

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans 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 the plan is a collectively-bargained plan, check here ▶
- E** 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 <u>KIDNEY WELLNESS CENTER OF SOUTH JERSEY LLC DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
	1c Effective date of plan	<u>01/01/2020</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>KIDNEY WELLNESS CENTER OF SOUTH JERSEY LLC</u> <u>1138 EAST CHESTNUT AVE, SUITE 8A</u> <u>VINELAND, NJ 08360</u>	2b Employer Identification Number (EIN)	<u>84-3958543</u>
	2c Sponsor's telephone number	<u>856-839-4570</u>
	2d Business code (see instructions)	<u>621111</u>
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	<u>2</u>
b Total number of participants at the end of the plan year	5b	<u>2</u>
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>2</u>
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>2</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>0</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, 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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/08/2025</u>	<u>DR. NAEEM AMIN</u>
	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

- 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	757312	1137889
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	757312	1137889
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	255000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	129867	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		384867
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	4290	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		4290
i Net income (loss) (subtract line 8h from line 8c)	8i		380577
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 3B 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? Continue to answer "Yes" for any prior year failures until fully corrected. (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		113789
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? (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. Yes No

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

a 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.)

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501366A.

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>KIDNEY WELLNESS CENTER OF SOUTH JERSEY LLC DEFINED BENEFIT PENSION PLAN</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>KIDNEY WELLNESS CENTER OF SOUTH JERSEY LLC</u>	D Employer Identification Number (EIN) <u>84-3958543</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>2024</u>
2 Assets:			
a Market value	2a	<u>753553</u>	
b Actuarial value	2b	<u>753553</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>0</u>	<u>0</u>	<u>0</u>
c For active participants	<u>2</u>	<u>790608</u>	<u>790608</u>
d Total	<u>2</u>	<u>790608</u>	<u>790608</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>4.82 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>218774</u>	
b Expected plan-related expenses	6b	<u>3020</u>	
c Target normal cost	6c	<u>221794</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>09/25/2025</u> Date
	<u>WILLIAM G. KARBON, MAAA, FSEA, CPC</u> Type or print name of actuary	<u>23-04568</u> Most recent enrollment number
	<u>CBIZ</u> Firm name	<u>609-895-5332</u> Telephone number (including area code)
	<u>1009 LENOX DRIVE, SUITE 105 LAWRENCEVILLE, NJ 08648</u> Address of the firm	

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>20.53</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		8091
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>4.81</u> %		389
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		8480
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
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	95.31 %
15	Adjusted funding target attainment percentage	15	95.31 %
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	76.75 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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		
09/12/2025	255000	0					
			Totals ▶	18(b)	255000	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 226563	
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 type="checkbox"/> Yes <input checked="" 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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
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 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

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 221794
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	37055		4586	
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 226380
	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 226380
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 226563
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 183
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
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 type="checkbox"/> 2021				

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

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Actuarial Cost Method

Traditional Unit Credit

Actuarial Value of Assets

Market Value

Date of Calculations

January 1, 2024

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, we have not audited the data and financial information provided.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	4.37%	4.75%
	Rate 2:	4.96%	4.96%
	Rate 3:	4.95%	5.59%

Mortality: None assumed - no forfeiture upon death.

Termination of Employment: Due to the small plan size, turnover would not significantly impact results. Each employee is, therefore, assumed to remain actively employed until retirement.

Salary Scale: The salary scale is 0%.The use of a salary scale would not have a material effect on plan liabilities.

Retirement Age: All employees are assumed to retire at normal retirement age. Assuming earlier commencement would not impact the liabilities since the plan does not have an early retirement provision.

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

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	4.37%	4.75%
	Rate 2:	4.96%	4.96%
	Rate 3:	4.95%	5.59%

Mortality: 2024 Combined Static Mortality

Plan Expenses: Assumed equal to actual administrative expenses paid from plan assets in the prior plan year. This represents the actuary's best estimate based on past practice.

Form of Benefit Payment: 100% of Participants are assumed to elect a Lump Sum. This assumption is based on the actuary's past experience with plans of similar size that provide a lump sum option.

Effective Rate of Interest: 4.82%

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

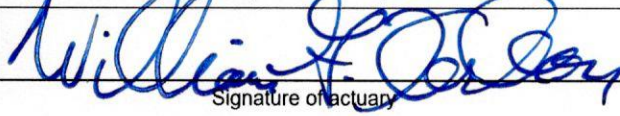
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Kidney Wellness Center of South Jersey LLC Defined Benefit Pension Plan	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 Kidney Wellness Center of South Jersey LLC	D Employer Identification Number (EIN) <u>84-3958543</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>2024</u>		
2	Assets:		
	a Market value.....	2a	753,553
	b Actuarial value.....	2b	753,553
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	0	0
	c For active participants.....	2	790,608
	d Total.....	2	790,608
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	4.82%
6	Target normal cost		
	a Present value of current plan year accruals	6a	218,774
	b Expected plan-related expenses	6b	3,020
	c Target normal cost.....	6c	221,794

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>9-25-2025</u> Date
	William G. Karbon, MAAA, FSEA, CPC Type or print name of actuary	<u>2304568</u> Most recent enrollment number
	CBIZ Firm name	<u>609-895-5332</u> Telephone number (including area code)
	1009 Lenox Drive, Suite 105 Lawrenceville NJ 08648 Address of the firm	

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

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

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** 221,794

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	37,055	4,586
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** 226,380

	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).....			226,380
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			226,563

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 183

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

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, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Actuarial Cost Method

Traditional Unit Credit

Actuarial Value of Assets

Market Value

Date of Calculations

January 1, 2024

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, we have not audited the data and financial information provided.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	4.37%	4.75%
	Rate 2:	4.96%	4.96%
	Rate 3:	4.95%	5.59%

Mortality: None assumed - no forfeiture upon death.

Termination of Employment: Due to the small plan size, turnover would not significantly impact results. Each employee is, therefore, assumed to remain actively employed until retirement.

Salary Scale: The salary scale is 0%. The use of a salary scale would not have a material effect on plan liabilities.

Retirement Age: All employees are assumed to retire at normal retirement age. Assuming earlier commencement would not impact the liabilities since the plan does not have an early retirement provision.

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

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (0-month lookback)

Sample Rates:		<u>For 404</u>	<u>For 430 and 436</u>
	Rate 1:	4.37%	4.75%
	Rate 2:	4.96%	4.96%
	Rate 3:	4.95%	5.59%

Mortality: 2024 Combined Static Mortality

Plan Expenses: Assumed equal to actual administrative expenses paid from plan assets in the prior plan year. This represents the actuary's best estimate based on past practice.

Form of Benefit Payment: 100% of Participants are assumed to elect a Lump Sum. This assumption is based on the actuary's past experience with plans of similar size that provide a lump sum option.

Effective Rate of Interest: 4.82%

Schedule SB, Part V - Statement of Plan Provisions

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

The following summary describes Principal Plan Provisions assumed in calculating the cost of your Pension Plan.

General Information

Original Effective Date	1/1/2020
Plan Year	January 1 through December 31
Employer ID No.	84-3958543
Trust ID No.	87-3077609
Plan Number	002

Eligibility

An employee will enter the plan upon attainment of age 21 and completion of 1 year of service. There are dual entry dates on the first day of the plan year and the first day of the seventh month. Anyone employed on the effective date of the plan, January 1, 2020, will enter immediately if at least 21 years of age.

However, part-time employees who regularly work less than 1,000 hours per plan year are excluded.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours. Credited service for benefit accrual purposes is based on total years of service from date of hire.

Normal Retirement Date

Normal Retirement Date is the attainment of age 62.

Normal Retirement Benefit

The amount of annual benefit based on service to Normal Retirement Date is:

10.0% of Average Monthly Compensation multiplied by total number of years of service

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

Average Compensation

The average of the highest three consecutive plan years of basic compensation, including periods prior to the Effective Date of the Plan.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using Average Compensation and Participation Service as of the accrual date.

Schedule SB, Part V - Statement of Plan Provisions

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Early Retirement Benefit

N/A

Disability Retirement Benefit

N/A

Death Benefit

All participants are eligible for a death benefit based on the actuarial equivalent of his accrued benefit.

Severance Benefit

Upon termination of employment after three years of Vesting Service, a participant shall have a vested interest in his accrued benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Fewer than three	0%
Three or more	100%

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life, or if married, an actuarially equivalent Joint & Survivor Annuity.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under Option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50%, 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 120 payments guaranteed.
- (3) A lump sum benefit.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the 2020 Applicable Mortality Table and an 5.50% interest rate. Lump sum actuarial equivalence is based on the Applicable Mortality Table and the Applicable Interest rate as defined under IRC Section 417(e)(3). The lookback month is the second month and the stability period is the calendar year containing the annuity start date.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

2024 Schedule SB Line 22 - Weighted Retirement Age

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Age	Retirement Rate	Weight	Age x Weight
62	100%	100.00%	62.00
Weighted Average Retirement Age			62.00
Rounded to Nearest Integer			62

2024 Schedule SB Line 32 - Schedule of Amortization Bases

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Type of Base	Present Value of remaining installments	Valuation Date Established	# of Years Remaining	Amortization Installment
Shortfall	131,679	1/1/2022	13	13,300
Shortfall	(14,764)	1/1/2023	14	(1,415)
Shortfall	<u>(79,860)</u>	1/1/2024	15	<u>(7,299)</u>
Total	<u><u>37,055</u></u>			<u><u>4,586</u></u>

Schedule SB, line 19 - Discounted Employer Contributions

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan
EIN/PN: 84-3958543/002

<u>Deposit Date</u>	<u>Amount</u>	<u>Discount Rate</u>	<u>Designation</u>	<u>Due Date</u>	<u>Days Late</u>	<u>To VD</u>	<u>w/LI</u>	<u>w/EI</u>
9/12/2025	50,936	4.82%	1st Quarterly	4/15/2024	515	105	44,029	44,029
9/12/2025	50,936	4.82%	2nd Quarterly	7/15/2024	424	196	44,544	44,544
9/12/2025	50,936	4.82%	3rd Quarterly	10/15/2024	332	288	45,070	45,070
9/12/2025	50,936	4.82%	4th Quarterly	1/15/2025	240	380	45,603	45,603
9/12/2025	51,256	4.82%	2024 MRC	9/15/2025	0	620	47,317	47,317
						Total	226,563	226,563
						Less Credit Balance	-	-
						Total Discounted Contributions	226,563	226,563

Total Deposited 255,000

2024 Schedule SB Line 22 - Weighted Retirement Age

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Age	Retirement Rate	Weight	Age x Weight
62	100%	100.00%	62.00
Weighted Average Retirement Age			62.00
Rounded to Nearest Integer			62

Schedule SB, line 19 - Discounted Employer Contributions

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

<u>Deposit Date</u>	<u>Amount</u>	<u>Discount Rate</u>	<u>Designation</u>	<u>Due Date</u>	<u>DaysLate</u>	<u>To VD</u>	<u>w/LI</u>	<u>w/EI</u>
9/12/2025	50,936	4.82%	1st Quarterly	4/15/2024	515	105	44,029	44,029
9/12/2025	50,936	4.82%	2nd Quarterly	7/15/2024	424	196	44,544	44,544
9/12/2025	50,936	4.82%	3rd Quarterly	10/15/2024	332	288	45,070	45,070
9/12/2025	50,936	4.82%	4th Quarterly	1/15/2025	240	380	45,603	45,603
9/12/2025	51,256	4.82%	2024 MRC	9/15/2025	0	620	47,317	47,317
						Total	226,563	226,563
						Less Credit Balance	-	-
Total Deposited	255,000					Total Discounted Contributions	226,563	226,563

Schedule SB, Part V - Statement of Plan Provisions

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan
EIN/PN: 84-3958543/002

The following summary describes Principal Plan Provisions assumed in calculating the cost of your Pension Plan.

General Information

Original Effective Date	1/1/2020
Plan Year	January 1 through December 31
Employer ID No.	84-3958543
Trust ID No.	87-3077609
Plan Number	002

Eligibility

An employee will enter the plan upon attainment of age 21 and completion of 1 year of service. There are dual entry dates on the first day of the plan year and the first day of the seventh month. Anyone employed on the effective date of the plan, January 1, 2020, will enter immediately if at least 21 years of age.

However, part-time employees who regularly work less than 1,000 hours per plan year are excluded.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours. Credited service for benefit accrual purposes is based on total years of service from date of hire.

Normal Retirement Date

Normal Retirement Date is the attainment of age 62.

Normal Retirement Benefit

The amount of annual benefit based on service to Normal Retirement Date is:

10.0% of Average Monthly Compensation multiplied by total number of years of service

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

Average Compensation

The average of the highest three consecutive plan years of basic compensation, including periods prior to the Effective Date of the Plan.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using Average Compensation and Participation Service as of the accrual date.

Schedule SB, Part V - Statement of Plan Provisions

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Early Retirement Benefit

N/A

Disability Retirement Benefit

N/A

Death Benefit

All participants are eligible for a death benefit based on the actuarial equivalent of his accrued benefit.

Severance Benefit

Upon termination of employment after three years of Vesting Service, a participant shall have a vested interest in his accrued benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Fewer than three	0%
Three or more	100%

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life, or if married, an actuarially equivalent Joint & Survivor Annuity.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under Option (1) below. The options are:

- (1)** A reduced benefit to be paid during the participant's lifetime with 50%, 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2)** A reduced benefit to be paid during the participant's lifetime with 120 payments guaranteed.
- (3)** A lump sum benefit.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the 2020 Applicable Mortality Table and an 5.50% interest rate. Lump sum actuarial equivalence is based on the Applicable Mortality Table and the Applicable Interest rate as defined under IRC Section 417(e)(3). The lookback month is the second month and the stability period is the calendar year containing the annuity start date.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

2024 Schedule SB Line 32 - Schedule of Amortization Bases

Plan Name: Kidney Wellness Center of South Jersey, LLC Defined Benefit Pension Plan

EIN/PN: 84-3958543/002

Type of Base	Present Value of remaining installments	Valuation Date Established	# of Years Remaining	Amortization Installment
Shortfall	131,679	1/1/2022	13	13,300
Shortfall	(14,764)	1/1/2023	14	(1,415)
Shortfall	<u>(79,860)</u>	1/1/2024	15	<u>(7,299)</u>
Total	<u><u>37,055</u></u>			<u><u>4,586</u></u>