER LN NORTH READING, MA 01864		<b>2b</b> Employer Identification Number (EIN)	04-3449597
		<b>2c</b> Sponsor's telephone number	978-276-3223
		<b>2d</b> Business code (see instructions)	621113
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year.....		<b>5a</b>	1
<b>b</b> Total number of participants at the end of the plan year.....		<b>5b</b>	1
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<b>5c</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....		<b>5d(1)</b>	1
<b>d(2)</b> Total number of active participants at the end of the plan year.....		<b>5d(2)</b>	1
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<b>5e</b>	

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

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

<b>SIGN HERE</b>		7/21/23	JEAN CORMIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2022)  
v.220413