

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: [X] 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: [X] 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: STATCARE URGENT & WALK IN MEDICAL VIP PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): STATCARE URGENT & WALK IN MEDICAL CARE, PLLC
2b Employer Identification Number (EIN): 45-2756491
2c Sponsor's telephone number: 917-310-3371
2d Business code (see instructions): 621111
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 57
5b Total number of participants at the end of the plan year: 57
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 37
5d(2) Total number of active participants at the end of the plan year: 27
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows for Plan Administrator and Employer/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: 558104. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	768156	892061
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	768156	892061
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	30300	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	93605	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		123905
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		123905
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: <u>1A</u>
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	
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		X	
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

a 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)

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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

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
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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>STATCARE URGENT & WALK IN MEDICAL VIP 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>STATCARE URGENT & WALK IN MEDICAL CARE, PLLC</u>	D Employer Identification Number (EIN) <u>45-2756491</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>767154</u>
	b Actuarial value	2b	<u>767154</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>20</u>	<u>44838</u>
	c For active participants	<u>37</u>	<u>1006952</u>
	d Total	<u>57</u>	<u>1051790</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>4.97 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</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>10/09/2025</u>	Date
	<u>JAMES E. RITCHIE</u>	<u>23-05643</u>	Most recent enrollment number
	Type or print name of actuary	<u>410-547-0500</u>	Telephone number (including area code)
	<u>BOLTON PARTNERS, INC.</u>		
	Firm name		
	<u>1 W. PENNSYLVANIA AVENUE SUITE 600</u> <u>TOWSON, MD 21204</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	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 _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1029
	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>5.13</u> %		53
	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		1082
	d Portion of (c) to be added to prefunding balance		
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	72.82 %
15	Adjusted funding target attainment percentage	15	71.77 %
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	69.29 %
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
01/28/2025	30300	0			
			Totals ▶	18(b)	30300
				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 27365
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

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 0
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	286269	27365	
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 27365
	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 27365
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 27365
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
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 checked="" type="checkbox"/> 2021			

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

Actuarial Cost Method

Traditional Unit Credit. The actuarial cost method for determining the Target Liability and Target Normal Cost is prescribed by the Pension Protection Act of 2006.

For determining the Target Liability, the present value of the benefits accumulated as of the valuation date is calculated by projecting future benefit payments of the accrued benefit, adjusted for the probability of payment according to the demographic assumptions, and discounting the payments to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but less than 20 years after the valuation date are discounted using the second segment rate, and payments made at least 20 years after the valuation date are discounted using the third segment rate. The Target Normal Cost is calculated in an identical manner, substituting the future benefit payments anticipated based on service earned during the current plan year (if any).

Asset Method

For Valuation

Market Value of Assets, including contributions receivable discounted to the valuation date using the prior plan year Effective Interest Rate.

Valuation Date

January 1.

Interest

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the Plan Sponsor. For all FASB accounting purposes, the interest assumptions are selected by the Plan Sponsor.

For Minimum Required Contribution

January segment rates (no lookback) adjusted by the 25-year average segment rates for the applicable plan year.

	1/1/2023		1/1/2024	
	Without Stabilization	With ARPA Stabilization	Without Stabilization	With ARPA Stabilization
First Segment	2.13%	4.75%	4.37%	4.75%
Second Segment	3.62%	5.00%	4.96%	4.96%
Third Segment	3.93%	5.74%	4.95%	5.59%
Effective Interest Rate	3.69%	5.13%	4.96%	4.97%

For All Other Valuation Calculations

Same as the rates shown for minimum funding without reflecting Stabilization.

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

Retirement Age

All employees are assumed to retire at age 65.

Mortality

2024 IRS Static Annuitant and Non-Annuitant Mortality Tables per Treasury Reg. Section 430(h)(3) (changed from the 2023 IRS Static Annuitant and Non-Annuitant Mortality Tables).

Salary Increases

3.0% compounded annually. The salary increase assumption is selected by the Plan Sponsor and based on plan experience.

Future Return on Assets

Based on the FTSE Yield Curve for the first calendar month preceding the beginning of the plan year.

Turnover

None assumed.

Disablement

None assumed.

Marriage/Age of Spouse

100% of members are assumed to be married. Spouse is assumed to be the opposite gender with male spouses assumed to be three years older than female spouses.

Form of Payment

All participants are assumed to elect a lump sum form of payment.

Administrative Expenses

None assumed.

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

Changes Since Prior Year

The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions and PBGC premiums were updated per IRS regulations. Code section 417(e) mortality tables and interest (if applicable) used for annuity conversions were updated in conjunction with the valuation year.

The FTSE Yield Curve for the first calendar month preceding the beginning of the plan year is used to estimate the future return on plan assets. This assumption was updated from the December 2022 FTSE Yield Curve for the 2023 valuation year to the December 2023 FTSE Yield Curve for the 2024 valuation year.

Rationale for the Selection of Significant Actuarial Assumptions

The mortality table and interest rates used to value the Target Liability are prescribed by Law and selected based on certain elections by the Plan Sponsor. The Plan Sponsor has elected to use the three segment interest rates for the month of January preceding the valuation date (i.e. no lookback period was elected) and the separate Annuitant and Non-Annuitant static version of the statutory mortality tables. For determining the PBGC variable rate premium, the Standard Method applies.

The following actuarial assumptions having a significant effect on the measurement of plan assets or benefit obligations presented in the report were selected by the actuary on the basis described, with the concurrence of the Plan Sponsor:

Retirement

The retirement age assumption used by the prior actuary was reviewed and since there are no current retirees, continuing the prior actuary's assumption that 100% of current active members will retire at age 65, or immediately if they have already worked past age 65 is deemed relevant.

Turnover and Disablement

For a plan with a small number of active participants, it is common practice to not explicitly value withdrawal and disability benefits. The plan does not provide any subsidy with respect to these benefits that is not reflected in the calculation of the subsequent benefit payable upon retirement.

Compensation Increases

The assumed rate of compensation increases were reviewed with the Plan Sponsor, who confirmed the assumption is consistent with their current compensation practices.

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

Rationale for the Selection of Significant Actuarial Assumptions

Form of Payment

All forms of benefit payment are actuarially equivalent to the normal form of benefit at all assumed commencement ages.

Other assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed in this section are not considered significant relative to the measurement.

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
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Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

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 STATCARE URGENT & WALK IN MEDICAL VIP PLAN		1b Three-digit plan number (PN) ▶ 002
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) STATCARE URGENT & WALK IN MEDICAL CARE, PLLC 17 E. OLD COUNTRY ROAD, UNIT B HICKSVILLE NY 11801		1c Effective date of plan 01/01/2020
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		2b Employer Identification Number (EIN) 45-2756491
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		2c Sponsor's telephone number 917-310-3371
5a Total number of participants at the beginning of the plan year.....		2d Business code (see instructions) 621111
b Total number of participants at the end of the plan year.....		3b Administrator's EIN
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....		3c Administrator's telephone number
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		4b EIN
d(1) Total number of active participants at the beginning of the plan year.....		4d PN
d(2) Total number of active participants at the end of the plan year.....		5a 57
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5b 57
		5c(1)
		5c(2)
		5d(1) 37
		5d(2) 27
		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	<i>Priti Jain</i>	10/14/2024	PRITI JAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Priti Jain</i>	10/14/2024	PRITI JAIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

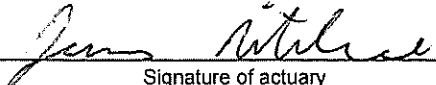
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan STATCARE URGENT & WALK IN MEDICAL VIP PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STATCARE URGENT & WALK IN MEDICAL CARE, PLLC	D Employer Identification Number (EIN) 45-2756491	
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 767,154
	b Actuarial value	2b 767,154
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	0 0 0
	b For terminated vested participants	20 44,838 44,838
	c For active participants	37 1,006,952 1,008,585
	d Total	57 1,051,790 1,053,423
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 4.97%
6	Target normal cost	
	a Present value of current plan year accruals	6a 0
	b Expected plan-related expenses	6b 0
	c Target normal cost	6c 0

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>10/9/25</u> Date
	JAMES E. RITCHIE Type or print name of actuary	2305643 Most recent enrollment number
	BOLTON PARTNERS, INC. Firm name	410-547-0500 Telephone number (including area code)
	1 W. PENNSYLVANIA AVENUE SUITE 600 TOWSON MD 21204 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	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 _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,029
	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>5.13</u> %		53
	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.....		1,082
	d Portion of (c) to be added to prefunding balance		
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	72.82 %
15	Adjusted funding target attainment percentage.....	15	71.77 %
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	69.29 %
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
01/28/2025	30,300	0			
Totals ▶			18(b)	30,300	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	27,365

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

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

22 Weighted average retirement age **22** 65

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** 0

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	286,269	27,365
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** 27,365

	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).....			27,365
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			27,365

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 0

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

Statcare Urgent & Walk In Medical VIP Plan
EIN/PN: 45-2756491/002

**Schedule SB, line 15 – Reconciliation of differences between valuation result and
amounts used to calculate AFTAP**

The AFTAP was certified on September 30, 2024, at 71.77%. This certification was based on a Funding Target equal to \$1,068,861.

The Funding Target was subsequently revised to be \$1,053,423, but an updated AFTAP was not required.

Statcare Urgent & Walk In Medical VIP Plan
EIN/PN: 45-2756491/002

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Participants are assumed to retire at age 65.

Statcare Urgent & Walk In Medical VIP Plan
EIN/PN: 45-2756491/002

Schedule SB, line 24 – Change in Assumption

The FTSE Yield Curve for the first calendar month preceding the beginning of the plan year is used to estimate the future return on plan assets. This assumption was updated from the December 2022 FTSE Yield Curve for the 2023 valuation year to the December 2023 FTSE Yield Curve for the 2024 valuation year.

Statcare Urgent & Walk In Medical VIP Plan
EIN/PN: 45-2756491/002

Schedule SB, Line 32 - Schedule of Shortfall Amortization Bases

Without Stabilization

Date Established	Present Value	Annual Payment	Years Remaining
1/1/2023	270,877	25,883	14
1/1/2024	32,266	2,940	15
Totals	\$ 303,143	\$ 28,823	

With Stabilization

Date Established	Present Value	Annual Payment	Years Remaining
1/1/2023	270,054	25,883	14
1/1/2024	16,215	1,482	15
Totals	\$ 286,269	\$ 27,365	

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

Actuarial Cost Method

Traditional Unit Credit. The actuarial cost method for determining the Target Liability and Target Normal Cost is prescribed by the Pension Protection Act of 2006.

For determining the Target Liability, the present value of the benefits accumulated as of the valuation date is calculated by projecting future benefit payments of the accrued benefit, adjusted for the probability of payment according to the demographic assumptions, and discounting the payments to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but less than 20 years after the valuation date are discounted using the second segment rate, and payments made at least 20 years after the valuation date are discounted using the third segment rate. The Target Normal Cost is calculated in an identical manner, substituting the future benefit payments anticipated based on service earned during the current plan year (if any).

Asset Method

For Valuation

Market Value of Assets, including contributions receivable discounted to the valuation date using the prior plan year Effective Interest Rate.

Valuation Date

January 1.

Interest

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the Plan Sponsor. For all FASB accounting purposes, the interest assumptions are selected by the Plan Sponsor.

For Minimum Required Contribution

January segment rates (no lookback) adjusted by the 25-year average segment rates for the applicable plan year.

	1/1/2023		1/1/2024	
	Without Stabilization	With ARPA Stabilization	Without Stabilization	With ARPA Stabilization
First Segment	2.13%	4.75%	4.37%	4.75%
Second Segment	3.62%	5.00%	4.96%	4.96%
Third Segment	3.93%	5.74%	4.95%	5.59%
Effective Interest Rate	3.69%	5.13%	4.96%	4.97%

For All Other Valuation Calculations

Same as the rates shown for minimum funding without reflecting Stabilization.

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

Retirement Age

All employees are assumed to retire at age 65.

Mortality

2024 IRS Static Annuitant and Non-Annuitant Mortality Tables per Treasury Reg. Section 430(h)(3) (changed from the 2023 IRS Static Annuitant and Non-Annuitant Mortality Tables).

Salary Increases

3.0% compounded annually. The salary increase assumption is selected by the Plan Sponsor and based on plan experience.

Future Return on Assets

Based on the FTSE Yield Curve for the first calendar month preceding the beginning of the plan year.

Turnover

None assumed.

Disablement

None assumed.

Marriage/Age of Spouse

100% of members are assumed to be married. Spouse is assumed to be the opposite gender with male spouses assumed to be three years older than female spouses.

Form of Payment

All participants are assumed to elect a lump sum form of payment.

Administrative Expenses

None assumed.

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

Changes Since Prior Year

The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions and PBGC premiums were updated per IRS regulations. Code section 417(e) mortality tables and interest (if applicable) used for annuity conversions were updated in conjunction with the valuation year.

The FTSE Yield Curve for the first calendar month preceding the beginning of the plan year is used to estimate the future return on plan assets. This assumption was updated from the December 2022 FTSE Yield Curve for the 2023 valuation year to the December 2023 FTSE Yield Curve for the 2024 valuation year.

Rationale for the Selection of Significant Actuarial Assumptions

The mortality table and interest rates used to value the Target Liability are prescribed by Law and selected based on certain elections by the Plan Sponsor. The Plan Sponsor has elected to use the three segment interest rates for the month of January preceding the valuation date (i.e. no lookback period was elected) and the separate Annuitant and Non-Annuitant static version of the statutory mortality tables. For determining the PBGC variable rate premium, the Standard Method applies.

The following actuarial assumptions having a significant effect on the measurement of plan assets or benefit obligations presented in the report were selected by the actuary on the basis described, with the concurrence of the Plan Sponsor:

Retirement

The retirement age assumption used by the prior actuary was reviewed and since there are no current retirees, continuing the prior actuary's assumption that 100% of current active members will retire at age 65, or immediately if they have already worked past age 65 is deemed relevant.

Turnover and Disablement

For a plan with a small number of active participants, it is common practice to not explicitly value withdrawal and disability benefits. The plan does not provide any subsidy with respect to these benefits that is not reflected in the calculation of the subsequent benefit payable upon retirement.

Compensation Increases

The assumed rate of compensation increases were reviewed with the Plan Sponsor, who confirmed the assumption is consistent with their current compensation practices.

Statcare Urgent & Walk In Medical VIP Plan
EIN/PN: 45-2756491/002

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

Rationale for the Selection of Significant Actuarial Assumptions

Form of Payment

All forms of benefit payment are actuarially equivalent to the normal form of benefit at all assumed commencement ages.

Other assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed in this section are not considered significant relative to the measurement.

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

January 1, 2020. The Plan was amended April 30, 2023 to cease the future accrual of benefits and the accrued benefit of each Participant shall be frozen as of such date with respect to service performed and Compensation earned as of such date.

Eligibility

All employees are eligible to participate in the plan on the first day of the month following the attainment of age 21 and completion of a one-year period of service with the Employer.

Eligibility for Benefit Accrual

Completing 1,000 Hours of Service during Plan Year.

Entry Date

The earlier of the first day of the plan year or the first day of the seventh month of such plan year coinciding with or next following the date such employee met the eligibility requirements.

Eligible Employees

All employees except Highly Compensated Non-Owners, leased employees, certain non-resident aliens, and those subject to collective bargaining.

Compensation

Code 3401(a) Compensation, excluding pre-participation pay (Compensation is limited to the Internal Revenue Code maximum of \$330,000 for 2023.)

Top Heavy Status

Assumed to be Top-Heavy for 2024. (A participant's Top-Heavy minimum benefits are deemed to be satisfied by a 5% of compensation non-elective contribution to the Statcare Urgent & Walk In Medical 401(k) Profit Sharing Plan and Trust, if applicable)

Termination Benefits

Actuarial equivalent of Vested Accrued Benefit.

Death Benefits

Actuarial equivalent of Accrued Benefit.

Retirement Dates

Normal Retirement
Age 65.

Early Retirement
Not provided for this plan.

Schedule SB, Part V – Summary of Plan Provisions

Retirement Benefits

Normal Retirement

Equals the number of the participant's Benefit Units multiplied by the value of such Benefit Units.

Definition of Benefit Units

The "Benefit Units" earned by each Participant during any Plan Year will be based on an amount equal to the Applicable Percentage indicated in the table below multiplied by the Compensation (not to exceed \$285,000 for participants listed by name in the table below) earned by such Participant for such Plan Year and then divided by the Unit Value as of the March 25th of the year immediately following such Plan Year computed to the nearest cent.

Participant Name	Rate
Priti Jain	7.755906% of Compensation
Sandeep Jain	7.517079% of Compensation
Staff	0.50% of Compensation

Definition of Unit Value

Unit Value means \$1.00, increased or decreased, as the case may be, by the sum of one plus the actual net rate of return on the Plan's assets (excluding Participant's Retirement Investment Accounts) taking into account all expenses from the date of Plan inception to the date of valuation divided by the sum of one plus the Assumed Interest Rate (5% per annum) from the date of Plan inception to the date of valuation. In the event that the Plan is terminated, the Unit Value shall cease to fluctuate as of the date plan assets are either distributed to Participants or used to purchase a termination annuity from an insurance company.

Early Retirement

Not provided for this plan.

Disability Retirement

Actuarial equivalent of Accrued Benefit.

Normal Form of Benefit Payments

50% Joint & Survivor Annuity for married participants and Single Life Annuity for single participants.

Optional Forms of Benefit Payments

75% Joint and Survivor Annuity, 100% Joint and Survivor Annuity, Lump Sum

Year of Vesting Service

Plan Year during which an employee has at least 1,000 hours of service.

Schedule SB, Part V – Summary of Plan Provisions

Vesting

A participant is 100% vested in their Accrued Benefit after six years of Vesting Service.

Years of Service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Actuarial Equivalence Basis

Pre-Retirement
Mortality Table: None
Interest: 5.0%

Post-Retirement
Mortality Table: Code Section 417(e)(3)(B) mortality table
Interest: 5.0%

Contributions

The Employer pays the entire cost of the Plan. No employee contributions are permitted.

Pre-Retirement Death Benefits

In the event an employee dies prior to the Normal Retirement Date, his beneficiary shall be entitled to receive a death benefit based on the value of the Participant's benefit as of the date payment commences.

Changes Since Prior Valuation

There have been no other changes since the prior valuation.

Statcare Urgent & Walk In Medical VIP Plan
EIN/PN: 45-2756491/002

Schedule SB, line 15 – Reconciliation of differences between valuation result and amounts used to calculate AFTAP

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Schedule SB, Line 32 - Schedule of Shortfall Amortization Bases

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Statcare Urgent & Walk In Medical VIP Plan
EIN/PN: 45-2756491/002

Schedule SB, line 24 – Change in Assumption

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