#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information										
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2	2018		and ending 12	2/31/2	2018					
A This ret	turn/report is for:	X a single-employer plan			in (not multiemployer) ( ployer information in ac		_					
		a one-participant plan	a f	oreign plan	,					,		
<b>B</b> This retu	urn/report is	X the first return/report	the	final return/report								
		an amended return/report	a s	a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	au	tomatic extension	nsion DFVC program							
		special extension (enter descr	ription)									
Part II	Basic Plan Info	rmation—enter all requested inf	formatio	on								
1a Name ICARE U ME	of plan EDICAL PC DEFINED I	BENEFIT PLAN				1b	Three-digit plan number (PN)		001			
									plan /2013			
Mailing	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C				2b	Employer I		cation Num	iber		
City or ICARE U ME		e, country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)	2c	Sponsor's			er		
	917-940-8711  2d Business code (see instructions) 907 PRINCE STREET STE 3G YOSSET, NY 11791											
3a Plan administrator's name and address Same as Plan Sponsor.  3b Admin							Administrat	or's E	IN			
							Administrat	or's te	ephone nu	ımber		
this pl	an, enter the plan spor	plan sponsor or the plan name hansor's name, EIN, the plan name a					EIN					
a Spons C Plan N	or's name					4d	PN					
C FIAITIN	iame											
<b>5a</b> Total i	number of participants	at the beginning of the plan year				5	a			2		
		at the end of the plan year				5	b			2		
	· ·	account balances as of the end of			·	5	c					
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pl	lan year				(1)			2		
		ticipants at the end of the plan year				5d	(2)			2		
than	100% vested	terminated employment during the					е			0		
		or incomplete filing of this return										
SB or Sche	alties of perjury and othe dule MB completed an true, correct, and comp	ner penalties set forth in the instructed signed by an enrolled actuary, a plete.	ctions, I as well a	declare that I have as the electronic vers	examined this return/re sion of this return/report	port, i t, and	ncluding, if a to the best	application of my	able, a Sche knowledge	edule and		
SIGN	Filed with authorized/	valid electronic signature.		10/10/2019	XIYUN SHAO							
HERE	Signature of plan ac	dministrator		Date	Enter name of individ	ual si	gning as pla	n adm	inistrator			
SIGN												
HERE	Signature of employ	yer/plan sponsor		Date	Enter name of individ	ual si	gning as em	ploye	or plan spo	onsor		

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<b>6a</b> w	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
	e you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Ye	s $\Pi$ No		
	ou answered "No" to either line 6a or line 6b, the plan cann		,						, 🗆 🖽		
-	ne plan is a defined benefit plan, is it covered under the PBGC ir							Not det	termined		
	Yes" is checked, enter the My PAA confirmation number from th							(See instr	uctions.)		
Part I	II Financial Information										
	n Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year			
<b>a</b> Tot	tal plan assets	7a		03556			(*/	1134655			
<b>b</b> Tot	tal plan liabilities	7b		0				0			
<b>C</b> Ne	t plan assets (subtract line 7b from line 7a)	90	03556			1134655					
8 Inc	ome, Expenses, and Transfers for this Plan Year	t			(b)	Total					
	ntributions received or receivable from:										
	Employers	8a(1)	30	00000							
	(2) Participants										
	Others (including rollovers)			0							
	ner income (loss)	8b	-:	59957				0.400.40			
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						240043			
	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d		0							
<b>e</b> Ce	rtain deemed and/or corrective distributions (see instructions)	8e		0							
<b>f</b> Ad	ninistrative service providers (salaries, fees, commissions) 8f										
<b>g</b> Oth	ner expenses	8g		0							
h Tot	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h						8944			
i Ne	Net income (loss) (subtract line 8h from line 8c)							231099			
<b>j</b> Tra	ansfers to (from) the plan (see instructions)	8j		0							
Part I	V Plan Characteristics										
	the plan provides pension benefits, enter the applicable pension A 3B 3D 3H	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the in	structions:			
<b>b</b> If t	the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	es in the inst	tructions:			
Part V	Compliance Questions										
	uring the plan year:				Yes	No		Amount			
C	/as there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction	40		<b>V</b>					
	Program)/ Pree there any nonexempt transactions with any party-in-interest			10a		X					
	eported on line 10a.)			10b		Χ					
	Vas the plan covered by a fidelity bond?			10c		X					
<b>d</b> D	id the plan have a loss, whether or not reimbursed by the plan's y fraud or dishonesty?	fidelity bor	nd, that was caused	10d		X					
C	Vere any fees or commissions paid to any brokers, agents, or oth arrier, insurance service, or other organization that provides some plan? (See instructions.)	ne or all of	the benefits under	10e		X					
fн	as the plan failed to provide any benefit when due under the pla	ın?		10f		X					
<b>g</b> D	id the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Χ					
2	this is an individual account plan, was there a blackout period? 520.101-3.)	·		10h		X					
	10h was answered "Yes," check the box if you either provided the xceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
									· · · · · ·		

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Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	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									
lf y	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								
С	C Enter the amount contributed by the employer to the plan for this plan year									
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								
е	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	X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to								
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)					

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

## 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).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ File as an atta	chment to Form 55	500 or 5500-SF	•			
For calendar plan year 2018 or fisca	al plan year beginning 01/01/201	18	and	d ending	12/3	1/2018	
Round off amounts to nearest							
Caution: A penalty of \$1,000 wil	I be assessed for late filing of this rep	oort unless reasonat	ole cause is esta	ablished.			
A Name of plan ICARE U MEDICAL PC DEFINED	) BENEFIT PLAN			hree-digi an numb		•	001
C Plan sponsor's name as shown of ICARE U MEDICAL PC	n line 2a of Form 5500 or 5500-SF		<b>D</b> En	nployer lo	dentifica 45-275	ation Number (E	EIN)
E Type of plan: Single Mult	tiple-A Multiple-B	F Prior year plan	size: X 100 or	fewer	101-5	500 More th	an 500
Part I Basic Information	n						
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u>	Year <u>2018</u>	3				
2 Assets:				_			
a Market value					2a		903556
<b>b</b> Actuarial value					2b		903556
3 Funding target/participant coun	it breakdown		(1) Number of participants			ted Funding Farget	(3) Total Funding Target
<b>a</b> For retired participants and b	peneficiaries receiving payment			0		0	0
<b>b</b> For terminated vested partici	ipants			0		0	0
<b>c</b> For active participants				2		551377	689221
<b>d</b> Total				2		551377	689221
4 If the plan is in at-risk status, ch	heck the box and complete lines (a) a	and (b)					
a Funding target disregarding	prescribed at-risk assumptions		<del>-</del>		. 4a		
	isk assumptions, but disregarding trar ive consecutive years and disregardir				4b		
-	, , , , , , , , , , , , , , , , , , , ,	· ·			. 5		5.52 %
6 Target normal cost					. 6		172448
accordance with applicable law and regulation combination, offer my best estimate of anticities.	on supplied in this schedule and accompanying sclons. In my opinion, each other assumption is reas ipated experience under the plan.					ole expectations) and	d such other assumptions, in
HERE						10/05/201	9
	Signature of actuary					Date	
ROBYN E. ROSENTHAL, EA, MA						17-00608	
·	pe or print name of actuary				Most r	ecent enrollme	
UNITED RETIREMENT PLAN CO				<b></b>		845-621-65	
220 US ROUTE 6 THE WRIGHT BUILDING MAHOPAC, NY 10541	Firm name  Address of the firm			i ei	sprione	number (includ	ilig alea code)

<u>instruct</u>ions

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

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Schedule SB (Form 5500) 2018	Page <b>2 -</b> 1	

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							
							<b>(a)</b> C	arryover balance		<b>(b)</b> P	refundin	g balance	
7		•	•		able adjustments (line 13 fron			0				0	
8			•	-	nding requirement (line 35 fro			0				0	
9	Amount r	emaining	g (line 7 minus line	8)				0				0	
10	Interest of	n line 9	using prior year's	actual retu	rn of19.98_%			0				0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
a Present value of excess contributions (line 38a from prior year)									113611				
					a over line 38b from prior year interest rate of							6499	
				-	edule SB, using prior year's a							0	
					ar to add to prefunding balance							120110	
	<b>d</b> Portion	n of (c) to	be added to prefu	unding bala	ance							0	
12 Other reductions in balances due to elections or deemed elections								0					
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0				
	Part III Funding Percentages												
											14	131.09%	
					)						15	131.09%	
	Prior yea	r's fundir	g percentage for	purposes o	of determining whether carryo	ver/prefund	ding balance	es may be used to		current	16	144.08%	
17	year's funding requirement												
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls					•	•		
18					ar by employer(s) and employ								
(1)	(a) Date /M-DD-Y	e ∕YY)	(b) Amount p employer		(c) Amount paid by employees	( <b>a)</b> [ MM-DD)		(b) Amount pai employer(s		(с	c) Amount paid by employees		
	2/21/2018		. ,	300000	0	•	ŕ	. ,	•				
						Totalo b	40(%)			40(-)	1		
10	Diagount	مط مصمام	war aantributiona	ann inntr	ustions for small plan with a v	Totals ▶	18(b)		300000	18(c)		0	
19					uctions for small plan with a v num required contributions fr				9ar:			0	
	_				usted to valuation date	-			9b			0	
				-	red contribution for current yea			<u> </u>	9c			284767	
20			tions and liquidity									204707	
-	-				e prior year?						П	Yes X No	
			•		installments for the current ye							Yes No	
			·		nplete the following table as a		-					ш	
					Liquidity shortfall as of end		of this plan y	/ear					
		(1) 1s	t		(2) 2nd		(3)	3rd		(	(4) 4th		

Р	Part V Assumptions Used to Determine Funding Target and Target Normal Cost													
21	Discount	rate:												
	<b>a</b> Segm	ent rates:	1st se	egment: 3.92%	2nd	d segment: 5.52%	3	rd segment: 6.29 %		N/A, full yie	eld curve used			
	<b>b</b> Applic	able month (er	nter code)						21b		2			
22	Weighted	d average retir	ement age						22		62			
23	Mortality	table(s) (see	instructions)	Prior regulation	n:	Prescribed - coml	bined	Prescribed	l - separat	te Subs	titute			
				Current regulat	tion:	Prescribed - coml	hined [	Prescribed	l - senarat	te 🗆 Subs	titute			
Pa	Current regulation: X 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													
	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment													
25	Has a me	ethod change l	been made for	the current plan	year? If "Yes	s," see instructions	regarding red	quired attach	ment		Yes X No			
26	Is the pla	n required to p	provide a Sche	edule of Active Pa	articipants? If	"Yes," see instruct	ions regardin	g required a	ttachmen	t	Yes X No			
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment								27					
Pa	art VII	Reconcili	ation of Un	paid Minimu	ım Require	ed Contribution	ns For Pri	or Years	'					
28	Unpaid n			•					28		0			
29	<ul> <li>Unpaid minimum required contributions for all prior years</li> <li>Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)</li> </ul>								29		0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								30	0				
Pa	Part VIII Minimum Required Contribution For Current Year													
	31 Target normal cost and excess assets (see instructions):													
	<b>a</b> Target normal cost (line 6)													
	<b>b</b> Excess	s assets, if app	olicable, but no	t greater than lin	e 31a				31b	172448				
32	Amortiza	tion installmen	nts:				Outst	anding Bala	nce	Insta	llment			
	a Net sh	ortfall amortiza	ation installmer	nt					0		0			
	<b>b</b> Waive	r amortization	installment						0		0			
33						ne ruling letter grant waived amount			33					
34	Total fun	ding requireme	ent before refle	ecting carryover/p	prefunding ba	lances (lines 31a -	31b + 32a +	32b - 33)	34		0			
						over balance		unding balan	ice	Total b	palance			
35			se to offset fun	-		0			0		0			
36	Additiona	al cash require	ment (line 34 r	minus line 35)					36		0			
37				•		ırrent year adjusted		`	37		284767			
38	Present	value of exces	s contributions	for current year	(see instruction	ons)			I					
	a Total (e	excess, if any,	of line 37 over	· line 36)					38a		284767			
	<b>b</b> Portion	n included in lir	ne 38a attributa	able to use of pre	efunding and f	unding standard ca	ırryover balaı	nces	38b		0			
39						ny, of line 36 over li			39		0			
40	Unpaid n	ninimum requii	red contributior	ns for all years					40		0			
Pai	rt IX	Pension	Funding Re	elief Under P	ension Re	lief Act of 201	0 (See Ins	tructions	)					
41	If an elec	tion was made	to use PRA 2	010 funding relie	ef for this plan									
					-					2 plus 7 years	15 years			

#### ICARE U MEDICAL PC DEFINED BENEFIT PENSION PLAN

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

	For Funding		
	Min Max	<u>For 417(e)</u>	For Actuarial Equiv.
Interest Rates	Seg 1: 3.92% 1.77%	Seg 1: 2.20%	Pre-Retirement: 5.00%
	Seg 2: 5.52% 3.73%	Seg 2: 3.57%	Post-Retirement: 5.50%
	Seg 3: 6.29% 4.60%	Seg 3: 4.24%	
Applicable Date	11/2017 11/2017	11/2017	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
<b>Assumed Ret Age</b>	Normal retirement age 62 a 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Post-Retirement			
Mortality	2018 Applicable Mortality Table from Notice 2017-60	2018 Applicable Mortality Table from Notice 2017-60	2018 Applicable Mortality Table from Notice 2017-60
<b>Assumed Benefit Form I</b>	or Funding	Lump Sum	
Assumed Spouse's Age	Spouse assumed to be the same age as participant		Spouse assumed to be the same age as participant
	Participant is assumed to be married to current spouse a retirement if spouse's date of birth is known	t	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Into	erest Rate	5.52%	
Actuarial Cost Method		The Unit Credit funding method prescribed by the Pension Protect method sets the funding target et value of accrued benefits, and se equal to the present value of the the current year.	ction Act. This qual to the present ets the normal cost

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

## Form 5500-SF

Department of the Treasury

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

OMB Nos. 1210-0110 1210-0089

2018

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Employee De	This form is required to be filed under sections 104 and 4085 of the Employee Representation Income Security Act of 1974 (ERISA), and sections 5057(b) and 6058(a) of the Internal Revenue Code (the Code).  This form is required to be filed under sections 104 and 4085 of the Employee Representation Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 5057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 5057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 5057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 5057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act of 1974							
Person Ter	well Quaranty Corporation	Complete all entries i	n accordance with the instruc	tions to the Form 55	00-SF.	_		
Part I	Annual Repor	rt Identification Informatio	n		12/1	1/2018		
or calenda	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending				
	univeport is for:	a single-employer plan	a multiple-employer plan list of participating empl a foreign plan	(not multiemployer) (F oyer information in ac	cordance wi	ing this bo th the form	instructions.)	
		a one-participant plan	- amegapa					
B This retu	invireport is	the first return/report	the final return/report					
		an amended return/report	a short plan year return/r	report (less than 12 mi	onths)			
C Check b	oox if filing under:	☑ Form 5558	automatic extension.		DFVC pr	rogram.		
		npecial extension (enter der	scription)					
Part II	Basic Plan Inf	formation—enter all requested	information					
1s Name /	of ellen	PC Defined Benefit I				number	001	
2002					1c Effec	tive date o	of plan	
						01/201	ification Number	
Mailing	address (include to	loyer, if for a single-employer plan om, apt., suite no. and street, or F	P.O. Box)	of and	(EIN)	45-275	56480	
	town, state or proving U Medical	nce, country, and ZIP or foreign po PC	ostal code (if foreign, see instru	ctions)	2c Spor 917	-940-8	phone number 1711	
3907	Prince Stre	et Ste 3g			2d Busin	ness code	(see instructions)	
Cunse	400	NV 11	791		651	111		
Syoss Plan ad		NY 11 and address Same as Plan S	791 ponsor.		3b Admi 3c Admi	inistrator's	EIN stelephone numb	
-			1,0		3b Admi	inistrator's	-	
Plan ad	ministrator's name	and address Same as Plan S	ponsor.	turn/report filed for slast return/report.	3b Admi	inistrator's	-	
Plan ad	ministrator's name	and address Same as Plan S	ponsor.	turn/report filed for a last return/report.	3b Admi	inistrator's	-	
Plan add	ministrator's name	and address Same as Plan S	ponsor.	turn/report filed for a last return/report.	3b Admi 3c Admi	inistrator's	-	
Plan ad If the na this plan a Sponsor C Plan Na	ministrator's name ame and/or EIN of t n, enter the plan sp r's name	and address Same as Plan S be plan sponsor or the plan name onsor's name, EIN, the plan name	e has changed since the last ret e and the plan number from the	turn/report filed for a last return/report.	3b Admi 3c Admi	inistrator's	-	
Plan ad If the na this plan a Sponsor C Plan Na 5a Total na	ministrator's name ame and/or EIN of t n, enter the plan sp r's name ime	and address Same as Plan Sine plan sponsor or the plan name consor's name, EIN, the plan name to at the beginning of the plan yes	e has changed since the last ret e and the plan number from the	turn/report filed for a last return/report.	3b Admi 3c Admi 4b EIN 4d PN 5a	inistrator's	-	
Plan ad If the na this plan a Sponsor C Plan Na 5a Total no	ame and/or EIN of ti n, enter the plan sp r's name ame	ts at the beginning of the plan years at the end of the plan years.	e has changed since the last ret e and the plan number from the	s last return/seport.	3b Admi 3c Admi 4b EIN 4d PN 5a 5b	inistrator's	-	
Plan ad this plan a Sponsor c Plan Na b Total nu c Number complete	ame and/or EIN of ti n, enter the plan sp r's name ime umber of participant umber of participant of participants with	ts at the beginning of the plan year h account balances as of the end	e has changed since the last ret e and the plan number from the er	s last return/seport.	3b Admi 3c Admi 4b EIN 4d PN 5a 5b 5c	inistrator's	-	
4 If the na this plan a Sponsor c Plan Na b Total no C Number complete d(1) Total	ame and/or EIN of to n, enter the plan sp o's name umber of participant of participants with te this item)	he plan sponsor or the plan name consor's name, EIN, the plan name ts at the beginning of the plan year h account balances as of the end sarticipants at the beginning of the plansys articipants at the beginning of the	thas changed since the last ret e and the plan number from the of the plan year (only defined on a plan year.	s last return/seport.	3b Admi 3c Admi 4b EIN 4d PN 5a 5b 5c 5d(1)	inistrator's	-	
Plan ad  If the na this plan a Sponsor c Plan Na  5a Total no C Number complet d(1) Total d(2) Total	ame and/or EIN of ti n, enter the plan sp r's name ime umber of participant umber of participant of participants with te this item)	ts at the beginning of the plan year to account balances as of the end participants at the beginning of the plan year to account balances as of the end participants at the end of the plan year to account balances as of the end participants at the beginning of the plan year to be acticipants at the end of the plan year to be acticipants at the	e has changed since the last ret e and the plan number from the of the plan year (only defined of a plan year	contribution plans	3b Admi 3c Admi 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	inistrator's	-	
Plan ad this plan a Sponsor c Plan Na b Total no c Number complet d(1) Total d(2) Total e Number	ame and/or EIN of ti n, enter the plan sp r's name ime umber of participant umber of participant of participants with te this item)	ts at the beginning of the plan year to account balances as of the end of the plan year the account balances as of the end plants at the end of the planty articipants at the end of the planty of the planty articipants at the end of the planty of the plan	ponsor.  thas changed since the last rete and the plan number from the of the plan year (only defined on plan year year the plan year with accrued ber	contribution plans	3b Admi 3c Admi 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	inistrator's	s telephone numb	
Plan ad  If the na this plan a Sponsor c Plan Na  b Total no c Number complet d(1) Total d(2) Total e Number than 10 caution: A p inder penalt ill or Sched	ame and/or EIN of to n, enter the plan sp o's name amber of participant amber of participant of participants with te this item)	he plan sponsor or the plan name consor's name, EIN, the plan name to at the beginning of the plan year in account balances as of the end sarticipants at the beginning of the sarticipants at the end of the plan to terminated employment during a or incomplete filling of this retother penalties set forth in the instand signed by an enrolled actuar	or has changed since the last ret e and the plan number from the of the plan year (only defined of plan year year the plan year with accrued ber tructions, I declare that I have of y, as well as the electronic ven	contribution plans series that were less unless reasonable contribution of this returning	3b Admi 3c Admi 3c Admi 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is est	ablished.	s telephone numb	
Plan ad this plan a Sponsor c Plan Na b Total no c Number complete d(1) Total d(2) Total e Number than 10 caution: A p inder penallis or Sched- ellef, it is to	ame and/or EIN of to not a me and/or EIN of to not a me and/or EIN of to not a me and a me an	he plan sponsor or the plan name consor's name, EIN, the plan name to at the beginning of the plan year in account balances as of the end sarticipants at the beginning of the sarticipants at the end of the plan to terminated employment during a or incomplete filling of this retother penalties set forth in the instand signed by an enrolled actuar	e has changed since the last ret e and the plan number from the of the plan year (only defined of plan year year the plan year with accrued ber tructions, I declare that I have of y, as well as the electronic vent	contribution plans series that were less unless reasonable contribution of this returning	3b Admi 3c Admi 3c Admi 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is est	ablished.	s telephone numb	
Plan ad  If the na this plan a Sponsor of Plan Na  5a Total nu 6 Number completed (1) Total of (2) Total e Number than 10 Saution: A planton of	ame and/or EIN of to not a me and/or EIN of to not a me and/or EIN of to not a me and a me an	he plan sponsor or the plan name consor's name, EIN, the plan name ts at the beginning of the plan year in account balances as of the end participants at the beginning of the plan to terminated employment during the penalties set forth in the instand signed by an enrolled actuar repliete.	or has changed since the last ret e and the plan number from the of the plan year (only defined of plan year year the plan year with accrued ber tructions, I declare that I have of y, as well as the electronic ven	contribution plans selfes that were less unless reasonable content of this returning the selfest properties of the self-properties of the selfest properties of the self-properties of the self-pr	3b Admi 3c Admi 3c Admi 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is est	ablished.	plicable, a Sched my knowledge ar	
Plan ad  If the na this plan a Sponsor of Plan Na  5a Total nu 6 Number completed (1) Total of (2) Total e Number than 10 Saution: A planton of	ame and/or EIN of to no enter the plan spris name amber of participant umber of participant to the bis item).  I number of active por of participants with the this item).  I number of active por of participants with the this item).  I number of active por of participants with the this item).  I number of active por of active por of participants with the thin th	he plan sponsor or the plan name consor's name, EIN, the plan name ts at the beginning of the plan year in account balances as of the end participants at the beginning of the plan to terminated employment during the penalties set forth in the instand signed by an enrolled actuar repliete.	of the plan year (only defined of the plan year year year year as well as the electronic ventor), as well as the electronic ventor.	contribution plans selfes that were less unless reasonable context in the selfes of this return/report xiyun Shao	3b Admi 3c Admi 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estreport, includent, and to the signing includent incl	ablished, ding, if ap he best of	plicable, a Sched my knowledge ar	

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2018

For	r calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending	3	12/31/20	18
	Round off amounts to nearest dollar.				
<b>&gt;</b>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	cause is established	l		
	Name of plan ICARE U MEDICAL PC DEFINED BENEFIT PLAN	1	Three-digit plan number (PN)		
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identific	ation Number (E	IN)
	ICare U Medical PC	45-275	6480		8000 III
E 1	Type of plan: X Single Multiple-A Multiple-B F Prior year plan size	ze: X 100 or fewer	101-	500 More tha	an 500
Р	Part I Basic Information				
1	Enter the valuation date: Month 01 Day 01 Year 201	8_			
2	Assets:				
	a Market value		2a		903,556
	<b>b</b> Actuarial value		2b		903,556
3	Funding target/participant count breakdown	(1) Number of participants		sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	0		0	0
	<b>b</b> For terminated vested participants	0		0	0
	C For active participants	2		551,377	689,221
	d Total	2		551,377	689,221
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)				
976	a Funding target disregarding prescribed at-risk assumptions		4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans to at-risk status for fewer than five consecutive years and disregarding loading factor	hat have been in	4h		2
5	Effective interest rate		5		5.52%
6	Target normal cost		6		172,448
	tement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and atta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account	achments, if any, is complete	e and accu	rate. Each prescribed	assumption was applied in such other assumptions, in
	combination, offer my best estimate of anticipated experience under the plan.				
1	SIGN : Robin E. Rosn Shall			10/05/20	19
	Signature of actuary			Date	
ROE	BYN E. ROSENTHAL, EA, MAAA	<u></u>		1700608	3
FINI	Type or print name of actuary ITED RETIREMENT PLAN CONSULTANTS		Most	recent enrollmer 845-621-6	
OIV.	Firm name	Te	elephone	number (includ	
220	O US ROUTE 6		•	,	2000 E
THE	E WRIGHT BUILDING				
MAH	HOPAC NY 10541				
	Address of the firm				
	e actuary has not fully reflected any regulation or ruling promulgated under the statute in co	mpleting this schedul	e, check	the box and see	e 📙

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

Page	2	-	

D	art II	Pogir	ning of Voor	Carryov	or and Profunding Ra	lancos						
Г	art II Beginning of Year Carryover and Prefunding Balances							(a) Carryover balance (b) Prefunding bala				ng balance
7		-	•		ble adjustments (line 13 fror		•	0			0	
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											0
9			g (line 7 minus line		0			0				
10					n of <u>19.98</u> %			0			0	
11					o prefunding balance:							
	<b>a</b> Prese	nt value c	of excess contribut	ions (line 3	8a from prior year)							113,611
					over line 38b from prior yea interest rate of5.72%							6,499
	` '		•	•	dule SB, using prior year's a							_
					r to add to prefunding balance							120,110
	<b>d</b> Portio	n of (c) to	be added to prefu	ındina bala	nce							_
12					or deemed elections				0			0
					ne 10 + line 11d – line 12)				0			0
	Part III		ding Percenta									
		•	<del>-</del>								14	131.09%
15											15	131.09%
16	Prior yea	ar's fundir	ng percentage for	purposes of	f determining whether carryo	ver/prefundi	ng balance	s may be used t	o reduce c		16	144 000
17					ess than 70 percent of the fu						17	144.08%
	Part IV		tributions and	•	·	anding target	., оттог одо	Tr porcomago				70
					ar by employer(s) and emplo	vees:						
	(a) Dat	е	(b) Amount p	aid by	(c) Amount paid by	(a) Da		(b) Amount		(c)		nt paid by
<del></del>	MM-DD-Y 2/21/2		employer(	00,000	employees 0	(MM-DD-	YYYY)	employe	r(s)		empi	oyees
	· ·		_	,	-							
	Totals ► 18(b) 300,00							00 000	19(0)		0	
10	Discount	tod omple	vor contributions	soo instru	lictions for small plan with a v					10(0)		0
13					num required contributions fr				19a			0
	_				sted to valuation date			-	19b			0
	<b>C</b> Contri	butions all	located toward mini	mum requir	ed contribution for current yea	r adjusted to	valuation da	ate	19c			284,767
20	Quarterl	y contribu	itions and liquidity	shortfalls:								
			_		e prior year?						······ <u> </u>	Yes X No
	<b>b</b> If line	20a is "Y	es," were required	quarterly in	nstallments for the current ye	ear made in	a timely ma	anner?				Yes No
	<b>C</b> If line	20a is "Y	es," see instruction	ns and com	plete the following table as a		COLD I					
		(1) 1s	t		Liquidity shortfall as of end (2) 2nd	of quarter of		rear 3rd		(	4) 4th	1
						` /				,		

Mortality table(s) (see instructions)	Р	art V	Assumpti	ons Used to Dete	mine Fundi	ng Target and Targ	get Norma	I Cost		
b Applicable month (enter code).    Applicable month (enter code).   Applicable month (enter code)	21	Discount	rate:							
22   Mortality table(s) (see instructions)		<b>a</b> Segme	Segment rates: 1st segment: 2nd segment: 3rd segment:							N/A, full yield curve used
Mortality table(s) (see instructions)		<b>b</b> Applica	able month (er	nter code)					21b	2
Part VI Miscellaneous Items  24 Has a change been made in the non-proscribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	22	Weighted	average retire	ement age					22	62
Part VI Miscellaneous Items  24 Has a change been made in the non-proscribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment							_		l - separat	e Substitute
Part VI		,	(5)	,		Dragarihad comb				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment				Current	regulation:	A Prescribed - comb	oinea	Prescribed	ı - separaı	e Substitute
attachment	Pa	rt VI	Miscellane	ous Items						
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	24	Has a ch	ange been ma	ide in the non-prescribe	d actuarial assu	mptions for the current p	lan year? If "	Yes," see ir	nstructions	s regarding required
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		attachme	nt							Yes 🗓 No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	25	Has a me	thod change l	been made for the curre	nt plan vear? It	"Yes" see instructions r	egarding regi	uired attach	ment	☐ 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  8 Unpaid minimum required contributions for all prior years	26	Is the pla	n required to p	provide a Schedule of A	ctive Participant	s? If "Yes," see instruction	ons regarding	g required a	ttachmen	t Yes X No
Part VII   Reconciliation of Unpaid Minimum Required Contributions For Prior Years   28   0.00	27		•	_			ons regarding	9	27	
28 Unpaid minimum required contributions for all prior years	D						- For Drie	V.		
29   Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)				· · · · · · · · · · · · · · · · · · ·		•			20	0
(line 19a)				-						U
Part VIII   Minimum Required Contribution For Current Year   31 Target normal cost and excess assets (see instructions):   a Target normal cost (line 6)	29				•	•	•	,	29	0
a Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)	30	Remainir	g amount of u	inpaid minimum require	contributions (	line 28 minus line 29)			30	0
a Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)	Pa	rt VIII	Minimum	Required Contrib	ution For C	urrent Year				
a Target normal cost (line 6)										
b Excess assets, if applicable, but not greater than line 31a				*	<u> </u>				31a	172.448
Amortization installments:  a Net shortfall amortization installment		<u>-</u>	· · · · · · · · · · · · · · · · · · ·							
a Net shortfall amortization installment	32									
b Waiver amortization installment	-							<u> </u>	-	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month									0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34  Carryover balance  Prefunding balance  Total balance  35 Balances elected for use to offset funding requirement	33						ng the appro	val	33	
Carryover balance Prefunding balance Total balance  35 Balances elected for use to offset funding requirement		(Month _	D	ay Year _	) an	d the waived amount			33	
Balances elected for use to offset funding requirement	34	Total fund	ding requireme	ent before reflecting car	yover/prefundir	ng balances (lines 31a - 3	31b + 32a + 3	2b - 33)	34	0
requirement					C	arryover balance	Prefu	nding balan	ice	Total balance
Additional cash requirement (line 34 minus line 35)	35	Balances	elected for us	se to offset funding						
284,767  38 Present value of excess contributions for current year (see instructions)  a Total (excess, if any, of line 37 over line 36)		requirem	ent			0			0	0
19c)	36	Additiona	l cash require	ment (line 34 minus line	35)				36	0
a Total (excess, if any, of line 37 over line 36)	37	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38	Present v	alue of excess	s contributions for curre	nt year (see ins	tructions)				
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		<b>a</b> Total (e	excess, if any,	of line 37 over line 36) .					38a	284,767
40 Unpaid minimum required contributions for all years		<b>b</b> Portion	included in lir	ne 38a attributable to us	e of prefunding	and funding standard ca	ryover balan	ces	38b	0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)	39	Unpaid m	inimum requir	ed contribution for curre	nt year (excess	s, if any, of line 36 over lin	ne 37)		39	0
, , ,	40	Unpaid m	inimum requir	ed contributions for all y	ears				40	0
									)	
41 If an election was made to use PRA 2010 funding relief for this plan:	41	If an elect					-			
a Schedule elected									F	2 plus 7 years 15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made									<u> </u>	<u> </u>

## Attachment to 2018 Schedule SB, Line 19 Discounted Employer Contributions

Plan Name: ICARE U MEDICAL PC

DEFINED BENEFIT PLAN

EIN: 45–2756480

PN: 001

Plan Year End: 12/31/2018 Valuation Date: 1/1/2018

Effective Interest Rate: 5.52% Actual Return on Assets: -7.56%

#### Contributions and Balances for Plan Year Ending 12/31/2018

			d Towar	d Required	Made to Avoid Benefit Restrictions					
Contribution Or Election Dates 12/21/2018	Amount Paid By Employer(s)	Plan Year	Eff Int Rate	Discounted Value	Amount Paid By Employer(s)	Discounted Value	Source  Contribution	Amount Contributed or Elected 300,000	# days to BOY	Discounted Value 284,767
								,		
Subtotal by Type	of Contribution	ons an	d Balan	0 nces for Plan	Year Ending	0 <b>12/31/2018</b>				284,767
							Contribution Carry Over Balance Prefunding Balance	300,000 0 0		284,767 0 0
Amount Available	e at Beginning	g of Ne	<u>xt Plan</u>	Amount from	use of Baland	ces	As of ValDate 0 284,767 284,767	<u>Rate</u> -7.56% 5.52%		Election 0 300,486 300,486
Schedule SB Ent	ries:						Carryover <u>Balance</u>	Prefunding <u>Balance</u>		TOTAL
Current Year Line 34 Total funding requirement before reflecting carryover/prefunding balances  Current Year Line 35 Balances used to offset funding requirement [reflect discounting]  Current Year Line 36 Additional Cash Requirement  Current Year Line 37 Contributions allocated toward minimum required contribution for current year  Interest-adjusted Excess Contribution for Current Year							0	0		0 0 0 284,767 284,767
Next Year Line 7 Next Year Line 8 Next Year Line 9 Next Year Line 10	Next Year Line 8 Portion used to offset prior year's funding requirement [no discounting]  Next Year Line 9 Amount remaining							0 0 0		
Next Year Line 11 Next Year Line 11a Next Year Line 11b Next Year Line 11c Next Year Line 11d	ext Year Line 11a Excess contributions ext Year Line 11b Interest on (a) ext Year Line 11c Total available at beginning of current plan year to add to prefunding balance							284,767 15,719 300,486 0		

Attachment to 2018 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 45-2756480 PN: 001

#### ICARE U MEDICAL PC DEFINED BENEFIT PENSION PLAN

Weighted Average Retirement Age Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from beginning of entry year

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 62

Attachment to 2018 Schedule SB, Part V - EIN: 45-2756480 PN: 001

#### ICARE U MEDICAL PC DEFINED BENEFIT PLAN

Addendum to the Actuarial Assumptions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

Non-prescribed economic assumptions and demographic assumptions are generally selected based on the actuary's professional judgement. No experience studies were completed. The stated assumptions represent the actuary's best estimate of future experience of the plan. Below is additional detail as to the rationale of each assumption selected.

Turnover: None, as this is deemed immaterial to the determination of liabilities.

Salary Scale: None, as this is deemed immaterial to the determination of liabilities.

Disability: None, as this is deemed immaterial to the determination of liabilities.

Pre-Retirement Mortality: None, as this is deemed immaterial to the determination of liabilities.

Retirement Age: Age 62. Since early and late retirement benefits are actuarially adjusted, early and late

retirement experience is immaterial to the determination of liabilities.

Form of Benefit: The actuary selected this assumption based on industry knowledge and professional

judgement.

Expenses: Since PBGC premiums and other expenses are not paid from the plan, it is assumed that

\$0 expenses are included in the target normal cost.

#### ICARE U MEDICAL PC DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

Plan Effective Date January 1, 2013

Plan Year From January 1, 2018 to December 31, 2018

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion

of the following requirements:

1 year of service Minimum age 21

Union employees, non-resident aliens and leased employees

Normal Retirement Age All participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 62

Completion of 5 years of participation from beginning of entry

year

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a

benefit payable in the normal form equal to the following:

10% of average compensation per credited year of service with a maximum of 10 years. Credited years are plan years from the first day of the plan year containing date of entry excluding years

with less than 1,000 hours.

The maximum monthly benefit is the lesser of \$18,333.33 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.

**Normal Form of Benefit** A benefit payable for the life of the participant

**Optional Forms of Benefit**The following forms of benefit payment are also available:

Life Only - Payable for the life of the participant.

Joint and 100% Survivor - Payable for the life of the participant and his/her beneficiary. Payments cease on the death of both.

Joint and 75% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 75% of the benefit will continue for the life of the beneficiary.

Joint and 50% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.

#### ICARE U MEDICAL PC DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

Single Lump Sum - This is a one-time payment of the lump sum equivalent of the plan's normal form of benefit.

**Accrued Benefit** 

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years with less than 1,000 hours

**Termination Benefit** 

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<b>Credited Years</b>	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years with less than 1.000 hours

**Top-Heavy Minimum Benefit** 

Each participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years with less than 1,000 hours Years plan is not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

**Top-Heavy Normal Form** 

A benefit payable for the life of the participant

**Top-Heavy Status** 

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the Attachment to 2018 Schedule SB, Part V - EIN: 45-2756480 PN: 001

### ICARE U MEDICAL PC DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

company. This plan is currently top-heavy.

**Death Benefit** 

Actuarial Equivalent of the accrued benefit earned to date of

death