

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST</u> 2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC</u> <u>532 BROAD HOLLOW ROAD, SUITE 142</u> <u>MELVILLE, NY 11747</u>	1b Three-digit plan number (PN) ▶ <u>002</u>	1c Effective date of plan <u>01/01/2007</u>	
	2b Employer Identification Number (EIN) <u>20-4483367</u>	2c Sponsor's telephone number <u>516-931-0041</u>	
	2d Business code (see instructions) <u>621111</u>		

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including 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.	10/12/2012	DEEPAK KAPOOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

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
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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
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5 Total number of participants at the beginning of the plan year	5	594
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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	486
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	147
d Subtotal. Add lines 6a , 6b , and 6c	6d	633
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	633
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	14

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC</u>	D Employer Identification Number (EIN) <u>20-4483367</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>12003784</u>
b	Actuarial value 2b <u>12003784</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a
b	For terminated vested participants 3b <u>120</u> <u>428863</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>45577</u>
(2)	Vested benefits 3c(2) <u>10215479</u>
(3)	Total active 3c(3) <u>474</u> <u>10261056</u>
d	Total 3d <u>594</u> <u>10689919</u>
4	If the plan is in at-risk status, 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 in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>5.62 %</u>
6	Target normal cost 6 <u>3849178</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>05/07/2012</u>
Signature of actuary	Date
<u>KEVIN J. DONOVAN</u>	<u>11-06185</u>
Type or print name of actuary	Most recent enrollment number
<u>PINNACLE PLAN DESIGN, LLC</u>	<u>520-618-1305</u>
Firm name	Telephone number (including area code)
<u>1985 EAST RIVER RD., STE 111</u> <u>TUCSON, AZ 85718</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	3365	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	3365	0
10 Interest on line 9 using prior year's actual return of <u>9.17</u> %	309	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.29</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	3674	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages		
14 Funding target attainment percentage	14	112.29 %
15 Adjusted funding target attainment percentage	15	112.29 %
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	112.18 %
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
04/29/2011	961345	0	02/01/2012	1001512	0
05/04/2011	48750	0	04/13/2012	237315	0
08/02/2011	1087745	0			
09/06/2011	92290	0			
09/22/2011	47226	0			
11/01/2011	1001512	0			
			Totals ►	18(b)	4477695
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4302289
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: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	3849178										
b Excess assets, if applicable, but not greater than 31a	31b	1313865										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	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 (lines 31a - 31b + 32a + 32b - 33)...	34	2535313										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....												
36 Additional cash requirement (line 34 minus line 35)	36	2535313										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4302289										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1766976										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40											

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC</u>	D Employer Identification Number (EIN) <u>20-4483367</u>

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, NY 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		101784	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 ☐

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)

(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.	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC</u>	D Employer Identification Number (EIN) <u>20-4483367</u>	

Part I	Asset and Liability Statement
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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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1183068	1238826
(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)		
(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)	9769918	13693058
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	1058952	1204205

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	12011938	16136089

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12011938	16136089
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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)	4477695	
(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)		4477695
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)	322790	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		322790
(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)		-564549
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4235936

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10001	
(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)		10001
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	101784	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		101784
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		111785

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4124151
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) ☒ 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 ☒ 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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC</u>	D Employer Identification Number (EIN) <u>20-4483367</u>

Part I	Distributions
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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	<u>0</u>
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): <u>26-1520189</u>		
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	<u>10</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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
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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. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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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.
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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): _____

- 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): _____



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

**FINANCIAL STATEMENTS
FOR THE YEARS ENDED
DECEMBER 31, 2011 AND 2010**

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

**INDEX
YEARS ENDED DECEMBER 31, 2011 AND 2010**

	<u>Pages</u>
INDEPENDENT AUDITORS' REPORT	1 - 2
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - DECEMBER 31, 2011 AND 2010	EXHIBIT A 3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010	EXHIBIT B 4
NOTES TO FINANCIAL STATEMENTS	5 - 15
SUPPLEMENTAL SCHEDULES:	
Schedule of Assets Held for Investment - Schedule H, Line 4(i)-December 31, 2011	Schedule 1 17 - 18
Schedule of Reportable Transactions - Schedule H, Line 4 (j) for the Year Ended December 31, 2011	Schedule 2 19 - 20



INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying statements of net assets available for benefits of Integrated Medical Professionals PLLC Employees' Defined Benefit Pension Plan and Trust (the "Plan") as of December 31, 2011 and 2010, 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, 2011 and 2010, 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.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules 1 and 2 are presented for the purpose of additional analysis and are not a required part of the 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bendon YYP

Certified Public Accountants

New York, New York
September 29, 2012

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010**

	<u>2011</u>	<u>2010</u>
ASSETS:		
Investments at fair value:		
Mutual funds	\$ 13,693,058	\$ 9,769,918
Private investment funds	<u>1,204,205</u>	<u>1,058,952</u>
	14,897,263	10,828,870
Contributions receivable	<u>1,238,826</u>	<u>1,183,068</u>
TOTAL ASSETS	16,136,089	12,011,938
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 16,136,089</u>	<u>\$ 12,011,938</u>

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

**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, 2011 AND 2010**

	<u>2011</u>	<u>2010</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (564,549)	\$ 694,590
Interest and dividends	<u>322,790</u>	<u>181,870</u>
INVESTMENT (LOSS) INCOME	(241,759)	876,460
Less: Investment expenses	<u>101,784</u>	<u>69,679</u>
NET INVESTMENT (LOSS) INCOME	(343,543)	806,781
Contributions	<u>4,477,695</u>	<u>3,830,431</u>
TOTAL ADDITIONS	4,134,152	4,637,212
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits paid	<u>10,001</u>	<u>8,713</u>
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,124,151	4,628,499
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>12,011,938</u>	<u>7,383,439</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	\$ <u>16,136,089</u>	\$ <u>12,011,938</u>

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.

(c) Vesting

Participants' benefits are vested in accordance with the Trust agreement. At three years of service, participants become 100% vested in their accounts. Prior to three years of service, participants are 0% vested.

(d) 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 amendments. For all other employees, the contribution rate is 1.5% of salary, not to exceed \$750. Contributions for the years ended December 31, 2011 and 2010 as calculated by the consulting actuary were \$4,477,695 and \$3,830,431, respectively.

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

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

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(e) 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.

(f) 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.

(g) Participant Accounts

Hypothetical individual account balances are established for each participant of the Plan. A participant is entitled to receive the vested portion of their hypothetical account balance in accordance with the terms of the trust agreement. 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, 2011 and 2010 was 4.19% and 4.31%, respectively.

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

NOTES TO FINANCIAL STATEMENTS

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

The Plan investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value of investments is based on quoted market prices, where available. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Purchase and sales of securities are reported on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. See Note 3 for discussion of fair value measurements.

Investments also include an interest in private investment funds, which consists of private equity funds. The fair value of the Plan's interest in these funds are based primarily on the partnerships' net assets and estimated by the general partner in the absence of readily ascertainable market values, after consultation with the partnerships' advisory committee. Because of the inherent uncertainty of these valuations, the estimated value may significantly differ from the value that would have been used had a ready market for the investments existed, and the difference could be material. Financial statements for the private investment funds for the years ended December 31, 2011 and 2010 have been audited by other auditors, on which they have expressed unqualified opinions. See Note 3 for additional information on private investment fund valuations.

(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 current plan sponsor contributions. The amount of forfeitures were \$31,029 and \$12,321 for the years ended December 31, 2011 and 2010, respectively.

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

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

(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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. All filed tax returns since the Plan's inception, during the year ended December 31, 2007, are currently subject to income tax examination.

(g) Subsequent Events

The Plan has evaluated subsequent events after December 31, 2011 through September 29, 2012, the date that the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

Under GAAP, 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). The 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.

(continued)

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

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Level 3

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

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimized the use of unobservable inputs.

Following is a description of valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and December 31, 2010.

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

Private investment funds:

Futures Portfolio Fund LP value all investments at fair value as determined by the general partner, and in accordance with GAAP.

Rembrandt Partners ERISA Fund Ltd ("Fund") is an international business company incorporated under the laws of the British Virgin Islands. The fund invests substantially all of its assets in Series A shares of Rembrandt Partner Master Fund Ltd, ("the Master Fund"), an affiliate. The Master Fund invests a majority of its assets in other partnerships and investment entities. The Fund's investment in the Master Fund is reported at fair value. Fair value ordinarily represents the Fund's proportionate share of the Master Fund's net asset value determined for the Master Fund in accordance with the Master Fund's valuation policies and reported at the time of the Fund's valuation by the Directors of the Master Fund, and in accordance with GAAP.

(continued)

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

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following tables summarizes the Plan's investments as of December 31, 2011, based on the inputs used to value them:

<u>Type of Security</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Index funds	\$ 1,334,698	\$ -	\$ -	\$ 1,334,698
Fixed funds	6,442,043	-	-	6,442,043
Growth funds	2,140,239	-	-	2,140,239
Balanced funds	2,721,678	-	-	2,721,678
Money market funds	342,769	-	-	342,769
Value funds	<u>711,631</u>	<u>-</u>	<u>-</u>	<u>711,631</u>
Total mutual funds	13,693,058	-	-	13,693,058
Private investment funds	<u>-</u>	<u>-</u>	<u>1,204,205</u>	<u>1,204,205</u>
Total	<u>\$ 13,693,058</u>	<u>\$ -</u>	<u>\$ 1,204,205</u>	<u>\$ 14,897,263</u>

The following tables summarizes the Plan's investments as of December 31, 2010, based on the inputs used to value them:

<u>Type of Security</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Index funds	\$ 982,607	\$ -	\$ -	\$ 982,607
Fixed funds	3,801,587	-	-	3,801,587
Growth funds	1,661,705	-	-	1,661,705
Balanced funds	2,556,916	-	-	2,556,916
Money market funds	236,884	-	-	236,884
Value funds	<u>530,219</u>	<u>-</u>	<u>-</u>	<u>530,219</u>
Total mutual funds	9,769,918	-	-	9,769,918
Private investment funds	<u>-</u>	<u>-</u>	<u>1,058,952</u>	<u>1,058,952</u>
Total	<u>\$ 9,769,918</u>	<u>\$ -</u>	<u>\$ 1,058,952</u>	<u>\$ 10,828,870</u>

(continued)

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

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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

December 31, 2011				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Futures Portfolio Fund LP	\$ <u>573,793</u>	\$ <u>-</u>	End of any month	Five days written notice
Rembrandt Partners ERISA Fund LTD Class A Series A	\$ <u>535,799</u>	\$ <u>-</u>	End of calender quarter	91 days written notice
Rembrandt Partners Erisa Fund LTD Class A Series H	\$ <u>94,613</u>	\$ <u>-</u>	End of calender quarter	91 days written notice
December 31, 2010				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Futures Portfolio Fund LP	\$ <u>490,103</u>	\$ <u>-</u>	End of any month	Five days written notice
Rembrandt Partners ERISA Fund LTD Class A	\$ <u>568,849</u>	\$ <u>-</u>	End of calender quarter	91 days written notice

Redemption restrictions are in place for the Plan's private investment funds with fair values of \$1,204,205 and \$1,058,952 at December 31, 2011 and 2010, respectively, in which the General Partners may, at its sole discretion, limit the redemption in whole or in part.

(continued)

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

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following table reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the private investment fund for the years ended December 31, 2011 and December 31, 2010:

	<u>Private Investment Funds</u>
<u>December 31, 2011</u>	
Balance, beginning of year	\$ 1,058,952
Unrealized (losses) relating to assets still held at the reporting date	(79,747)
Purchases	<u>225,000</u>
Balance, end of year	<u>\$ 1,204,205</u>

	<u>Private Investment Funds</u>
<u>December 31, 2010</u>	
Balance, beginning of year	\$ 250,047
Unrealized gain relating to assets still held at the reporting date	48,905
Purchases	<u>760,000</u>
Balance, end of year	<u>\$ 1,058,952</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above reported in the net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits.

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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - INVESTMENTS

The following table represents the fair value of investments as of December 31, 2011 and 2010. Investments that represent 5% or more of the Plan's net assets available for benefits are separately identified.

	<u>2011</u>	<u>2010</u>
Mutual Funds:		
Other	\$ 13,693,058	\$ 9,769,918
Private investment funds	<u>1,204,205</u>	<u>1,058,952</u>
	<u>\$ 14,897,263</u>	<u>\$ 10,828,870</u>

During the years ended December 31, 2011 and 2010, the Plan's investments (including investments bought, sold, and held during the year) (depreciated) appreciated in fair value are as follows:

	<u>2011</u>	<u>2010</u>
Mutual funds	\$ (484,802)	\$ 645,685
Private investment funds	<u>(79,747)</u>	<u>48,905</u>
	<u>\$ (564,549)</u>	<u>\$ 694,590</u>

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)

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

NOTES TO FINANCIAL STATEMENTS

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); 2011: 4.19% per annum; 2010: 4.31% per annum
Mortality basis	1994 Group annuity reserving
Retirement age	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:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ -	\$ -
Other participants	<u>16,366,767</u>	<u>11,421,000</u>
	16,366,767	11,421,000
Nonvested participants	<u>55,843</u>	<u>63,076</u>
	<u>\$ 16,422,610</u>	<u>\$ 11,484,076</u>

Changes in accumulated plan benefits for the year ended December 31, 2011 are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2011	<u>\$ 11,484,076</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	4,467,974
Increase for interest due to the decrease in the discount period	480,561
Benefits paid	<u>(10,001)</u>
Net increase	<u>4,938,534</u>
Actuarial present value of accumulated plan benefits - December 31, 2011	<u>\$ 16,422,610</u>

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.

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

NOTES TO FINANCIAL STATEMENTS

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 net assets available for benefits.

The Plan invests in foreign currency and foreign securities investments through its investment in private investment funds. 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 private investment funds may be inhibited. This may limit the number of shares available for acquisition or disposition by the private investment funds. Some countries in which private investment funds 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 private investment funds 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, 2011**

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUNDS:		
Fidelity Cash Reserves	\$ 342,769	\$ 342,769
FT Unit 2857 Target Global DVD	150,056	141,317
FT Unit 2977 Targe Global DVD	150,057	158,502
American Century Mid Cap Value	125,000	113,969
Vanguard Index FDS Mid-Cap Value	210,059	231,068
Vanguard Index FDS Vanguard Value Viper	255,036	268,959
Vanguard Index FDS Vanguard Total Stock Market	435,048	481,350
Vanguard Intl Equity Index FD	384,079	353,321
Van Kampen Blackrock Corp	184,928	208,120
Alger Small Mid Cap Growth Fund A	202,080	223,635
Alpine International Real Estate	115,020	86,277
Arbitrage Fund Class R	255,000	257,628
Blackrock Global Allocation Class A	355,040	357,637
Calamos Market Neutral Income CL A	216,020	218,991
Columbia Value and Restructuring Class Z	185,050	179,555
Dodge & Cox International Stock Fund	144,080	118,799
Fidelity Advisor New Insights Class A	250,120	300,150
Gateway Fund Class A	245,000	241,213
Henderson European Focus Class A	125,040	106,474
Henderson International Opportunities Class A	289,100	256,372
Highland Long/Short Equity Class A	230,000	238,229
Hussman Strategic Growth	265,040	261,700
Hussman Strategic Total Return	575,040	587,731
Invesco Gold & Precious Metals	135,020	134,880
Merger Fund	220,000	217,794
Oakmark Equity & Income	180,025	213,678
Oakmark International Small Cap	75,000	61,847
Prudential Jennison Natural	117,040	118,927
Royce Pennsylvania Mutual Investment	217,100	237,462
T Rowe Price Emerging Markets Stock	112,080	133,198
TFS Market Neutral Fund	265,020	252,614
Thornburg Value Class A	209,080	193,699
Vanguard Energy	160,020	161,270
Alliance Bernstein High Income	350,000	328,280

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, 2011**

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
Blackrock Strategic Inc. Opp Port	635,000	608,286
Oppenheimer Int'l Bond Class A	608,020	579,738
Fidelity Floating Rate High	563,095	563,162
PIMCO All Asset All Authority FD	250,000	227,472
PIMCO Unconstrained Bond Fund CL	635,000	619,842
T Rowe Price Int'l Emerging Market Bond	600,060	610,955
Vanguard GNMA	620,020	640,720
Vanguard Inflation Protected Securities	635,020	673,320
Vanguard Intermediate Term Investment Grade	668,020	684,808
Vanguard Short Term Investment Grade Investor	<u>685,020</u>	<u>697,340</u>
TOTAL MUTUAL FUNDS	<u>13,628,302</u>	<u>13,693,058</u>
PRIVATE INVESTMENT FUNDS:		
Futures Portfolio Fund Limited Partnership	585,000	573,793
Rembrandt Partners ERISA Fund Ltd Class A Series A	550,000	535,799
Rembrandt Partners ERISA Fund Ltd Class A Series H	<u>100,000</u>	<u>94,613</u>
TOTAL PRIVATE INVESTMENT FUNDS	<u>\$ 1,235,000</u>	<u>\$ 1,204,205</u>
TOTAL INVESTMENTS	<u>\$ 14,863,302</u>	<u>\$ 14,897,263</u>

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, 2011**

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Fidelity Cash Reserves	\$ 934,187	\$ -	\$ 934,187	\$ -
Fidelity Cash Reserves	\$ 961,669	\$ -	\$ 961,669	\$ -
Fidelity Cash Reserves	\$ 1,087,745	\$ -	\$ 1,087,745	\$ -
Fidelity Cash Reserves	\$ 1,013,523	\$ -	\$ 1,013,523	\$ -
Fidelity Cash Reserves	\$ -	\$ 675,056	\$ -	\$ -
Fidelity Cash Reserves	\$ -	\$ 840,000	\$ -	\$ -
Fidelity Cash Reserves	\$ -	\$ 744,566	\$ -	\$ -
Fidelity Cash Reserves	\$ -	\$ 624,357	\$ -	\$ -

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, 2011**

<u>Category (iii) - A series of security transactions in excess of 5% of the fair value of plan assets</u>	<u>Number of Purchases</u>	<u>Number of Sales</u>	<u>Total Dollar Value of Purchase Price</u>	<u>Total Dollar Value of Selling Price</u>	<u>Cost of Assets on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Blackrock Stratigic Inc. Class A	3	-	\$ 635,000	\$ -	\$ 635,000	\$ -
Fidelity Cash Reserves	82	30	\$ 5,237,810	\$ 5,131,969	\$ 5,131,969	\$ -

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011► **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 Benefi

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: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2011**2** Assets:

	2a	
a Market value	12,003,784	
b Actuarial value	12,003,784	

3 Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

	3a	3b	3c(1)	3c(2)	3c(3)	3d
a For retired participants and beneficiaries receiving payment						
b For terminated vested participants		120				428,863
c For active participants:						
(1) Non-vested benefits						45,577
(2) Vested benefits						10,215,479
(3) Total active		474				10,261,056
d Total		594				10,689,919

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate **5** 5.62**6** Target normal cost **6** 3,849,178**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

Kevin J. Donovan

Type or print name of actuary

Pinnacle Plan Design, LLC

Firm name

1985 East River Rd., Ste 111

US Tucson

AZ 85718

Address of the firm

5-7-12

Date

11-06185

Most recent enrollment number

(520) 618-1305

Telephone number (including area code)

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	3,365	0
8 Portion elected to use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	3,365	0
10 Interest on line 9 using prior year's actual return of <u>9.17%</u>	309	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		
b Interest on (a) using prior year's effective rate of <u>6.29 %</u> except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance ..		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	3,674	
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	112.29 %
15 Adjusted funding target attainment percentage	15	112.29 %
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	112.18 %
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
04/29/2011	961,345				
05/04/2011	48,750	0			
08/02/2011	1,087,745				
09/06/2011	92,290				
09/22/2011	47,226				
11/01/2011	1,001,512				
02/01/2012	1,001,512				
04/13/2012	237,315				
Totals ▶ 18(b)				4,477,695	18(c) 0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required 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 4,302,289
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: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
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 (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)			
a Target normal cost (line 6)	31a	3,849,178	
b Excess assets, if applicable, but not greater than 31a	31b	1,313,865	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	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 (lines 31a - 31b + 32a + 32b - 33)	34	2,535,313	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected to use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	2,535,313	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4,302,289	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,766,976	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contribution for all years	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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:	<p>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.</p>
Retirement Date:	<p>A participant reaches his Normal Retirement Date on the Anniversary Date nearest attainment of age 62 and completion of 5 years of participation.</p>
Normal Monthly Retirement Benefit:	<p>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:</p> <p>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.</p> <p>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.</p> <p>For 2010: \$1,000; \$5,000; \$6,430; \$9,000; \$11,000; \$20,000; \$25,000; \$25,940; \$26,220; \$34,000; \$39,980; \$49,940; \$50,000; \$50,720; \$50,850; \$51,000; \$52,000; \$64,000; \$65,000; \$69,000; \$75,130; \$80,000; \$81,000; \$81,610; \$90,000; \$95,500; \$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</p> <p>For 2011: \$1,000; \$34,000; \$39,980; \$12,150; \$50,000; \$50,720; \$50,850; \$45,500; \$30,000; \$125,000; \$65,000; \$5,000; \$156,440; \$77,000; \$80,000; \$160,000; \$81,160; \$90,000; \$105,000; \$97,400; \$100,000; \$110,000; \$30,500; \$100,440; \$105,630; \$105,940; \$225,000; \$150,000; \$200,000; \$35,000; \$101,000; \$120,000;</p>

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

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS - continued

\$10,000; \$15,000; \$11,000; \$20,000; \$25,000; \$40,000; \$26,220; 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.

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:

<u>Years of Credited Service</u>	<u>Vested %</u>
less than 3 years	0%
3 or more years	100 %

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

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS - continued

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.

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): 3.78% Segment 2 (Years 6-20): 6.31% Segment 3 (Years +20): 6.57%
PRE-RETIREMENT	
Interest Crediting Rate:	4.19%
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):	2011 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.
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Schedule SB, line 22 -
Description of Weighted Average Retirement Age
Integrated Medical Professionals, PLLC Employees' Defined Benefit Pension
Plan
20-4483367 / 002
For the plan year 1/1/2011 through 12/31/2011

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

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 1/1/2011 through 12/31/2011

Attained Age	Years of Credited Service									
	Under 1 #	1-4 #	5-9 #	10-14 #	15-19 #	20-24 #	25-29 #	30-34 #	35-39 #	40 & Up #
Under 25	2	22								
25-29	5	57								
30-34	5	49								
35-39	2	43								
40-44	1	55								
45-49	3	50								
50-54	0	63								
55-59	2	55								
60-64	0	39								
65-70	0	13								
70 & up	0	8								

Schedule H, line 4j
Schedule of Reportable Transactions.

[illegible]

**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, 2011**

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Fidelity Cash Reserves	\$ 934,187	\$ -	\$ 934,187	\$ -
Fidelity Cash Reserves	\$ 961,669	\$ -	\$ 961,669	\$ -
Fidelity Cash Reserves	\$ 1,087,745	\$ -	\$ 1,087,745	\$ -
Fidelity Cash Reserves	\$ 1,013,523	\$ -	\$ 1,013,523	\$ -
Fidelity Cash Reserves	\$ -	\$ 675,056	\$ -	\$ -
Fidelity Cash Reserves	\$ -	\$ 840,000	\$ -	\$ -
Fidelity Cash Reserves	\$ -	\$ 744,566	\$ -	\$ -
Fidelity Cash Reserves	\$ -	\$ 624,357	\$ -	\$ -

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, 2011**

<u>Category (iii) - A series of security transactions in excess of 5% of the fair value of plan assets</u>	<u>Number of Purchases</u>	<u>Number of Sales</u>	<u>Total Dollar Value of Purchase Price</u>	<u>Total Dollar Value of Selling Price</u>	<u>Cost of Assets on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Blackrock Stratigic Inc. Class A	3	-	\$ 635,000	\$ -	\$ 635,000	\$ -
Fidelity Cash Reserves	82	30	\$ 5,237,810	\$ 5,131,969	\$ 5,131,969	\$ -

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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, 2011**

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUNDS:		
Fidelity Cash Reserves	\$ 342,769	\$ 342,769
FT Unit 2857 Target Global DVD	150,056	141,317
FT Unit 2977 Targe Global DVD	150,057	158,502
American Century Mid Cap Value	125,000	113,969
Vanguard Index FDS Mid-Cap Value	210,059	231,068
Vanguard Index FDS Vanguard Value Viper	255,036	268,959
Vanguard Index FDS Vanguard Total Stock Market	435,048	481,350
Vanguard Intl Equity Index FD	384,079	353,321
Van Kampen Blackrock Corp	184,928	208,120
Alger Small Mid Cap Growth Fund A	202,080	223,635
Alpine International Real Estate	115,020	86,277
Arbitrage Fund Class R	255,000	257,628
Blackrock Global Allocation Class A	355,040	357,637
Calamos Market Neutral Income CL A	216,020	218,991
Columbia Value and Restructuring Class Z	185,050	179,555
Dodge & Cox International Stock Fund	144,080	118,799
Fidelity Advisor New Insights Class A	250,120	300,150
Gateway Fund Class A	245,000	241,213
Henderson European Focus Class A	125,040	106,474
Henderson International Opportunities Class A	289,100	256,372
Highland Long/Short Equity Class A	230,000	238,229
Hussman Strategic Growth	265,040	261,700
Hussman Strategic Total Return	575,040	587,731
Invesco Gold & Precious Metals	135,020	134,880
Merger Fund	220,000	217,794
Oakmark Equity & Income	180,025	213,678
Oakmark International Small Cap	75,000	61,847
Prudential Jennison Natural	117,040	118,927
Royce Pennsylvania Mutual Investment	217,100	237,462
T Rowe Price Emerging Markets Stock	112,080	133,198
TFS Market Neutral Fund	265,020	252,614
Thornburg Value Class A	209,080	193,699
Vanguard Energy	160,020	161,270
Alliance Bernstein High Income	350,000	328,280

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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, 2011**

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
Blackrock Strategic Inc. Opp Port	635,000	608,286
Oppenheimer Int'l Bond Class A	608,020	579,738
Fidelity Floating Rate High	563,095	563,162
PIMCO All Asset All Authority FD	250,000	227,472
PIMCO Unconstrained Bond Fund CL	635,000	619,842
T Rowe Price Int'l Emerging Market Bond	600,060	610,955
Vanguard GNMA	620,020	640,720
Vanguard Inflation Protected Securities	635,020	673,320
Vanguard Intermediate Term Investment Grade	668,020	684,808
Vanguard Short Term Investment Grade Investor	<u>685,020</u>	<u>697,340</u>
TOTAL MUTUAL FUNDS	<u>13,628,302</u>	<u>13,693,058</u>
PRIVATE INVESTMENT FUNDS:		
Futures Portfolio Fund Limited Partnership	585,000	573,793
Rembrandt Partners ERISA Fund Ltd Class A Series A	550,000	535,799
Rembrandt Partners ERISA Fund Ltd Class A Series H	<u>100,000</u>	<u>94,613</u>
TOTAL PRIVATE INVESTMENT FUNDS	<u>\$ 1,235,000</u>	<u>\$ 1,204,205</u>
TOTAL INVESTMENTS	<u>\$ 14,863,302</u>	<u>\$ 14,897,263</u>

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