

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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' DEFERRED SAVINGS & PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/17/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/17/2006</u>					
1b Three-digit plan number (PN) ▶	<u>001</u>								
1c Effective date of plan <u>07/17/2006</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC</u> <u>532 BROADHOLLOW ROAD, SUITE 142</u> <u>MELVILLE, NY 11747</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>20-4483367</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>516-931-0041</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	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>			
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.	07/29/2014	W. PRICE DUNAWAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	659
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	525
b Retired or separated participants receiving benefits	6b	29
c Other retired or separated participants entitled to future benefits	6c	141
d Subtotal. Add lines 6a , 6b , and 6c	6d	695
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	695
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	692
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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	
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) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES' DEFERRED SAVINGS & PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRATED MEDICAL PROFESSIONALS, PLLC	D Employer Identification Number (EIN) 20-4483367

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	6036315	1	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES' DEFERRED SAVINGS & PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRATED MEDICAL PROFESSIONALS, PLLC	D Employer Identification Number (EIN) 20-4483367	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123990	64246	3284042	1	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	7158
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A Name of plan INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES' DEFERRED SAVINGS & PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRATED MEDICAL PROFESSIONALS, PLLC	D Employer Identification Number (EIN) 20-4483367

Part I	Service Provider Information (see instructions)
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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

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

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

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)

BLUESTAR RETIREMENT SERVICES, INC.

59-3092339

(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?
13 15 50 37 38	NONE	123519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUMMIT EQUITIES, INC.

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?
26 50	NONE	94059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW LUBASH

C/O PRESTIGE EMPLOYEE ADMINISTRATOR
538 BROADHOLLOW RD. STE 311
MELVILLE, NY 11747

11-3448580

(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?
16 50	NONE	45323	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)

TIM KELLY

C/O PRESTIGE EMPLOYEE ADMINISTRATOR
538 BROADHOLLOW RD. STE 311
MELVILLE, NY 11747

11-3448580

(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?
19 25 50	NONE	45323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROLAND CRISS

75-2866255

(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?
16 50	NONE	36259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE TRUST COMPANY

20-0937408

(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?
19 50	NONE	17684	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES' DEFERRED SAVINGS & PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</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		
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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	2372242	2565520
(2) Participant contributions.....	1b(2)	339049	352582
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	100329	19787
(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)	598495	777833
(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)	4023337	4532628
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	27958962	37414373
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	211133	219700
(15) Other.....	1c(15)		

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	35603547	45882423

Liabilities

g Benefit claims payable	1g	1563	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	5259	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6822	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	35596725	45882423
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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)	3957315	
(B) Participants	2a(1)(B)	2600076	
(C) Others (including rollovers)	2a(1)(C)	71709	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6629100
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)	22787	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22787
(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)	703042	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		703042
(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)		0
(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)		0

		(a) Amount	(b) Total
(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)		69017
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4400892
c Other income.....	2c		8567
d Total income. Add all income amounts in column (b) and enter total.....	2d		11833405

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1184922	
(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)		1184922
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)	123519	
(3) Investment advisory and management fees.....	2i(3)	239266	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		362785
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1547707

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		10285698
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: SCOTT SKIBBIE, INC.

(2) EIN: 20-0851321

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a	X		133061
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES' DEFERRED SAVINGS & PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</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>20-0937408</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	

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**INTEGRATED MEDICAL
PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS
AND PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

December 31, 2013



**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2013

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Independent Auditor's Report

Administrative Committee
Integrated Medical Professionals, PLLC
Employees' Deferred Savings and Profit Sharing Plan
Hicksville, NY

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Integrated Medical Professionals, PLLC Employees' Deferred Savings and Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the years ended December 31, 2013 and 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by TD Ameritrade Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2013, and 2012 and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Independent Auditor's Report (continued...)**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules: 1) Schedule H, line 4i - Schedule of Assets (Held at End of Year), 2) Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year), and 3) Schedule of Delinquent Participant Contributions, as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The Form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Franklin, Tennessee

July 9, 2014

INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2013 and 2012

	2013	2012
ASSETS		
Cash	\$ 19,787	\$ 100,329
RECEIVABLES		
Employer contributions	2,565,520	2,372,242
Employee contributions	352,582	339,049
Other	-	-
Participant notes receivable	777,833	598,495
TOTAL RECEIVABLES	3,695,935	3,309,786
Investments, at fair value		
Guaranteed accounts	4,532,628	4,023,337
Mutual funds	37,414,373	27,958,962
Other	219,700	211,133
TOTAL INVESTMENTS	42,166,701	32,193,432
TOTAL ASSETS	45,882,423	35,603,547
LIABILITIES		
Benefit claims payable	-	1,563
Other payables	-	5,259
TOTAL LIABILITIES	-	6,822
NET ASSETS AVAILABLE FOR BENEFITS	\$ 45,882,423	\$ 35,596,725

The accompanying notes are an integral part of these statements

INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR(s) ENDED DECEMBER 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
CONTRIBUTIONS		
Employer	\$ 3,957,315	\$ 3,919,644
Participants	2,600,076	2,577,704
Other (including rollovers)	71,709	99,482
TOTAL CONTRIBUTIONS	<u>6,629,100</u>	<u>6,596,830</u>
EARNINGS ON INVESTMENTS		
Interest on participant notes receivable	22,787	20,163
Interest income	-	-
Dividends	703,042	460,196
Net gain (loss) on sale of assets	544,647	250,771
Unrealized appreciation (depreciation)	3,925,262	2,145,549
Other investment gain (loss)	-	-
Other Income	8,567	15,426
NET EARNINGS ON INVESTMENTS	<u>5,204,305</u>	<u>2,892,105</u>
TOTAL INCOME	<u>11,833,405</u>	<u>9,488,935</u>
EXPENSES		
Benefits paid to participants	1,184,922	1,239,054
Other benefit payments	-	10,000
Administrative expenses	362,785	211,089
TOTAL EXPENSES	<u>1,547,707</u>	<u>1,460,143</u>
NET INCOME (LOSS)	10,285,698	8,028,792
TRANSFERS To (From) the PLAN	-	-
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	<u>35,596,725</u>	<u>27,567,933</u>
NET ASSETS AVAILABLE FOR BENEFITS - End of Year	<u>\$ 45,882,423</u>	<u>\$ 35,596,725</u>

The accompanying notes are an integral part of these statements

**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN

The following description of the Integrated Medical Professionals, PLLC Employees' Deferred Savings and Profit Sharing Plan (the "Plan") provides only general information. Users of the financial statements and supplemental schedules should refer to the Plan documents for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established to provide for contributions made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). The Plan covers substantially all employees of Integrated Medical Professionals, PLLC and its affiliate Comprehensive Practice Solutions, LLC (hereafter collectively referred to as the "Company"). The Plan is a "multiple employer" plan as described in Section 413(c) of the Internal Revenue Code, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: Employees may participate in the Plan once they are age 21 and have one year of service (1,000 hours of service in a 12 consecutive month period).

Contributions: Eligible employees may make contributions via payroll deductions up to limits as defined in the Plan and other limits in accordance with the Code. Elective deferrals can be made in whole percentages of compensation or in specific dollar amounts. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. The plan currently offers various mutual funds and an insurance investment contract as investment options for participants.

The Company may make matching contributions, at its discretion, equal to a specified percent of each participant's deferral amounts. In addition, the Company may make an additional discretionary contribution to participants of the Plan as deemed appropriate. Contributions are subject to limitations as provided in the Code and as defined in the Plan.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the company's contribution and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN (Continued...)

Vesting: Participants are immediately vested in their contributions, voluntary rollovers, and the actual allocated earnings thereon. Vesting in the Company's matching and discretionary contributions plus actual earnings thereon is based on years of service, with full vesting no later than six years of credited service as shown in the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Notes Receivable from Participants: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits: Upon normal retirement or reaching the age of 59-1/2, termination of employment, death or disability, or termination of the Plan, the participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account under several options. A participant may defer paying tax on some taxable payments by electing a rollover distribution.

Withdrawals may also be made in conjunction with IRS hardship distribution regulations.

Forfeitures: Upon termination of employment the non-vested portion of a participant's account is forfeited. Forfeitures may be paid back to the Company or used to reduce matching contributions by the participating employer.

**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan have been prepared in accordance with the accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Statements of Net Assets Available for Benefits present the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported 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.

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

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expense: The cost and expense of administering the Plan shall be paid, at the discretion of the Company, either directly by the Company or by the Plan through fees deducted from participant accounts.

Subsequent Events: Subsequent events have been evaluated through July 9, 2014, which is the date the financial statements were available to be issued.

**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 3. INVESTMENTS

Certification of Investment Information: TD Ameritrade Trust Company, the custodian of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2013 and 2012, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets held as of December 31, 2013 and 2012.

The following presents investments that represent 5 percent or more of the plan's net assets.

Vanguard Growth Index Signal Shares	\$ 2,619,171
TD Ameritrade SDBA	14,942,468
Metlife GAC 25554	4,532,628

Life Insurance: As of December 31, 2013 and 2012 the Plan's investments included the cash surrender value of two individual life insurance contracts totaling \$219,700 and \$211,133 respectively. These two life insurance policies were grandfathered in as investment options specifically for the benefit of the respective insured participant.

NOTE 4. FAIR VALUE MEASUREMENTS

The FASB Accounting Standards codification Topic 820, *Fair Value Measurements and Disclosures* (ASC 820) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable market data by correlation or other means;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means;

**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENTS (Continued...)

Level 2 (continued...)

If the assets or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability'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 minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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. There have been no changes in the valuation methodologies used at December 31, 2013 and 2012.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the quoted net asset value of shares held by the plan at year end. Investments in the mutual funds can be redeemed with no advance notice on any day on which the NYSE is open for trading.

TD Ameritrade Self-Directed Brokerage Accounts (SDBAs): The TD Ameritrade SDBA is available to participants as an additional investment option available through the Plan. This option gives participants access to a wider array of investment choices, including open-end mutual funds, fixed income securities, Exchange Traded Funds (ETFs), and publicly traded stocks. It is valued, in aggregate, at the closing price reported on the active market on which each individual security is traded. Participants may open a SDBA and then transfer whole dollar amounts from their core account. Participants may also transfer assets back to their core account after redeeming/selling the securities held in their TD Ameritrade SDBA. Trades settle generally in one to three business days, depending upon the type of security.

INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENTS (Continued...)

TD Bank USA MMDA: The Institutional MMDA is provided by TD Bank USA, N.A. (TD Bank USA), an affiliate of TD Ameritrade Trust Company. TD Bank USA is a wholly-owned, indirect subsidiary of The Toronto Dominion Bank.

Balances in the Institutional MMDA are insured by The Federal Deposit Insurance Corporation (FDIC) (not covered by SIPC). Currently the FDIC insures consumer balances up to \$250,000 at insured institutions.

Interest on the Institutional MMDA is accrued daily and is credited to the depositor's account on the last business day of the month. There is no minimum deposit. Because the Institutional MMDA is a bank account rather than an SEC-registered money market fund, there is no expense ratio or prospectus. The rate of return may vary with market conditions and is subject to adjustment periodically by TD Bank USA.

MetLife Group Annuity Contract No. 25554: Valued at the fluctuating value of the separate account assets backing the contract. This contract is comprised of three separate accounts: 1) the MetLife Aggregate Bond Index Separate Account, 2) the Wilmington Short/Intermediate Bond Separate Account, and 3) the Wilmington Broad Market Bond Separate Account.

The MetLife Aggregate Bond Index Separate Account is managed by the Metropolitan Life Insurance Company and will invest in investment-grade fixed income securities, including U.S. Treasury, Government-Related, Corporate, Agency-Issued Mortgage-Backed, Commercial Mortgage-Backed and Asset-Backed Securities. The MetLife Aggregate Bond Index Separate Account may invest in such securities in order to maintain the Index characteristics. With the exception of Treasury, U.S. Agency and U.S. Government-sponsored enterprises (i.e. FNMA, FHLMC, FHLB), no issue will represent more than 5% of the overall account. Cash and cash-equivalents may be held in portions as deemed appropriate by MetLife to ensure liquidity. There will be no assets of below investment-grade quality.

The Wilmington Short/Intermediate Bond Separate Account is sub-advised by the Wilmington Trust Company and will invest in fixed income securities such as U.S. government and agency securities, publicly traded mortgage and asset-backed securities (including CMOs), Yankee securities, public corporate debt (including Capital Securities) and cash equivalents. A weighted-average credit quality of A or higher will be maintained in the account. Assets which are downgraded below these ratings will be liquidated as market conditions reasonably permit.

**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENTS (Continued...)

MetLife Group Annuity Contract No. 25554 (continued...): The Wilmington Broad Market Separate Account is also sub-advised by the Wilmington Trust Company and will invest primarily in fixed income securities of U.S. Dollar denominated issuers including corporations, government-sponsored agencies and U.S. Treasury securities. A weighted-average credit quality of A or higher will be maintained in the account. Assets which are downgraded below these ratings will be liquidated as market conditions reasonably permit.

The contract provides a fixed interest rate for a fixed period that will apply to the entire guaranteed value. MetLife will periodically declare a new interest rate. Interest rates will reflect capital market developments, the performance of the separate account assets backing the contract, and the expected and actual contributions and withdrawals of all the plans participating in the contract. MetLife guarantees that no interest rate will ever be less than 0%.

Life Insurance: Valued at fair value at the policy's cash surrender value less any applicable contract surrender charges.

The Plan's assets and liabilities have been recorded at fair value and have been categorized based upon the fair value hierarchy as shown below.

	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	<u>Total</u>
<u>12/31/2013</u>				
Mutual funds:				
Blended funds	3,317,989			3,317,989
Bond funds	2,043,475			2,043,475
Growth funds	7,240,960			7,240,960
Income funds	442,852			442,852
Target Date funds	5,992,447			5,992,447
Value funds	3,434,182			3,434,182
TD Ameritrade SDBA			14,942,468	14,942,468
Total Mutual Funds	22,471,905		14,942,468	37,414,373
TD Bank USA MMDA			19,787	19,787
MetLife GAC			4,532,628	4,532,628
Life Insurance CSV			219,700	219,700
Total Investments at Fair Value	\$ 22,471,905	\$ 53,641	\$ 19,714,583	\$42,186,488

**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENTS (Continued...)

<u>12/31/2012</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	<u>Total</u>
Mutual funds:				
Blended funds	2,706,961			2,706,961
Bond funds	1,748,947			1,748,947
Growth funds	5,403,098			5,403,098
Income funds	394,617			394,617
Target Date funds	5,633,463			5,633,463
Value funds	2,070,133			2,070,133
TD Ameritrade SDBA			10,001,743	10,001,743
Total Mutual Funds	17,957,219		10,001,743	27,958,962
TD Bank USA MMDA			100,329	100,329
MetLife GAC			4,023,337	4,023,337
Life Insurance CSV			211,133	211,133
Total Investments at Fair Value	\$ 17,957,219	\$ 75,596	\$ 14,336,542	\$ 32,293,761

The following table presents additional information about Level 3 assets and liabilities measured at fair value. Both observable and unobservable inputs may be used to determine the fair value of positions the Plan has categorized within the Level 3 category. As a result, the unrealized gains and losses for assets and liabilities within the Level 3 category may include changes in fair value that were attributed to both observable and unobservable inputs.

Changes in Level 3 assets measured at fair value for the year ended December 31, 2013 were as follows...

	<u>Fair Value Beginning</u>	<u>Realized & Unrealized Gains (Losses)</u>	<u>Purchases</u>	<u>Sales</u>	<u>Fair Value Ending</u>	<u>Change in Unrealized Gains (Losses) for Investments Held at End</u>
TD Ameritrade SDBA	10,001,743	1,140,162	4,034,988	234,425	14,942,468	
TD Bank USA MMDA	100,329	2,434	10,952,300	11,035,276	19,787	
MetLife GAC	4,023,337	69,016	1,546,794	1,106,519	4,532,628	
Life Insurance CSV	211,133	(1,433)	10,000		219,700	
Totals	\$ 1,740,281	\$ 1,140,162	\$ 14,987,288	11,269,701	14,942,468	

INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5. RELATED-PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by TD Ameritrade Trust Company, the custodian, and, therefore, these transactions qualify as party in interest transactions. Fees paid by the plan for the investment management services are included in net appreciation in fair value of investments.

Administrative fees include investment fees, third party administrative fees, and other professional services, and are based on customary charges as shall be agreed to from time to time. Certain of these expenses are absorbed by the Plan sponsor. Certain administrative functions are performed by officers or employees of the Plan's sponsor. No such officer or employee receives compensation from the Plan.

NOTE 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts. Any unallocated assets of the plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE 7. TAX STATUS

The Plan received its latest determination letter on June 9, 2010, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter and has adopted a pre-approved Prototype Plan. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

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 plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 8. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Certain differences may exist between the recording of accruals for financial reporting purposes and IRS/Department of Labor's (DOL) Form 5500 purposes. There were no such differences as of and for the years ended December 31, 2013 and 2012.

SUPPLEMENTAL INFORMATION

INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

DECEMBER 31, 2013

20-4483367

PN 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
Mutual Funds		American Century One Choice 2015	\$ 586,326	623,549
Mutual Funds		American Century One Choice 2025	1,722,487	1,874,291
Mutual Funds		American Century One Choice 2035	1,682,300	1,884,981
Mutual Funds		American Century One Choice 2045	1,412,982	1,609,626
Mutual Funds		American Century One Choice Income	416,625	442,852
Mutual Funds		Blackrock Health Science OPS Fund	684,225	829,585
Mutual Funds		Columbia Seligman Communications and Inf	175,353	209,122
Mutual Funds		Delafield Fund	444,357	530,788
Mutual Funds		Dodge & Cox Stock FD	1,430,779	1,766,021
Mutual Funds		Fidelity Small Cap Discovery Fund	686,770	846,661
Mutual Funds		Franklin Custodian Utilities Fund Adviso	647,214	671,261
Mutual Funds		Franklin/Mutual Financial Services	26,794	32,606
Mutual Funds		Ivy High Income Fund Class I	641,036	639,431
Mutual Funds		Ivy Science and Technology Fund I	8,743	9,027
Mutual Funds		JPMorgan Market Expansion Indx Fund	312,781	360,803
Mutual Funds		Matthews Asia Dividend Fund Institutional	207,294	210,811
Mutual Funds		Morgan Stanley Instl US Real Estate I	704,949	681,696
Mutual Funds		Munder Mid-Cap Core Growth Fund	645,917	816,300
Mutual Funds		Oppenheimer Developing Markets I	417,030	443,790
Mutual Funds		Oppenheimer International Bond Fund Class	501,864	468,380
Mutual Funds		Oppenheimer International Growth Class I	1,222,935	1,430,198
Mutual Funds		Prudential Jennison Small Company Fund	327,155	378,965
Mutual Funds		RS Global Natural Resources Fund	346,948	332,728
Mutual Funds		T. Rowe Price Cap Apprec Fund	312,143	331,892
Mutual Funds		Vanguard Growth Index Signal Shares	2,059,740	2,619,171
Mutual Funds		Vanguard Institutional Index Fund	719,975	886,126
Mutual Funds		Vanguard Intermediate Term U.S. Treas PO	980,591	935,664
Mutual Funds		Vanguard Small Cap Value Index Fund Adm	422,365	433,506
Mutual Funds		Wells Fargo Growth Fund	141,780	172,074
Mutual Funds		TD Ameritrade SDBA	14,942,468	14,942,468
Money Market		TD Bank USA MMDA	19,787	19,787
Collective Fund		Metlife GAC 25554	4,472,154	4,532,628
Life Ins Policy CSV		Principal Life Ins Co	-	45,043
Life Ins Policy CSV		The Guardian Life Ins Co	-	174,657
Participant Loans		Various Interest Rates 3.25% - 4.25%	-	777,833
TOTAL ASSETS HELD				<u>\$ 42,964,321</u>

INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

DECEMBER 31, 2013

20-4483367

PN 001

(a) Identity of Issue, borrower, lessor, or similar party	(b) Description of investment	(c) Costs of acquisitions	(d) Proceeds from dispositions
Mutual Funds	American Century One Choice 2015	\$ 224,643	\$ 501,772
Mutual Funds	American Century One Choice 2025	426,187	804,711
Mutual Funds	American Century One Choice 2035	437,401	622,485
Mutual Funds	American Century One Choice 2045	534,114	247,314
Mutual Funds	American Century One Choice Income	94,730	87,867
Mutual Funds	Blackrock Health Science OPS Fund	204,452	108,444
Mutual Funds	Calamos Growth and Income	9,489	292,070
Mutual Funds	Columbia Seligman Communications and Inf	44,012	99,784
Mutual Funds	Delafield Fund	163,910	58,078
Mutual Funds	Dodge & Cox Stock FD	1,513,588	105,803
Mutual Funds	Eaton Vance Large Cap Value Fund	85,396	1,324,133
Mutual Funds	Fidelity Small Cap Discovery Fund	230,213	193,236
Mutual Funds	Franklin Custodian Utilities Fund Adviso	415,265	73,269
Mutual Funds	Franklin/Mutual Financial Services	6,825	17,987
Mutual Funds	Goldman Sachs High Yield Fund	17,312	460,444
Mutual Funds	Heartland Value Plus Fund Institutional	86,491	481,769
Mutual Funds	Invesco Pacific Growth Fund	4,908	196,669
Mutual Funds	Ivy High Income Fund Class I	635,063	40,509
Mutual Funds	Ivy Science and Technology Fund I	8,583	-
Mutual Funds	JPMorgan Market Expansion Indx Fund	110,743	75,696
Mutual Funds	Matthews Asia Dividend Fund Institutional	211,476	12,267
Mutual Funds	Morgan Stanley Instl US Real Estate I	169,680	88,663
Mutual Funds	Munder Mid-Cap Core Growth Fund	174,092	168,351
Mutual Funds	Oppenheimer Developing Markets I	500,822	87,601
Mutual Funds	Oppenheimer International Bond Fund Class	147,283	113,688
Mutual Funds	Oppenheimer International Growth Class I	1,310,761	112,426
Mutual Funds	Prudential Jennison Small Company Fund	97,180	71,766
Mutual Funds	RS Global Natural Resources Fund	90,928	304,119
Mutual Funds	SSGA Emerging Markets Fund	15,007	435,690
Mutual Funds	T. Rowe Price Cap Apprec Fund	356,392	65,946
Mutual Funds	Thornburg International Value	178,564	1,140,873
Mutual Funds	Vanguard Growth Index Signal Shares	549,723	466,383
Mutual Funds	Vanguard Institutional Index Fund	245,782	247,376
Mutual Funds	Vanguard Intermediate Term U.S. Treas PO	426,218	320,735
Mutual Funds	Vanguard Small Cap Value Index Fund Adm	414,527	
Mutual Funds	Wells Fargo Growth Fund	118,389	136,701
Mutual Funds	TD Ameritrade SDBA	4,034,988	234,425
Money Market	TD Bank USA MMDA	10,952,300	11,035,276
Collective Funds	Metlife GAC 25554	1,546,794	1,106,519

**INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN**

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

DECEMBER 31, 2013

20-4483367

PN 001

Participant Contributions Transferred Late to Plan	Late participant loan repayments included?	Total that Constitutes Nonexempt Prohibited Transactions			
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Contributions Fully Corrected in VFCP
66,891.31	Yes		66,891.31		
66,169.68	Yes		66,169.68		
251,250.00	No		251,250.00		
251,625.00	No		251,625.00		
347,081.81	No		347,081.81		
5,500.00	No		5,500.00		

**Scott
Skibbie, Inc.**
Certified Public Accountant

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Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2013****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

- 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 INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES' DEFERRED SAVINGS & PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/17/2006
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) INTEGRATED MEDICAL PROFESSIONALS, PLLC 532 BROADHOLLOW ROAD, SUITE 142 MELVILLE NY 11747	2b Employer Identification Number (EIN) 20-4483367
	2c Sponsor's telephone number 516-931-0041
	2d Business code (see instructions) 621111

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>W. Price Dunaway</i>	<u>7/28/2014</u>	W. PRICE DUNAWAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>W. Price Dunaway</i>	<u>7/28/2014</u>	W. PRICE DUNAWAY
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2013)

Name of Plan:

Employer Identification No.: ► 20-4483367

Plan year (beginning/ending):▶ 01/01/2013-12/31/2013 Plan number:▶ 001

[illegible]

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Integrated Medical Professionals, PLLC Employees' Deferred Savings & Profit Sharing Plan

Employer Identification Number: ► 20-4483367

For plan year (beginning/ending): ► 01/01/2013 - 12/31/2013

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	TD Ameritrade Trust Company	AMERICAN CENTURY LIVESTRONG 2015 INVESTO		623,549
	TD Ameritrade Trust Company	AMERICAN CENTURY LIVESTRONG 2025 INVESTO		1,874,291
	TD Ameritrade Trust Company	AMERICAN CENTURY LIVESTRONG 2035 INVESTO		1,884,981
	TD Ameritrade Trust Company	AMERICAN CENTURY LIVESTRONG 2045 INVESTO		1,609,626
	TD Ameritrade Trust Company	AMERICAN CENTURY LIVESTRONG INCOME INVES		442,852
	TD Ameritrade Trust Company	BLACKROCK HEALTH SCIENCES OPS FUNDS INST		829,585
	TD Ameritrade Trust Company	COLUMBIA SELIGMAN COMMUNICATIONS AND INF		209,122
	TD Ameritrade Trust Company	DELAFIELD FUND		530,788
	TD Ameritrade Trust Company	DODGE & COX STOCK FD		1,766,021
	TD Ameritrade Trust Company	FIDELITY SMALL CAP DISCOVERY FUND		846,661
	TD Ameritrade Trust Company	FRANKLIN CUSTODIAN UTILITIES FUND ADVISO		671,261
	TD Ameritrade Trust Company	FRANKLIN/MUTUAL FINANCIAL SERVICES CLASS		32,606
	TD Ameritrade Trust Company	IVY HIGH INCOME FUND CLASS I		639,431
	TD Ameritrade Trust Company	IVY SCIENCE & TECHNOLOGY FUND CLASS I		9,027
	TD Ameritrade Trust Company	JP MORGAN MARKET EXPANSION INDEX FUND CL		360,803
	TD Ameritrade Trust Company	MATTHEWS ASIA DIVIDEND INSTL		210,811
	TD Ameritrade Trust Company	METLIFE GAC 25554 - FEE CLASS 75		4,532,628
	TD Ameritrade Trust Company	MORGAN STANLEY INSTL US REAL ESTATE I		681,696
	TD Ameritrade Trust Company	MUNDER MID-CAP CORE GROWTH FUND CLASS Y		816,300
	TD Ameritrade Trust Company	OPPENHEIMER DEVELOPING MARKETS I		443,790
	TD Ameritrade Trust Company	OPPENHEIMER INTERNATIONAL BOND FUND CLAS		468,380
	TD Ameritrade Trust Company	OPPENHEIMER INTERNATIONAL GROWTH CLASS I		1,430,198
	TD Ameritrade Trust Company	PRUDENTIAL JENNISON SMALL COMPANY FUND C		378,965
	TD Ameritrade Trust Company	RS GLOBAL NATURAL RESOURCES FUND CLASS A		332,728
	TD Ameritrade Trust Company	TROWE PRICE CAP APPREC FUND		331,892
	TD Ameritrade Trust Company	TD AMERITRADE SDBA		14,942,468
	TD Ameritrade Trust Company	TD BANK USA MMDA		19,787
	TD Ameritrade Trust Company	VANGUARD GROWTH INDEX SIGNAL SHARES		2,619,171
	TD Ameritrade Trust Company	VANGUARD INSTITUTIONAL INDEX FUND INST'L		886,126
	TD Ameritrade Trust Company	VANGUARD INTERMEDIATE TERM TREASURY FUND		935,664
	TD Ameritrade Trust Company	VANGUARD SMALL CAP VALUE INDEX FUND ADMI		433,506
	TD Ameritrade Trust Company	WELLS FARGO GROWTH FUND INSTITUTIONAL CL		172,074
	Participant Loans	Various Interest Rates		777,833