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: [ ] 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
MEDICARE RIGHTS CENTER SECTION 403(B) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

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)
MEDICARE RIGHTS CENTER INC

266 W 37TH ST FL 301 NEW YORK NY 1
NEW YORK, NY 10018-6601

266 W 37TH ST FL 301 NEW YORK NY 1
NEW YORK, NY 10018-6601

2b Employer Identification Number (EIN) 13-3505372

2c Sponsor's telephone number

2d Business code (see instructions) 624100

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.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	52
b Total number of participants at the end of the plan year	**5b**	47
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)**	52
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)**	47
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	25
d(2) Total number of active participants at the end of the plan year	**5d(2)**	22
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/21/2025	GLENNY VELEZ
	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.) [X] 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.) [X] 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	6300510	7249730
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	6300510	7249730
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	93269	
(2) Participants	8a(2)	130951	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	1076342	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1300562
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	346736	
e Certain deemed and/or corrective distributions (see instructions)	8e	4075	
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	530	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		351341
i Net income (loss) (subtract line 8h from line 8c)	8i		949221
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:
2M 2L 2F 2G

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		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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		X	

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** |

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

MEDICARE RIGHTS CENTER
Getting Medicare right
266 West 37th Street, 3rd Floor
New York, NY 10018
212-869-3850/Fax: 212-869-3532

August 19, 2025

U.S. Department of Labor
EFAST
Form 5500-SF Processing Unit

To Whom It May Concern:

Re: Request for Penalty Abatement – Late Filing of the 2024 Form 5500-SF

Dear Sir or Madam,

We are writing to respectfully request a waiver of penalties associated with the late filing of Form 5500-SF for the plan year ending 12/31/2024. The delay was due to unforeseen technical difficulties with login credentials that prevented timely electronic submission.
Specifically, on 7/31/2025 we realized that our authenticator method got disconnected and it could not be relinked to the account. We were instructed to request an account deletion and create a new account after the existing account was deleted.

We believe this situation qualifies as reasonable cause under IRS and DOL guidelines, which recognize system issues as valid grounds for penalty relief when the filer exercised ordinary business care and prudence. Therefore, we respectfully request that the penalties be waived in light of these circumstances and our demonstrated good faith effort to comply. Supporting documentation, including IT service email exchange is enclosed.

We highly appreciate your consideration of this request and remain committed to full compliance with all applicable reporting requirements.

Sincerely,

Glenny Velez
Director of Operations & Finance

Outlook

Thank you for contacting Login.gov [ref:!00DU00Leux.!500SJ0gr4yD:ref]

From Login.gov Support <support@login.gov>
Date Thu 7/31/2025 6:00 PM
To Glenny Velez <gvelez@medicarerights.org>

Thank you for contacting Login.gov,

If you can't sign in to your Login.gov account because you've permanently lost access to your authentication methods (security options), you have to delete your account and create a new account.

Deleting your existing account and creating a new one will allow you to use the same email address and set up new security options. If you've accessed partner agencies in the past with Login.gov (i.e. USAJOBS, Trusted Traveler, etc.), you will need to relink your Login.gov account to those agencies to gain access. Your agency profile information will not be deleted.

NOTE: if you are connected to a USAJOBS profile, you must contact USAJOBS to deactivate your account before you create a new account. (Contact USAJOBS for assistance with this issue via https://www.usajobs.gov/Help/faq/account/no-access-to-email/.)

To delete your account:

1. First, sign in via your agency application or at https://secure.login.gov using your email address and password. When asked for your authentication method, scroll to the bottom of the page and click on "Choose another authentication method."
2. On the next page, scroll down to "If you can't use any of these authentication methods above, you can reset your preferences by deleting your account." and click on the link.
3. Read through all the information carefully to make sure deleting your account is the only way to reset your account settings and select "Yes, continue deletion" to proceed.
4. You will immediately receive an email confirming that we received your request to delete your account. Your account is not deleted yet. As a security measure, you must wait 24 hours for a second email and click on the link.
5. 24 hours later, you will receive a second email. You must open the email and confirm that you want to delete your account by clicking on the link. (Note: The link will expire after 24 hours. Afterwards, you will have to start the account deletion process again.)

6. After this has been confirmed, your account will be deleted. You will receive a final email advising you that your account has been officially deleted.

Create a new account using the same email address and relink your government application profiles.

After you create your new Login.gov account, add multiple phone numbers and authentication methods to your account to make sure you won't get locked out in the future.
Please let us know if you have questions about signing in and resolving issues with your email, password, authentication methods (i.e. text message security codes), or verifying your identity.

Thanks,

The Login.gov team

Original Inquiry: I am having issues with the authenticator app. I need to submit a report that is due today 7/31/2025

Sent On: 7-31-2025

Case Number: 07452077

---------- Original Message ----------
From: Login.gov Support [support@login.gov]
Sent: 7/31/2025 5:57 PM
To: gvelez@medicarerights.org
Subject: Thank you for contacting Login.gov [ref:!00DU00Leux.!500SJ0gr4yD:ref]

Thank you for contacting Login.gov,

We understand you are having issues with your authentication application security codes.

If your application is connected to multiple websites, please ensure you are choosing to generate codes for Login.gov.

If you have changed devices or deleted and re-downloaded your authentication application, your application may no longer be connected. If this is the case, you will need to use another sign-in method to update it.

If you are still experiencing issues obtaining your security code, please contact the developer of the authentication application to resolve your issue.

Thanks,

The Login.gov team

Original Inquiry: I am having issues with the authenticator app. I need to submit a report that is due today 7/31/2025

Sent On: 7-31-2025

Case Number: 07452077

---------- Original Message ----------
From: Glenny Velez [gvelez@medicarerights.org]
Sent: 7/31/2025 5:54 PM
To: support@login.gov
Subject: Re: Thank you for contacting Login.gov [ref:!00DU00Leux.!500SJ0gr4yD:ref]

Hello there

I am trying to log in to EFAST using a Login.gov. I am unable to pair my google authenticator with the Login.gov to enter a verification code. I've been waiting on the line for couple of hours and already got disconnected and called again.
I need help. Please call

Best,

Glenny Velez (She/Her/Hers)
Director of Operations & Finance
Medicare Rights Center
266 West 37th Street, 3rd Floor
New York, NY 10018
Tel: 212-204-6289
https://www.medicarerights.org

Medicare Rights Logo

From: Login.gov Support <support@login.gov>
Sent: Thursday, July 31, 2025 5:26 PM

To: Glenny Velez <gvelez@medicarerights.org>
Subject: Thank you for contacting Login.gov [ref:!00DU00Leux.!500SJ0gr4yD:ref]

Thank you for contacting Login.gov,

To better assist you, we need more information from you.

Please let us know more details regarding the issue(s) you are experiencing. Please provide screen captures of the issue, with the website URL clearly visible.

- What were you trying to do? (ex. I was trying to sign into USAJOBS)
- What is the website URL you are trying to sign into?
- When did the problem occur? (ex. after entering my password, after entering the security code, etc).
- What happened? Were you shown an error message? Did the screen freeze? Did you get redirected to the wrong page?
- What internet browser are you using? (i.e. chrome, firefox, safari)
- What type and make of device were you using (i.e. phone - iphone, samsung galaxy; laptop - macbook, lenovo; desktop, tablet - ipad, surface)
- Where were you trying to sign in (i.e. at home, work computer, government computer/network)
- Are you able to provide screenshots of the error you are encountering?

NOTE: Please do **not** include sensitive or identifying information such as your full name, address, birth date, or social security number when responding to this request for more information.

Thanks,

The Login.gov team

Original Inquiry: I am having issues with the authenticator app. I need to submit a report that is due today 7/31/2025

Sent On: 7-31-2025

Case Number: 07452077

---------- Original Message ----------
From: Login.gov Support [fcicsfsupport@gsa.gov]
Sent: 7/31/2025 5:25 PM
To: gvelez@medicarerights.org

Subject: Thank you for contacting Login.gov

Thank you for contacting Login.gov

This quick email is to let you know that Login.gov has received your message. You should get a personal response from someone on our team within approximately six hours. If you would rather call us directly, please call (844) 875-6446 and have your message ID number ready.

Your message ID number is 07452077. Please don't reply to this email because it was sent automatically.

Thanks,

The team at Login.gov

Original Inquiry: I am having issues with the authenticator app. I need to submit a report that is due today 7/31/2025

Sent On: 7/31/2025

Case Number: 07452077

Customer Information:
First Name -
Last Name -
Email -

ref:!00DU00Leux.!500SJ0gr4yD:ref

Outlook

Thank you for contacting Login.gov

From Login.gov Support <fcicsfsupport@gsa.gov>
Date Thu 7/31/2025 5:25 PM
To Glenny Velez <gvelez@medicarerights.org>

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This quick email is to let you know that Login.gov has received your message. You should get a personal response from someone on our team within approximately six hours. If you would rather call us directly, please call (844) 875-6446 and have your message ID number ready.

Your message ID number is 07452077. Please don't reply to this email because it was sent automatically.

Thanks,

The team at Login.gov

Original Inquiry: I am having issues with the authenticator app. I need to submit a report that is due today 7/31/2025

Sent On: 7/31/2025

Case Number: 07452077

Customer Information:
First Name -
Last Name -
Email -

Outlook

How to delete your Login.gov account

From Login.gov <no-reply@login.gov>
Date Thu 7/31/2025 6:02 PM
To Glenny Velez <gvelez@medicarerights.org>

How to delete your Login.gov account

As a security measure, Login.gov requires a two-step process to delete your account:

Step 1, 24 hours waiting period: This email confirms that you have started the process of account deletion. There is a 24 hours waiting for account deletion to go through if you have lost access to your authentication methods cannot sign in.

Step 2, Confirm account deletion: After your 24 hours waiting period, you will receive a second email that will ask you to confirm the deletion of your Login.gov account. **Your account will not be deleted until you confirm account deletion from the second email.** You will have another 24 hours to confirm account deletion.

Don’t want to delete your account? Sign in to your Login.gov account to cancel.

Please do not reply to this message. If you need help, visit login.gov/help/

Sent at 2025-07-31T22:02:22.160158Z

Outlook

How to delete your Login.gov account

From Login.gov <no-reply@login.gov>
Date Mon 8/4/2025 10:37 AM
To Glenny Velez <gvelez@medicarerights.org>

LOGIN.GOV

How to delete your Login.gov account

As a security measure, Login.gov requires a two-step process to delete your account:

Step 1, 24 hours waiting period: This email confirms that you have started the process of account deletion. There is a 24 hours waiting for account deletion to go through if you have lost access to your authentication methods cannot sign in.

Step 2, Confirm account deletion: After your 24 hours waiting period, you will receive a second email that will ask you to confirm the deletion of your Login.gov account. **Your account will not be deleted until you confirm account deletion from the second email.** You will have another 24 hours to confirm account deletion.

Don’t want to delete your account? Sign in to your Login.gov account to cancel.

Please do not reply to this message. If you need help, visit login.gov/help/

Sent at 2025-08-04T14:37:35.536631Z

Outlook

Account deleted

From Login.gov <no-reply@login.gov>
Date Tue 8/5/2025 5:35 PM
To Glenny Velez <gvelez@medicarerights.org>

LOGIN.GOV

Account deleted

This email confirms you have deleted your Login.gov account.

Please do not reply to this message. If you need help, visit login.gov/help/

About Login.gov | Privacy policy

Sent at 2025-08-05T21:35:29.618794Z

Outlook

Confirm your email

From Login.gov <no-reply@login.gov>
Date Fri 8/8/2025 3:00 PM
To Glenny Velez <gvelez@medicarerights.org>

LOGIN.GOV

Confirm your email

Thanks for submitting your email address. Please click the link below or copy and paste the entire link into your browser. This link will expire in 24 hours.

Confirm email address

https://secure.login.gov/sign_up/email/confirm?_request_id=f8fa4913-90ec-48af-a349-d4c4520b2fdb&confirmation_token=Vfw4y7xrn2u_yRxgk3sB

Please do not reply to this message. If you need help, visit login.gov/help/

About Login.gov | Privacy policy

Sent at 2025-08-08T19:00:47.654627Z