

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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

1a Name of plan ADVANCED PAIN CARE M.D., S.C. CASH BALANCE PENSION PLAN AND TRUST		1b Three-digit plan number (PN) ▶	002
		1c Effective date of plan	01/01/2009
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) ADVANCED PAIN CARE M.D., S.C. 552 W. OAKDALE CHICAGO, IL 60657		2b Employer Identification Number (EIN)	20-5314254
		2c Sponsor's telephone number	773-474-9924
		2d Business code (see instructions)	621111
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	
5a Total number of participants at the beginning of the plan year.....		5a	6
b Total number of participants at the end of the plan year		5b	0
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c	
d(1) Total number of active participants at the beginning of the plan year		5d(1)	5
d(2) Total number of active participants at the end of the plan year.....		5d(2)	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e	0

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	BARRY RING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	BARRY RING
	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.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1506334	0
b Total plan liabilities.....	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	1506334	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	240000	
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	-1156928	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		-916928
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	582114	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	7292	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		589406
i Net income (loss) (subtract line 8h from line 8c).....	8i		-1506334
j Transfers to (from) the plan (see instructions).....	8j		

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

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

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. 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** 0

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.)

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

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 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.

A Name of plan <u>ADVANCED PAIN CARE M.D., S.C. CASH BALANCE PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ADVANCED PAIN CARE M.D., S.C.</u>	D Employer Identification Number (EIN) <u>20-5314254</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>1506335</u>	
b Actuarial value.....	2b	<u>1506335</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants.....	<u>1</u>	<u>519</u>	<u>519</u>
c For active participants.....	<u>5</u>	<u>2214425</u>	<u>2214425</u>
d Total.....	<u>6</u>	<u>2214944</u>	<u>2214944</u>
4 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.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.18 %</u>	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses.....	6b	<u>6000</u>	
c Total (line 6a + line 6b).....	6c	<u>6000</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.

SIGN HERE		
	Signature of actuary	<u>10/03/2023</u> Date
	<u>NOLAN S. FRANK, MSEA, EA</u> Type or print name of actuary	<u>23-07403</u> Most recent enrollment number
	<u>FRANK PENSION CONSULTANTS, LTD.</u> Firm name	<u>847-509-7740</u> Telephone number (including area code)
	<u>ONE OVERLOOK POINT SUITE 130 LINCOLNSHIRE, IL 60069-4339</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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	118993
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	74672
9	Amount remaining (line 7 minus line 8)	0	44321
10	Interest on line 9 using prior year's actual return of <u>-61.33</u> %	0	-27182
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections.....		17139
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	68.00 %
15	Adjusted funding target attainment percentage	15	68.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	67.67 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	68.00 %

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
02/24/2022	100000						
03/08/2022	60000						
04/06/2022	50000						
04/14/2022	30000						
			Totals ▶	18(b)	240000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 237621
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	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** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	6000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	708608	68287
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 74287

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0

36 Additional cash requirement (line 34 minus line 35)..... **36** 74287

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 237621

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	163334
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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.

A Name of plan Advanced Pain Care M.D., S.C. Cash Balance Pension Plan and Trust	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Advanced Pain Care M.D., S.C.	D Employer Identification Number (EIN) 20-5314254	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2022</u>		
2	Assets:		
	a Market value	2a	1,506,335
	b Actuarial value	2b	1,506,335
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	1	519
	c For active participants	5	2,214,425
	d Total	6	2,214,944
4	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	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.18 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	6,000
	c Total (line 6a + line 6b)	6c	6,000

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

SIGN HERE	<i>NSF</i>	<i>10/3/23</i>
	Signature of actuary	Date
	Nolan S. Frank, MSEA, EA	23-07403
	Type or print name of actuary	Most recent enrollment number
	Frank Pension Consultants, Ltd.	(847) 509-7740
	Firm name	Telephone number (including area code)
	One Overlook Point Suite 130 Lincolnshire IL 60069-4339	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	118,993
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	74,672
9	Amount remaining (line 7 minus line 8)	0	44,321
10	Interest on line 9 using prior year's actual return of <u>-61.33%</u>	0	-27182
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		17139
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	68.00%
15	Adjusted funding target attainment percentage	15	68.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	67.67%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	68.00%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
02/24/2022	100,000						
03/08/2022	60,000						
04/06/2022	50,000						
04/14/2022	30,000						
Totals ▶				18(b)	240,000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	237,621
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<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 checked="" type="checkbox"/> Yes <input 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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	6,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	708,608	68,287	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	74,287	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	74,287	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	237,621	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	163,334	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Plan Sponsor: Advanced Pain Care M.D., S.C.

Plan Name: Advanced Pain Care M.D., S.C. Cash Balance Pension Plan and Trust

EIN/PN: 20-5314254/002

The Weighted Average Retirement Age is the Normal Retirement Age of the plan which is the later of age 62 and the fifth anniversary of plan participation.

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

Plan Sponsor: Advanced Pain Care M.D., S.C.
Plan Name: Advanced Pain Care M.D., S.C. Cash Balance Pension Plan and Trust
EIN/PN: 20-5314254/002

Valuation Segment Rates	4.75% per year - First 5 years
(for minimum funding)	5.18% per year - Next 15 years
	5.92% thereafter

These are the applicable rates for 2022 valuations as published in IRS Notice 2022-2 and were used for calculations under Internal Revenue Code Section 430.

Valuation Segment Rates	1.07% per year - First 5 years
(for maximum deductible)	2.68% per year - Next 15 years
	3.36% thereafter

These are the applicable rates for September, 2021 published in IRS Notice 2021-45 and were used for calculations under Internal Revenue Code Section 404.

Mortality Rates

The Mortality Table prescribed in IRC Section 430(h) and the regulations there under.

Disability Rates

Since there is no subsidy for disability and since a vested participant is immediately eligible to receive the present value of their benefit, no disability rates were used.

Severance Rates

Since a vested participant is immediately eligible to receive the present value of benefits upon termination of employment, no severance rates were used.

Salary Scale

Since the plan utilizes a career average pay formula, no salary scale was assumed.

Valuation Compensation

Actual compensation as reported for the valuation year.

Expenses

Actual non-investment related expenses paid by the trust during the valuation year.

Retirement Age

It was assumed that participants will retire upon attainment of their Normal Retirement Age. For participants still employed on their Normal Retirement Date, it was assumed on the valuation date one year after the current valuation date.

Future Increases in Maximum Benefits and Plan Compensation Limitations Under the Internal Revenue Code

It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will not increase in the future.

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

Plan Sponsor: Advanced Pain Care M.D., S.C.
Plan Name: Advanced Pain Care M.D., S.C. Cash Balance Pension Plan and Trust
EIN/PN: 20-5314254/002

Form of Payment

100% of participants are assumed to take a lump sum distribution.

Employees

Employees are first included in the valuation on the valuation date coincident with or next following the Entry Date on which the employee becomes a participant. It was assumed that there will be no new or rehired employees.

Actuarial Cost Method

The Unit Credit Cost Method was used to determine the normal cost and the actuarial accrued liability for retirement, termination and ancillary benefits. Under this method, the *Present Value of Accumulated Plan Benefits* for each participant is proportionately allocated to his completed years of service. The *Target Normal Cost* for a particular plan year is equal to the sum of the *Present Value of Accumulated Plan Benefits* allocated to that year for all participants. The *Funding Target* is equal to the sum of the *Present Value of Accumulated Plan Benefits* allocated to prior service for all participants.

Actuarial Asset Basis

Fair market value

Benefits not Included in the Valuation

None

Changes in Assumptions or Methods from Prior Year's Valuation

The plan was frozen effective June 8, 2022 and terminated effective June 30, 2022. Pursuant to IRS Reg. 1.430(a)-1(b)(5)(ii), the plan's valuation date was changed from December 31, 2022 to January 1, 2022 so that the valuation date falls within the short plan year created by the termination. This method is automatically approved by the IRS. This will be the last valuation and Schedule SB filing required for the plan.

Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor: Advanced Pain Care M.D., S.C.
Plan Name: Advanced Pain Care M.D., S.C. Cash Balance Pension Plan and Trust
EIN/PN: 20-5314254/002

Eligibility Requirements

All employees of Advanced Pain Care M.D., S.C who have attained age 21 and have completed one year of eligibility service.

The plan was frozen effective June 8, 2022. There will be no future participants while the plan is frozen.

Entry Date

The first day of the month coinciding with or next following the completion of the eligibility requirements.

Effective Date

January 1, 2009

Latest Restatement Date

January 1, 2019

Plan Year

The Plan Year is the period January 1st through December 31st.

Compensation Considered

All compensation paid or accrued, including bonuses, overtime, commissions, etc. for the Plan Year including amounts contributed by the Employer pursuant to a salary reduction agreement under Code Section 125.

Normal Retirement Date

The later of the participant's 62nd birthday and 5th year of participation

Normal Retirement Benefit

The value of the Participant's Cash Balance Account. The Cash Balance Account is a nominal account maintained for each Participant and annually credited with Contribution Credits and Interest Credits credited annually.

The Annual Contribution Credits are based on the schedule found in the plan document.

The Annual Interest Credit is 5.50% per year.

The Projection Rate is 5.50%.

The plan was frozen effective June 8, 2022. There will be no future contribution credits allocated while the plan is frozen.

Pre-Retirement Death Benefit

The lump sum actuarial equivalent of the vested Accrued Benefit.

Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor: Advanced Pain Care M.D., S.C.
Plan Name: Advanced Pain Care M.D., S.C. Cash Balance Pension Plan and Trust
EIN/PN: 20-5314254/002

Disability Benefit

Non provided

Termination Benefit

For termination other than for retirement, death or disability, the Accrued Benefit is payable at Normal Retirement Date or an actuarially equivalent amount if payable earlier multiplied by the vesting percentage. The vesting percentage is as follows:

Years of Service	Percent Vested
less than 3	0%
3	100%

Forms of Payment

The unreduced form of payment is a life annuity with monthly payments in the amount of the Normal Retirement Benefit.

Single employees receive a life annuity as the unreduced form.

Married employees receive a qualified joint and surviving spouse annuity which is actuarially equivalent to the unreduced form.

Other forms of payment are available.

Actuarial Equivalence

For all plan purposes, actuarial equivalence is determined based upon the following actuarial assumptions.

Pre-Retirement:

Interest - 5.50%

Mortality - None

Post-Retirement:

Interest – 5.50%

Mortality - 1994 Group Annuity Reserving Table

Top-Heavy Provisions

All minimum benefits are provided in the Advanced Pain Care M.D., S.C. 401(k) Profit Sharing Plan and Trust.

Schedule SB, Line 25 – Change in Method

Plan Sponsor: Advanced Pain Care M.D., S.C.

Plan Name: Advanced Pain Care M.D., S.C. Cash Balance Pension Plan and Trust

EIN/PN: 20-5314254/002

Prior to 2022, the valuation date was the last day of the plan year. The plan terminated effective June 30, 2022. Because the plan's termination date was before the date that would otherwise have been the valuation date for the plan year, the valuation date for the plan year was changed to January 1, 2022 so that it fell within the short plan year pursuant to Regulation §1.430(g)-1(b)(2)(i). This change is automatically approved under Regulation §1.430(g)-1(b)(2)(iv).

Schedule SB, Line 32-Schedule of Amortization Bases

Plan Sponsor: Advanced Pain Care M.D., S.C.
Plan Name: Advanced Pain Care M.D., S.C. Cash Balance Pension Plan and Trust
EIN/PN: 20-5314254/002

	<u>Initial Amount</u> (1)	<u>Remaining Amortization Period (Years)</u> (2)	<u>Current Value</u> (3)	<u>Amortization Payment</u> (4)
<i>Shortfall Amortization Bases</i>				
1. 2021 Plan Year	\$ 659,732	14	\$ 635,325	\$ 61,514
2. 2022 Plan Year	<u>73,283</u>	15	<u>73,283</u>	<u>6,772</u>
3. Total	\$ 733,015		\$ 708,608	\$ 68,286