Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2007

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
INTEGRATED MEDICAL PROFESSIONALS, PLLC

532 BROAD HOLLOW ROAD, SUITE 142
MELVILLE, NY 11747

2b Employer Identification Number (EIN)
20-4483367

2c Sponsor's telephone number
516-931-0041

2d Business code (see instructions)
621111

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	DEEPAK KAPOOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	DEEPAK KAPOOR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
INTEGRATED MEDICAL PROFESSIONALS, PLLC

532 BROAD HOLLOW ROAD, SUITE 142
MELVILLE, NY 11747

3b Administrator's EIN
20-4483367

3c Administrator's telephone number
516-931-0041

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	347
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	455
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	71
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	526
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	526
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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
INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTEGRATED MEDICAL PROFESSIONALS, PLLC

D Employer Identification Number (EIN)
20-4483367

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	3297041
b	Actuarial value	**2b**	3297041

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**		0
b	For terminated vested participants	**3b**	71	28323
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		3255905
	(3) Total active	**3c(3)**	455	3255905
d	Total	**3d**	526	3284228

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

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 at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	
5	Effective interest rate	**5**	6.01 %
6	Target normal cost	**6**	2953185

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	Date: 09/30/2010
KEVIN J. DONOVAN	08-06185
Type or print name of actuary	Most recent enrollment number
PINNACLE PLAN DESIGN, LLC	520-618-1305
Firm name	Telephone number (including area code)
P.O. BOX 64130 TUCSON, AZ 85728-4130	
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 (Item 13 from prior year)	3732	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	3732	0
10	Interest on item 9 using prior year's actual return of -20.69 %	-772	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		658396
	b Interest on (a) using prior year's effective rate of 5.69 %		37463
	c Total available at beginning of current plan year to add to prefunding balance		695859
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	2960	0

Part III Funding percentages

14	Funding target attainment percentage	14	100.30 %
15	Adjusted funding target attainment percentage	15	100.39 %
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	107.98 %
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
04/08/2009	11028	0			
04/23/2009	840100	0			
08/03/2009	860963	0			
10/28/2009	814115	0			
01/28/2010	753844	0			
04/13/2010	197987	0			
			Totals ► 18(b)	3478037	18(c)

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 contribution 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	3335959

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 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:	2nd segment:	3rd segment:	
5.17 %	6.28 %	6.62 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous items

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

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

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

27 If the plan is eligible for (and is using) 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 contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 2943333

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 2943333

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 2943333

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 3335959

38 Interest-adjusted excess contributions for current year (see instructions) **38** 392627

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

40 Unpaid minimum required contribution for all years **40**

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
INTEGRATED MEDICAL PROFESSIONALS, PLLC

D Employer Identification Number (EIN)
20-4483367

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SUMMIT EQUITIES, INC.

4 CAMPUS DRIVE
PARISIPPANY, NJ 07054

22-2387914

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		38266	Yes [ ] No [X]	Yes [ ] No [X]	38266	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
INTEGRATED MEDICAL PROFESSIONALS, PLLC

D Employer Identification Number (EIN)
20-4483367

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3525	4389
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	784500	951831
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2608730	6407357
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		250047

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3396755	7613624
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		0
j	Other liabilities	1j	97093	230185
k	Total liabilities (add all amounts in lines 1g through1j)	1k	97093	230185
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3299662	7383439

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3478037	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3478037
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		645032
c Other income	2c		47
d Total income. Add all **income** amounts in column (b) and enter total	2d		4123116
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1073	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1073
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	38266	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38266
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		39339
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		4083777
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BEARDON, LLP (2) EIN: 13-0485070

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
INTEGRATED MEDICAL PROFESSIONALS, PLLC

D Employer Identification Number (EIN)
20-4483367

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 1

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BERDON

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

Berdon LLP
CPAs and Advisors

International Association of Practicing Accountants

Reply to:
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Jericho, NY 11753
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INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

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YEARS ENDED DECEMBER 31, 2009 AND 2008

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BERDON

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Integrated Medical Professionals PLLC Employees'
Defined Benefit Pension Plan and Trust

We have audited the accompanying statement of net assets available for benefits of Integrated Medical Professionals PLLC Employees' Defined Benefit Pension Plan and Trust (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2009 and 2008, and the changes in its financial status for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Berdon LLP
CPAs and Advisors

IAPA International Association of Practicing Accountants

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New York, NY 10017
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Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. These supplemental schedules have been subjected to the auditing procedures applied in our audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Berdon LLP

Certified Public Accountants

New York, New York
October 4, 2010

EXHIBIT A

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Investments at fair value:		
Mutual funds	$ 6,407,357	$ 2,608,730
Private investment fund	250,047	-
	6,657,404	2,608,730
Contributions receivable	951,831	784,500
Cash	4,389	3,525
TOTAL ASSETS	7,613,624	3,396,755
LIABILITIES:		
Due to broker for securities purchased	230,185	97,093
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,383,439	$ 3,299,662

The accompanying notes to financial statements are an integral part of these statements.

EXHIBIT B

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 549,213	$ (396,079)
Interest and dividends	95,866	58,789
INVESTMENT INCOME (LOSS)	645,079	(337,290)
Less: Investment expenses	38,266	12,824
NET INVESTMENT INCOME (LOSS)	606,813	(350,114)
Contributions	3,478,037	2,041,315
TOTAL ADDITIONS	4,084,850	1,691,201
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits paid	1,073	-
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,083,777	1,691,201
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	3,299,662	1,608,461
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 7,383,439	$ 3,299,662

The accompanying notes to financial statements are an integral part of these statements.

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Integrated Medical Professionals PLLC Employees' Defined Benefit Pension Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan was established on January 1, 2007 ("effective date") as a cash balance defined benefit pension plan covering all Integrated Medical Professionals PLLC (the "Sponsor") principals and employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan meets the minimum funding requirements of ERISA.

(b) Eligibility

Any employee employed by the Sponsor on July 17, 2006, became a participant in the Plan as of January 1, 2007 (the "effective date"). Any other employee employed by the Sponsor as of the effective date who has completed a year of service and attained age 21 became a participant as of the effective date, unless participation was waived by the employee. Year of service is the eligibility computation period during which the employee completes at least 1,000 hours of service. An employee hired after the effective date, shall become a participant as of the entry date coinciding with or following the date on which he satisfies the requirements described previously. Except as stated in the plan amendment, a highly compensated employee who is not a licensed physician owning a direct ownership interest in the Sponsor as of January 1, 2007, shall not be eligible to participate in the Plan. Participants' benefits are vested in accordance with the Trust agreement.

(c) Contributions

On the last day of each Plan year the hypothetical account of each Plan participant who completes the required hours of service during the Plan year is credited with a hypothetical allocation based on current compensation and job classification. Contributions are remitted by the Plan Sponsor. For Principals, the contribution rate is 36% of salary, not to exceed $80,000, unless otherwise stated by plan amendment. For all other employees, the contribution rate is 1.5% of salary, not to exceed $750. Contributions for the years ended December 31, 2009 and 2008 as calculated by the consulting actuary were $3,478,037 and $2,041,315, respectively.

Upon termination as discussed in Note 1(e), the sponsor will be required to make additional contributions should the net assets available for benefits fall below the hypothetical account balances.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(d) Pension Benefits

The Plan provides normal, disability and death retirement pension benefits. Benefits are payable in the form of a life annuity, joint survivorship annuity or single lump sum.

Benefits are recorded when paid.

(e) Plan Termination

The Sponsor has the right to discontinue its contributions and terminate the Plan at any time subject to provisions set forth in ERISA. Upon full or partial termination of the Plan, the accrued benefit of each affected participant, to the extent funded as of the date of termination, shall become fully vested. Upon complete termination of the Plan, the Sponsor, shall distribute the assets in the Plan in the order of priority set forth in the Trust agreement in the form of deferred annuities payable at normal retirement. Benefits may also be distributed in the form of a lump sum, in cash or in kind, as soon as practicable following termination.

(f) Participant Accounts

Hypothetical individual account balances are established for each participant of the Plan. The amount in each individual account is the sum of the contributions made on behalf of the participant by the sponsor plus interest credited to each account based on the interest crediting rate (30-year treasury rate for November of the preceding Plan year, not to exceed 5.5%). The interest crediting rate for the years ended December 31, 2009 and 2008 was 4.00% and 4.52%, respectively.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis of accounting.

(b) Administrative Expenses

Certain direct costs of record keeping and administration of the Plan, which are not material, are borne by the Sponsor and, accordingly, are not included in the accompanying financial statements. However, at the option of the Sponsor, these costs may be paid by the Plan.

(c) Investments

Investments in mutual funds of registered investment companies are valued at the closing price reported in the active markets in which the securities are traded. See Note 3 for discussion of fair value measurements.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investments also include an interest in a private investment fund, which consists of a private equity fund. The fair value of the Plan's interest in this fund is based primarily on the partnership's net assets and estimated by the general partner in the absence of readily ascertainable market values, after consultation with the partnership's advisory committee. Because of the inherent uncertainty of this valuation, the estimated value may significantly differ from the value that would have been used had a ready market for the investment existed, and the difference could be material. Financial statements for the private investment fund for the year ended December 31, 2009 has been audited by another auditor, on which they have expressed an unqualified opinion. See Notes 3 and 4 for additional information on private investment fund valuation.

(d) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(e) Forfeitures

Upon termination of employment, participants forfeit their nonvested balances. Forfeited balances of terminated participants' nonvested accounts are used to reduce future plan sponsor contributions.

(f) Tax status

The Plan has not applied for a determination letter from the Internal Revenue Service, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC). Under new submission procedures, sponsors will submit applications once every five years under a staggered system of five-year cycles. The Plan will submit an application during the submission period from February 1, 2012 to January 31, 2013. The Sponsor believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

(g) Subsequent Events

The Plan has evaluated subsequent events after December 31, 2009 through October 4, 2010, the date that the financial statements are considered available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan has adopted Accounting Standard Codification (ASC) Topic 820, "Fair Value Measurements," which establishes a framework for measuring fair value and expands disclosure requirements for fair value measurements. The disclosures required under FASB ASC Topic 820 have been included in this note.

Under FASB ASC Topic 820, the Plan groups its assets and liabilities at fair value using a hierarchy which gives the highest priority to unadjusted quoted market prices in an active market for identical assets or liabilities (Level 1) and the lowest to unobservable inputs (Level 3). These three levels are described below:

Level 1- Valuation is based upon quoted prices for identical instruments traded in active markets.

Level 2 - Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.

Level 3 - Valuation is generated from model-based techniques that use significant assumptions not observable in the market.

Following is a description of valuation methodologies used for assets recorded at fair value and for estimating fair value for financial instruments not recorded at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds: valued at the closing price reported in the active market in which the individual security is traded.

Private investment fund: valued at fair value as determined by the general partner, and in accordance with GAAP.

The following tables summarizes the Plan's investments as of December 31, 2009, based on the inputs used to value them:

Type of Security	Level 1	Level 2	Level 3	Total
Mutual fund	$ 6,407,357	$ -	$ -	$ 6,407,357
Private investment fund	-	-	250,047	250,047
Total	$ 6,407,357	$ -	$ 250,047	$ 6,657,404

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following tables summarizes the Plan's investments as of December 31, 2008, based on the inputs used to value them:

Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds	$ 2,608,730	$ -	$ -	$ 2,608,730

The table below sets forth a summary of the Plan's investment in a private investment fund, for which the private investment fund's net asset value (NAV) per share or an equivalent measure is used to measure fair value as previously disclosed:

	December 31, 2009			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private investment fund	$ 250,047	$ -	End of any month	Five days written notice

Redemption restrictions are in place for the Plan's private investment fund with a fair value of $250,047 at December 31, 2009 in which the General Partner may, at its sole discretion, limit the redemption in whole or in part.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009:

	Private Investment Fund
Balance, beginning of year	$ -
Purchases	250,000
Total gain for the year included in increase in net assets	47
Balance, end of year	$ 250,047

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - INVESTMENTS

The following table represents the fair value of investments as of December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets available for benefits are separately identified.

	2009	2008
Mutual Funds:		
Fidelity Cash Reserves	$ 396,190	$ 1,166,585
Hussman Strategic Total Return	399,912	-
Vanguard GNMA	411,961	-
Vanguard Intermediate Term Investment Grade	409,612	186,253
Vanguard Short Term Investment Grade Investor	436,992	-
Calvert Income Fund Class A	-	178,637
Other	4,352,690	1,077,255
Private investment fund	250,047	-
	$ 6,657,404	$ 2,608,730

During the years ended December 31, 2009 and 2008, the Plan's investments including investments bought, sold, and held during the year appreciated (depreciated) in fair value are as follows:

	2009	2008
Mutual funds	$ 549,166	$ (396,079)
Private investment fund	47	-
Net appreciation (depreciation) of investments	$ 549,213	$ (396,079)

NOTE 5 - ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future payments that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) present participants or their beneficiaries. Benefits are determined by use of certain formula set forth in the Plan. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable, to participant service rendered to the valuation date.

Consulting actuaries estimate the actuarial present value of accumulated plan benefits, to equal the sum of each participant's hypothetical individual account balance.

(continued)

NOTE 5 - ACCUMULATED PLAN BENEFITS (Continued)

Significant assumptions underlying the actuarial computations are as follows:

Interest crediting rate	30-year treasury rate for November of the year preceding the Plan year, but limited to 5.5% (applied to beginning account balances); 2009: 4.00% per annum; 2008: 4.52% per annum
Mortality basis	1994 Group annuity reserving
Retirement rate	Anniversary date nearest attainment of age 62, and completion of 5 years of participation

Accumulated plan benefits information, as estimated by consulting actuaries, as of December 31, is as follows:

	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ -	$ -
Other participants	7,297,725	3,723,254
	7,297,725	3,723,254
Nonvested participants	48,197	-
	$ 7,345,922	$ 3,723,254

Changes in accumulated plan benefits for the year ended December 31, 2009 are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2009	$ 3,723,254
Increase during the year attributable to:	
Benefits accumulated and actuarial experience	3,474,987
Increase for interest due to the decrease in the discount period	148,754
Benefits paid	(1,073)
Net increase	3,622,668
Actuarial present value of accumulated plan benefits - December 31, 2009	$ 7,345,922

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of financial position.

The Plan invests in foreign currency and foreign securities investments through its investment in a private investment fund. The securities exchanges of certain foreign markets are substantially smaller, less liquid and more volatile than the major securities markets in the United States of America. Consequently, acquisition and disposition of securities by the private investment fund may be inhibited. This may limit the number of shares available for acquisition or disposition by the private investment fund. Some countries in which the private investment fund may invest require governmental approval for the repatriation of investment income, capital or the proceeds of sales of securities by foreign investors. In addition, if there is deterioration in a country's balance of payments or for other reasons, a country may impose temporary restrictions on foreign capital remittances abroad.

The Plan investments in its private investment fund is also subject to the risk of restrictions being imposed by foreign governments on the repatriation of cash and to political or economic uncertainties.

SUPPLEMENTAL SCHEDULES

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2009

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUNDS:		
Fidelity Cash Reserves	$ 396,190	$ 396,190
Claymore Exchange Traded Fund TR	31,703	37,413
Claymore Exchange Traded Fund TR2	25,616	30,927
Claymore Exchange Traded Fund TR2 Timber	21,782	28,646
IShares TR MSCI EAFE Index Fund	95,006	111,444
IShares TR MSCI Emerging Markets	20,018	20,792
IShares TR S &P Midcap 400/ Value Index Fund	86,812	111,175
IShares TR S&P 500/ Value Index Fund	119,749	127,754
SPDR SER TR DJ Wilshire Mid Cap ETF	20,030	20,962
Vanguard Index Funds Vanguard	130,072	144,662
Van Kampen Blackrock Corp Opportunity Tr Unit	195,528	208,312
Aim Gold & Precious Metals Class A	40,020	50,429
Alger Small Mid Cap Growth	107,080	105,927
Alpine International Real Estate Equity	55,020	46,895
Arbitrage Fund Class R	50,000	49,262
Blackrock Global Allocation Class A	215,040	220,411
Calamos Market Neutral Income	136,020	131,830
Columbia Value and Restructuring Class Z	125,050	110,123
Diamond Hill Long Short Class A	48,020	40,789
Dodge & Cox International Stock Fund	84,080	71,551
Fidelity Advisor New Insights Class A	140,100	158,155
Gateway Fund Class A	165,000	153,287
Henderson European Focus Class A	60,040	58,161
Henderson International Opportunities Class A	84,080	76,006
Highland Long/Short Equity Class A	150,000	160,312
Hussman Strategic Growth	175,040	177,407
Hussman Strategic Total Return	400,040	399,912
Jennison Natural Resources Class A	52,040	54,146
Keeley Small Cap Value Class A	77,060	71,619
Merger Fund	50,000	50,324
Oakmark Equity & Income	150,025	172,025
Quaker Global Total Return Fund	130,060	106,613
Royce Pennsylvania Mutual Investment	107,080	106,293
T Rowe Price Emerging Markets Stock	67,060	94,319

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2009

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
TFS Market Neutral Fund	135,020	136,130
Thornburg Value Class A	114,080	110,180
Vanguard Energy	45,020	52,096
Highland Capital Floating Rate	225,060	245,479
Oppenheimer Int'l Bond Class A	278,020	274,670
Riversource Absolute Return Currency & Inca	25,020	25,511
T Rowe Price Int'l Emerging Market Bond	280,060	296,244
Vanguard GNMA	410,020	411,961
Vanguard Inflation Protected Securities	100,020	104,409
Vanguard Intermediate Term Investment Grade	408,020	409,612
Vanguard Short Term Investment Grade Investor	425,020	436,992
TOTAL MUTUAL FUNDS	6,255,821	6,407,357
PRIVATE INVESTMENT FUND:		
Futures Portfolio Fund LTD Partnership	250,000	250,047
TOTAL INVESTMENTS	$ 6,505,821	$ 6,657,404

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS SCHEDULE H, LINE 4(j) FOR THE YEAR ENDED DECEMBER 31, 2009

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Van Kampen Blackrock Corp Opportunity	$ 195,528	$ -	$ 195,528	$ -
Futures Portfolio Fund LTD Partnership	$ 250,000	$ -	$ 250,000	$ -
Calvert Income Fund Class A	$ -	$ 330,599	$ 333,020	$ (2,421)
Fidelity Cash Reserves	$ 513,227	$ -	$ 513,227	$ -
Fidelity Cash Reserves	$ 840,100	$ -	$ 840,100	$ -
Fidelity Cash Reserves	$ 864,750	$ -	$ 864,750	$ -
Fidelity Cash Reserves	$ 814,115	$ -	$ 814,115	$ -
Fidelity Cash Reserves	$ 330,599	$ -	$ 330,599	$ -
Fidelity Cash Reserves	$ -	$ 195,528	$ 195,528	$ -
Fidelity Cash Reserves	$ -	$ 200,020	$ 200,020	$ -
Fidelity Cash Reserves	$ -	$ 300,100	$ 300,100	$ -
Fidelity Cash Reserves	$ -	$ 450,000	$ 450,000	$ -
Fidelity Cash Reserves	$ -	$ 300,773	$ 300,773	$ -
Fidelity Cash Reserves	$ -	$ 995,000	$ 995,000	$ -
Fidelity Cash Reserves	$ -	$ 260,000	$ 260,000	$ -
Fidelity Cash Reserves	$ -	$ 200,257	$ 200,257	$ -

There were no category (ii) or (iv) reportable transactions during the year.

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS SCHEDULE H, LINE 4(j) FOR THE YEAR ENDED DECEMBER 31, 2009

Category (iii) - A series of security transactions in excess of 5% of the fair value of plan assets	Number of Purchases	Number of Sales	Total Dollar Value of Purchase Price	Total Dollar Value of Selling Price	Cost of Assets on Transaction Date	Net Gain or (Loss)
Hussman Strategic Growth	4	-	$ 175,040	$ -	$ -	$ -
Hussman Strategic Total Return	5	-	$ 400,040	$ -	$ -	$ -
Van Kampen Blackrock Corp Opportunity	1	-	$ 195,528	$ -	$ -	$ -
Vanguard Short Term Investment Grade Investor	4	-	$ 425,020	$ -	$ -	$ -
Highland Capital Floating Rate	4	-	$ 225,060	$ -	$ -	$ -
Alpha Hedged Strategies Fund	2	1	$ 75,005	$ 157,860	$ 169,005	$ (11,145)
T Rowe Price Int'l Emerging Market Bond	4	-	$ 250,040	$ -	$ -	$ -
Vanguard GNMA	3	-	$ 250,020	$ -	$ -	$ -
Vanguard Intermediate Term Investment Grade	2	-	$ 200,020	$ -	$ -	$ -
Calvert Income Fund Class A	2	1	$ 125,020	$ 330,599	$ 333,020	$ (2,421)
Futures Portfolio Fund LTD Partnership	1	-	$ 250,000	$ -	$ -	$ -
Fidelity Cash Reserves	70	43	$ 3,795,898	$ 4,566,293	$ 4,566,293	$ -

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.

Schedule SB, line 26 - Schedule of Active Participant Data
INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES'DEFINED BENEFIT PENSION PLAN
20-4483367/002
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	24		13											
25 to 29	25		25											
30 to 34	17		28											
35 to 39	22		24											
40 to 44	28		34											
45 to 49	15		38											
50 to 54	21		43											
55 to 59	16		40											
60 to 64	6		18											
65 to 69	5		8											
70 & up	5		3											

	Years of Credited Service					
	30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & up						

INTEGRATED MEDICAL PROFESSIONALS, LLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN
EIN 20-4483367, PLAN 002

SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

DESCRIPTION OF ACTUARIAL COST METHOD: As prescribed in IRC Section 430

The following assumptions were used to determine the funding target and target normal cost for the current year:

INTEREST RATES:	Segment 1 (Years 0-5): 5.17% Segment 2 (Years 6-20): 6.28% Segment 3 (Years +20): 6.62%
PRE-RETIREMENT	
Interest Crediting Rate:	4.00%
Mortality (Static):	None.
Withdrawal:	Assuming 5% chance of termination and lump sum payment in each of next 20 years (or equal chance of termination in each of remaining years to Normal Retirement Age if less than 20).
Salary Scale:	None.
Disability Table:	None.
Retirement Table:	None. All Employees assumed to retire on Normal Retirement Date.
POST-RETIREMENT	
Mortality (Static):	2009 Funding Target – Combined – IRC 430(h)(3)(A)
Expense Loading:	None
Optional Form:	100% of retirees assumed to elect lump sum payment. Lump sum is equal to hypothetical account balance.

DESCRIPTION OF ASSUMPTIONS USED TO CONVERT BALANCES TO ANNUITIES (APPLICABLE DEFINED BENEFIT PLAN):

Interest Crediting Rate:	30-year Treasury rate for November of the year preceding the Plan Year, but limited to 5.5%
Mortality (Static):	Group Annuity Reserving 1994

GENERAL

Side Fund Assets and Census:	The plan side fund assets are held and invested by the trustees. The values are reported by the trustee and relied upon by the plan actuary as complete and accurate. Assets of the side fund for use in the determination of plan costs are valued at market value. The census data upon which the actuarial valuation is based is reported and certified by the employer. This census data is relied upon by the plan actuary as complete and accurate.

INTEGRATED MEDICAL PROFESSIONALS, LLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN
EIN 20-4483367, PLAN 002

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Effective Date:	January 1, 2007
Anniversary Date:	Each December 31
Eligibility for Participation:	An Employee is eligible to participate in the plan as of the Effective Date if employed by Integrated Medical Professionals, LLC on July 17, 2006. If not employed July 17, 2006, an Employee is eligible to participate in the plan on the Entry Date coincident with attainment of age 21 and completion of 12 months of service in which the employee works 1,000 hours. Service with various predecessor employers is granted for this purpose. Further, notwithstanding the above, all employees of specified Divisions who are employed on specified dates are eligible to participate in the plan on those specified dates.
Retirement Date:	A participant reaches his Normal Retirement Date on the Anniversary Date nearest attainment of age 62 and completion of 5 years of participation.
Normal Monthly Retirement Benefit:	A hypothetical account is maintained on behalf of each Participant. On the last day of each Plan Year the hypothetical account of each Participant who completes the required Hours of Service during the Plan Year is credited with a hypothetical allocation as follows: For plan years 2007-2008: (1) 36% of compensation not to exceed $80,000, or (2) 1.5% of compensation not to exceed $750, depending on job classification. For 2009: $1,000; $5,000; $6,430; $9,000: $11,000; $15,000; $20,000; $25,940; $26,220; $34,000; $39,980; $49,940; $50,000; $50,720; $50,850; $52,000; $64,000; $65,000; $69,000; $75,130; $80,000; $81,000; $81,610; $90,000; $97,400; $100,000; $100,380; $100,440; $105,630; $105,940; $106,440; $150,000; $199,000 or the lesser of 1.5% of compensation or $750 depending on job classification. In addition, on such date each Participant's hypothetical account is credited with hypothetical interest on their beginning balance. The hypothetical interest is the lesser of 5.5% or the 30-year Treasury rate for November of the year preceding the Plan Year. The monthly benefit is the actuarial equivalent of the hypothetical account. Actuarial equivalence is based on the 30-year Treasury rate or, if lesser, 5.5%, and the Revenue Ruling 2001-62 Mortality Table.

INTEGRATED MEDICAL PROFESSIONALS, LLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN
EIN 20-4483367, PLAN 002

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS (CONTINUED)

Standard Form of Benefit:

The standard form of benefit is a life annuity. However, unless elected otherwise, the automatic option for a married participant is the 50% survivor annuity, with actuarial adjustment.

Optional Form of Benefit:

Lump sum, life annuity, or joint and 50% survivor annuity, a term certain life annuity, or a term certain joint and last survivor annuity.

Early Retirement Benefit:

None.

Disability Retirement Benefit:

A participant who becomes totally and permanently disabled shall become fully vested and is entitled to the present value of his accrued benefit at the time of his disability.

Late Retirement Date:

A participant may elect to postpone his retirement beyond his Normal Retirement Date. At actual retirement, the participant may elect to begin receiving benefits. The Later Retirement Benefit will be equal to the greater of the actuarial equivalent of the normal retirement benefit or the accrued benefit increased with additional years of service.

Accrued Benefit:

The accrued benefit of a participant at anytime is equal to actuarial equivalent of his hypothetical account.

Vested Benefit:

Upon termination of employment, a participant shall be entitled to a vested benefit equal to a percentage of his accrued benefit determined under the following schedule:

Years of Credited Service	Vested %
less than 3 years	0%
3 or more years	100 %

Except that Employees employed July 17, 2006 are fully vested in their accrued benefit at all times. Further, employees of specific Divisions are fully vested in their accrued benefit at all times.

Death Benefit:

The death benefit is the present value of the accrued benefit of the participant at the date of death.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2009 This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **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	B Three-digit plan number (PN) ►
Integrated Medical Professionals, PLLC Employees' Defined Benefit Pe	002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ	D Employer Identification Number (EIN)
Integrated Medical Professionals, PLLC	20-4483367

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
a	Market value		2a	3,297,041
b	Actuarial value		2b	3,297,041
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a		0
b	For terminated vested participants	3b	71	28,323
c	For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		3,255,905
	(3) Total active	3c(3)	455	3,255,905
d	Total	3d	526	3,284,228
4	If the plan is at-risk, check the box and complete lines a and b	[ ]		
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 at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5	Effective interest rate		5	6.01
6	Target normal cost		6	2,953,185

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 opion, 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 — Date: 9-30-10

Kevin J. Donovan — Type or print name of actuary

08-06185 — Most recent enrollment number

Pinnacle Plan Design, LLC — Firm name

(520) 618-1305 — Telephone number (including area code)

P.O. Box 64130

US Tucson AZ 85728-4130 — 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 (item 13 from prior year)	3,732	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	3,732	0
10 Interest on item 9 using prior year's actual return of -20.69 %	(772)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		658,396
b Interest on (a) using prior year's effective rate of 5.69 %		37,463
c Total available at beginning of current plan year to add to prefunding balance		695,859
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	2,960	0

Part III Funding percentages

14 Funding target attainment percentage	14	100.30 %
15 Adjusted funding target attainment percentage	15	100.39 %
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	107.98 %
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 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
04/08/2009	11,028				
04/23/2009	840,100				
08/03/2009	860,963				
10/28/2009	814,115				
01/28/2010	753,844				
04/13/2010	197,987				
			Totals ► 18(b)	3,478,037	18(c)

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 contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,335,959

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 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	2nd segment	3rd segment	☐ N/A, full yield curve used
	5.17 %	6.28 %	6.62 %	

b Applicable month (enter code)	21b	2
22 Weighted average retirement age	22	62

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	2,943,333

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
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 (item 31 + item 32a + item 32b - item 33)	34	2,943,333

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35)	36	2,943,333
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	3,335,959
38 Interest-adjusted excess contributions for current year (see instructions)	38	392,627
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

INTEGRATED MEDICAL PROFESSIONALS, LLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN
EIN 20-4483367, PLAN 002

Schedule SB, line 25 – Change in Method

The discount rate assumption was change from the segment rates of the fourth month preceding the valuation date to the segment rates of the second month preceding the valuation date.

INTEGRATED MEDICAL PROFESSIONALS, LLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN
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Schedule SB, line 22 Weighted Average Retirement Age

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded up to the next full age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participants' rate of retirement is assumed to be 100% at his/her assumed retirement age.

EXHIBIT A

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Investments at fair value:		
Mutual funds	$ 6,407,357	$ 2,608,730
Private investment fund	250,047	-
	6,657,404	2,608,730
Contributions receivable	951,831	784,500
Cash	4,389	3,525
TOTAL ASSETS	7,613,624	3,396,755
LIABILITIES:		
Due to broker for securities purchased	230,185	97,093
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,383,439	$ 3,299,662

The accompanying notes to financial statements are an integral part of these statements.

EXHIBIT B

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 549,213	$ (396,079)
Interest and dividends	95,866	58,789
INVESTMENT INCOME (LOSS)	645,079	(337,290)
Less: Investment expenses	38,266	12,824
NET INVESTMENT INCOME (LOSS)	606,813	(350,114)
Contributions	3,478,037	2,041,315
TOTAL ADDITIONS	4,084,850	1,691,201
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits paid	1,073	-
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,083,777	1,691,201
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	3,299,662	1,608,461
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 7,383,439	$ 3,299,662

The accompanying notes to financial statements are an integral part of these statements.

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Integrated Medical Professionals PLLC Employees' Defined Benefit Pension Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan was established on January 1, 2007 ("effective date") as a cash balance defined benefit pension plan covering all Integrated Medical Professionals PLLC (the "Sponsor") principals and employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan meets the minimum funding requirements of ERISA.

(b) Eligibility

Any employee employed by the Sponsor on July 17, 2006, became a participant in the Plan as of January 1, 2007 (the "effective date"). Any other employee employed by the Sponsor as of the effective date who has completed a year of service and attained age 21 became a participant as of the effective date, unless participation was waived by the employee. Year of service is the eligibility computation period during which the employee completes at least 1,000 hours of service. An employee hired after the effective date, shall become a participant as of the entry date coinciding with or following the date on which he satisfies the requirements described previously. Except as stated in the plan amendment, a highly compensated employee who is not a licensed physician owning a direct ownership interest in the Sponsor as of January 1, 2007, shall not be eligible to participate in the Plan. Participants' benefits are vested in accordance with the Trust agreement.

(c) Contributions

On the last day of each Plan year the hypothetical account of each Plan participant who completes the required hours of service during the Plan year is credited with a hypothetical allocation based on current compensation and job classification. Contributions are remitted by the Plan Sponsor. For Principals, the contribution rate is 36% of salary, not to exceed $80,000, unless otherwise stated by plan amendment. For all other employees, the contribution rate is 1.5% of salary, not to exceed $750. Contributions for the years ended December 31, 2009 and 2008 as calculated by the consulting actuary were $3,478,037 and $2,041,315, respectively.

Upon termination as discussed in Note 1(e), the sponsor will be required to make additional contributions should the net assets available for benefits fall below the hypothetical account balances.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(d) Pension Benefits

The Plan provides normal, disability and death retirement pension benefits. Benefits are payable in the form of a life annuity, joint survivorship annuity or single lump sum.

Benefits are recorded when paid.

(e) Plan Termination

The Sponsor has the right to discontinue its contributions and terminate the Plan at any time subject to provisions set forth in ERISA. Upon full or partial termination of the Plan, the accrued benefit of each affected participant, to the extent funded as of the date of termination, shall become fully vested. Upon complete termination of the Plan, the Sponsor, shall distribute the assets in the Plan in the order of priority set forth in the Trust agreement in the form of deferred annuities payable at normal retirement. Benefits may also be distributed in the form of a lump sum, in cash or in kind, as soon as practicable following termination.

(f) Participant Accounts

Hypothetical individual account balances are established for each participant of the Plan. The amount in each individual account is the sum of the contributions made on behalf of the participant by the sponsor plus interest credited to each account based on the interest crediting rate (30-year treasury rate for November of the preceding Plan year, not to exceed 5.5%). The interest crediting rate for the years ended December 31, 2009 and 2008 was 4.00% and 4.52%, respectively.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis of accounting.

(b) Administrative Expenses

Certain direct costs of record keeping and administration of the Plan, which are not material, are borne by the Sponsor and, accordingly, are not included in the accompanying financial statements. However, at the option of the Sponsor, these costs may be paid by the Plan.

(c) Investments

Investments in mutual funds of registered investment companies are valued at the closing price reported in the active markets in which the securities are traded. See Note 3 for discussion of fair value measurements.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investments also include an interest in a private investment fund, which consists of a private equity fund. The fair value of the Plan's interest in this fund is based primarily on the partnership's net assets and estimated by the general partner in the absence of readily ascertainable market values, after consultation with the partnership's advisory committee. Because of the inherent uncertainty of this valuation, the estimated value may significantly differ from the value that would have been used had a ready market for the investment existed, and the difference could be material. Financial statements for the private investment fund for the year ended December 31, 2009 has been audited by another auditor, on which they have expressed an unqualified opinion. See Notes 3 and 4 for additional information on private investment fund valuation.

(d) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(e) Forfeitures

Upon termination of employment, participants forfeit their nonvested balances. Forfeited balances of terminated participants' nonvested accounts are used to reduce future plan sponsor contributions.

(f) Tax status

The Plan has not applied for a determination letter from the Internal Revenue Service, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC). Under new submission procedures, sponsors will submit applications once every five years under a staggered system of five-year cycles. The Plan will submit an application during the submission period from February 1, 2012 to January 31, 2013. The Sponsor believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

(g) Subsequent Events

The Plan has evaluated subsequent events after December 31, 2009 through October 4, 2010, the date that the financial statements are considered available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan has adopted Accounting Standard Codification (ASC) Topic 820, "Fair Value Measurements," which establishes a framework for measuring fair value and expands disclosure requirements for fair value measurements. The disclosures required under FASB ASC Topic 820 have been included in this note.

Under FASB ASC Topic 820, the Plan groups its assets and liabilities at fair value using a hierarchy which gives the highest priority to unadjusted quoted market prices in an active market for identical assets or liabilities (Level 1) and the lowest to unobservable inputs (Level 3). These three levels are described below:

Level 1- Valuation is based upon quoted prices for identical instruments traded in active markets.

Level 2 - Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.

Level 3 - Valuation is generated from model-based techniques that use significant assumptions not observable in the market.

Following is a description of valuation methodologies used for assets recorded at fair value and for estimating fair value for financial instruments not recorded at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds: valued at the closing price reported in the active market in which the individual security is traded.

Private investment fund: valued at fair value as determined by the general partner, and in accordance with GAAP.

The following tables summarizes the Plan's investments as of December 31, 2009, based on the inputs used to value them:

Type of Security	Level 1	Level 2	Level 3	Total
Mutual fund	$ 6,407,357	$ -	$ -	$ 6,407,357
Private investment fund	-	-	250,047	250,047
Total	$ 6,407,357	$ -	$ 250,047	$ 6,657,404

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following tables summarizes the Plan's investments as of December 31, 2008, based on the inputs used to value them:

Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds	$ 2,608,730	$ -	$ -	$ 2,608,730

The table below sets forth a summary of the Plan's investment in a private investment fund, for which the private investment fund's net asset value (NAV) per share or an equivalent measure is used to measure fair value as previously disclosed:

	December 31, 2009			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private investment fund	$ 250,047	$ -	End of any month	Five days written notice

Redemption restrictions are in place for the Plan's private investment fund with a fair value of $250,047 at December 31, 2009 in which the General Partner may, at its sole discretion, limit the redemption in whole or in part.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009:

	Private Investment Fund
Balance, beginning of year	$ -
Purchases	250,000
Total gain for the year included in increase in net assets	47
Balance, end of year	$ 250,047

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - INVESTMENTS

The following table represents the fair value of investments as of December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets available for benefits are separately identified.

	2009	2008
Mutual Funds:		
Fidelity Cash Reserves	$ 396,190	$ 1,166,585
Hussman Strategic Total Return	399,912	-
Vanguard GNMA	411,961	-
Vanguard Intermediate Term Investment Grade	409,612	186,253
Vanguard Short Term Investment Grade Investor	436,992	-
Calvert Income Fund Class A	-	178,637
Other	4,352,690	1,077,255
Private investment fund	250,047	-
	$ 6,657,404	$ 2,608,730

During the years ended December 31, 2009 and 2008, the Plan's investments including investments bought, sold, and held during the year appreciated (depreciated) in fair value are as follows:

	2009	2008
Mutual funds	$ 549,166	$ (396,079)
Private investment fund	47	-
Net appreciation (depreciation) of investments	$ 549,213	$ (396,079)

NOTE 5 - ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future payments that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) present participants or their beneficiaries. Benefits are determined by use of certain formula set forth in the Plan. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable, to participant service rendered to the valuation date.

Consulting actuaries estimate the actuarial present value of accumulated plan benefits, to equal the sum of each participant's hypothetical individual account balance.

(continued)

NOTE 5 - ACCUMULATED PLAN BENEFITS (Continued)

Significant assumptions underlying the actuarial computations are as follows:

Interest crediting rate	30-year treasury rate for November of the year preceding the Plan year, but limited to 5.5% (applied to beginning account balances); 2009: 4.00% per annum; 2008: 4.52% per annum
Mortality basis	1994 Group annuity reserving
Retirement rate	Anniversary date nearest attainment of age 62, and completion of 5 years of participation

Accumulated plan benefits information, as estimated by consulting actuaries, as of December 31, is as follows:

	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ -	$ -
Other participants	7,297,725	3,723,254
	7,297,725	3,723,254
Nonvested participants	48,197	-
	$ 7,345,922	$ 3,723,254

Changes in accumulated plan benefits for the year ended December 31, 2009 are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2009	$ 3,723,254
Increase during the year attributable to:	
Benefits accumulated and actuarial experience	3,474,987
Increase for interest due to the decrease in the discount period	148,754
Benefits paid	(1,073)
Net increase	3,622,668
Actuarial present value of accumulated plan benefits - December 31, 2009	$ 7,345,922

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of financial position.

The Plan invests in foreign currency and foreign securities investments through its investment in a private investment fund. The securities exchanges of certain foreign markets are substantially smaller, less liquid and more volatile than the major securities markets in the United States of America. Consequently, acquisition and disposition of securities by the private investment fund may be inhibited. This may limit the number of shares available for acquisition or disposition by the private investment fund. Some countries in which the private investment fund may invest require governmental approval for the repatriation of investment income, capital or the proceeds of sales of securities by foreign investors. In addition, if there is deterioration in a country's balance of payments or for other reasons, a country may impose temporary restrictions on foreign capital remittances abroad.

The Plan investments in its private investment fund is also subject to the risk of restrictions being imposed by foreign governments on the repatriation of cash and to political or economic uncertainties.

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS SCHEDULE H, LINE 4(j) FOR THE YEAR ENDED DECEMBER 31, 2009

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Van Kampen Blackrock Corp Opportunity	$ 195,528	$ -	$ 195,528	$ -
Futures Portfolio Fund LTD Partnership	$ 250,000	$ -	$ 250,000	$ -
Calvert Income Fund Class A	$ -	$ 330,599	$ 333,020	$ (2,421)
Fidelity Cash Reserves	$ 513,227	$ -	$ 513,227	$ -
Fidelity Cash Reserves	$ 840,100	$ -	$ 840,100	$ -
Fidelity Cash Reserves	$ 864,750	$ -	$ 864,750	$ -
Fidelity Cash Reserves	$ 814,115	$ -	$ 814,115	$ -
Fidelity Cash Reserves	$ 330,599	$ -	$ 330,599	$ -
Fidelity Cash Reserves	$ -	$ 195,528	$ 195,528	$ -
Fidelity Cash Reserves	$ -	$ 200,020	$ 200,020	$ -
Fidelity Cash Reserves	$ -	$ 300,100	$ 300,100	$ -
Fidelity Cash Reserves	$ -	$ 450,000	$ 450,000	$ -
Fidelity Cash Reserves	$ -	$ 300,773	$ 300,773	$ -
Fidelity Cash Reserves	$ -	$ 995,000	$ 995,000	$ -
Fidelity Cash Reserves	$ -	$ 260,000	$ 260,000	$ -
Fidelity Cash Reserves	$ -	$ 200,257	$ 200,257	$ -

There were no category (ii) or (iv) reportable transactions during the year.

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS SCHEDULE H, LINE 4(j) FOR THE YEAR ENDED DECEMBER 31, 2009

Category (iii) - A series of security transactions in excess of 5% of the fair value of plan assets	Number of Purchases	Number of Sales	Total Dollar Value of Purchase Price	Total Dollar Value of Selling Price	Cost of Assets on Transaction Date	Net Gain or (Loss)
Hussman Strategic Growth	4	-	$ 175,040	$ -	$ -	$ -
Hussman Strategic Total Return	5	-	$ 400,040	$ -	$ -	$ -
Van Kampen Blackrock Corp Opportunity	1	-	$ 195,528	$ -	$ -	$ -
Vanguard Short Term Investment Grade Investor	4	-	$ 425,020	$ -	$ -	$ -
Highland Capital Floating Rate	4	-	$ 225,060	$ -	$ -	$ -
Alpha Hedged Strategies Fund	2	1	$ 75,005	$ 157,860	$ 169,005	$ (11,145)
T Rowe Price Int'l Emerging Market Bond	4	-	$ 250,040	$ -	$ -	$ -
Vanguard GNMA	3	-	$ 250,020	$ -	$ -	$ -
Vanguard Intermediate Term Investment Grade	2	-	$ 200,020	$ -	$ -	$ -
Calvert Income Fund Class A	2	1	$ 125,020	$ 330,599	$ 333,020	$ (2,421)
Futures Portfolio Fund LTD Partnership	1	-	$ 250,000	$ -	$ -	$ -
Fidelity Cash Reserves	70	43	$ 3,795,898	$ 4,566,293	$ 4,566,293	$ -

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INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2009

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUNDS:		
Fidelity Cash Reserves	$ 396,190	$ 396,190
Claymore Exchange Traded Fund TR	31,703	37,413
Claymore Exchange Traded Fund TR2	25,616	30,927
Claymore Exchange Traded Fund TR2 Timber	21,782	28,646
IShares TR MSCI EAFE Index Fund	95,006	111,444
IShares TR MSCI Emerging Markets	20,018	20,792
IShares TR S &P Midcap 400/ Value Index Fund	86,812	111,175
IShares TR S&P 500/ Value Index Fund	119,749	127,754
SPDR SER TR DJ Wilshire Mid Cap ETF	20,030	20,962
Vanguard Index Funds Vanguard	130,072	144,662
Van Kampen Blackrock Corp Opportunity Tr Unit	195,528	208,312
Aim Gold & Precious Metals Class A	40,020	50,429
Alger Small Mid Cap Growth	107,080	105,927
Alpine International Real Estate Equity	55,020	46,895
Arbitrage Fund Class R	50,000	49,262
Blackrock Global Allocation Class A	215,040	220,411
Calamos Market Neutral Income	136,020	131,830
Columbia Value and Restructuring Class Z	125,050	110,123
Diamond Hill Long Short Class A	48,020	40,789
Dodge & Cox International Stock Fund	84,080	71,551
Fidelity Advisor New Insights Class A	140,100	158,155
Gateway Fund Class A	165,000	153,287
Henderson European Focus Class A	60,040	58,161
Henderson International Opportunities Class A	84,080	76,006
Highland Long/Short Equity Class A	150,000	160,312
Hussman Strategic Growth	175,040	177,407
Hussman Strategic Total Return	400,040	399,912
Jennison Natural Resources Class A	52,040	54,146
Keeley Small Cap Value Class A	77,060	71,619
Merger Fund	50,000	50,324
Oakmark Equity & Income	150,025	172,025
Quaker Global Total Return Fund	130,060	106,613
Royce Pennsylvania Mutual Investment	107,080	106,293
T Rowe Price Emerging Markets Stock	67,060	94,319

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.

INTEGRATED MEDICAL PROFESSIONALS PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2009

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
TFS Market Neutral Fund	135,020	136,130
Thornburg Value Class A	114,080	110,180
Vanguard Energy	45,020	52,096
Highland Capital Floating Rate	225,060	245,479
Oppenheimer Int'l Bond Class A	278,020	274,670
Riversource Absolute Return Currency & Inca	25,020	25,511
T Rowe Price Int'l Emerging Market Bond	280,060	296,244
Vanguard GNMA	410,020	411,961
Vanguard Inflation Protected Securities	100,020	104,409
Vanguard Intermediate Term Investment Grade	408,020	409,612
Vanguard Short Term Investment Grade Investor	425,020	436,992
TOTAL MUTUAL FUNDS	6,255,821	6,407,357
PRIVATE INVESTMENT FUND:		
Futures Portfolio Fund LTD Partnership	250,000	250,047
TOTAL INVESTMENTS	$ 6,505,821	$ 6,657,404

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.