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).

▶ **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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2007

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

INTEGRATED MEDICAL PROFESSIONALS, PLLC

532 BROAD HOLLOW ROAD, SUITE 142
MELVILLE, NY 11747

2b Employer Identification Number (EIN)
20-4483367

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

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2014	DEEPAK KAPOOR, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2014	DEEPAK KAPOOR, MD
	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 [X] 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**	655
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**	460
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	156
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	616
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	616
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
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:
1C

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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
20-4483367

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2013			
2	Assets:			
	a Market value	**2a**		21243922
	b Actuarial value	**2b**		21243922
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	0	0
	b For terminated vested participants	**3b**	124	161462
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		142482
	(2) Vested benefits	**3c(2)**		17965594
	(3) Total active	**3c(3)**	531	18108076
	d Total	**3d**	655	18269538
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	**4a**		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		5.75 %
6	Target normal cost	**6**		4698165

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	06/11/2014 Date
KEVIN J. DONOVAN Type or print name of actuary	14-06185 Most recent enrollment number
PINNACLE PLAN DESIGN, LLC Firm name	520-618-1305 Telephone number (including area code)
1985 EAST RIVER RD., STE 111 TUCSON, AZ 85718 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.31 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2869993
	b Interest on (a) using prior year's effective interest rate of 5.54 % except as otherwise provided (see instructions)		158998
	c Total available at beginning of current plan year to add to prefunding balance		3028991
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	116.28 %
15	Adjusted funding target attainment percentage	15	116.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2013	74947	0	10/01/2013	103577	0
04/29/2013	1339859	0	10/31/2013	1095150	0
06/04/2013	43984	0	11/11/2013	52602	0
07/02/2013	105606	0	12/10/2013	65445	0
07/30/2013	1372527	0	12/26/2013	14607	0
08/30/2013	57654	0	02/06/2014	732952	0
			Totals ► 18(b)	5309752	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5113581

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2014	250842	0			
			Totals ► 18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	4698165
b Excess assets, if applicable, but not greater than line 31a	**31b**	2974384

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1723781

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	**36**	1723781
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5113581

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	3389800
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
20-4483367

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

SUMMIT EQUITIES, INC.

4 CAMPUS DRIVE
PARISIPPANY, NJ 07054

22-2387914

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		161264	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

BEARDON, LLC

ONE JERICHO PLAZA
JERICHO, NY 11753

13-0485070

(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?
10		36079	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PINNACLE PLAN DESIGN, LLC

1985 E. RIVER RD., STE 111
TUCSON, AZ 85718

20-3970947

(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?
11		57151	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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' DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
20-4483367

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1343346	983794
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	235	235
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18540898	23283343
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1367269	3887280

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	21251748	28154652
Liabilities			
g Benefit claims payable	1g		928
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		928
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21251748	28153724

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)	5309829	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5309829
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	472042	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		472042
(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)		
(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)		

		(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1256579
c Other income	2c		194671
d Total income. Add all **income** amounts in column (b) and enter total	2d		7233121
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	51325	
(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)		51325
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)	93230	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	161264	
(4) Other	2i(4)	25326	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		279820
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		331145
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6901976
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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.

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' DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
20-4483367

Part I Distributions

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

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

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

EIN(s): 26-1520189

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** 36

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... [X] **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** [X] **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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' DEFINED BENEFIT PENSION PLAN AND TRUST

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2013 AND 2012

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

INDEX
YEARS ENDED DECEMBER 31, 2013 AND 2012

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of Integrated Medical Professionals PLLC Employees' Defined Benefit Pension Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2013 and 2012, and the changes in its financial status for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules 1 and 2 are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Berdon LLP

Certified Public Accountants

Jericho, New York
September 24, 2014

EXHIBIT A

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS:		
Investments at fair value:		
Mutual funds	$ 23,283,343	$ 18,334,394
Real estate investment trusts	2,281,693	-
Private investment funds	1,411,868	1,367,269
Unit investment trust	193,720	206,504
	27,170,624	19,908,167
Contribution receivable	983,794	1,343,346
Other receivable	235	235
TOTAL ASSETS	28,154,653	21,251,748
LIABILITIES:		
Benefit claims payable	928	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 28,153,725	$ 21,251,748

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

EXHIBIT B

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$ 1,451,251	$ 992,626
Interest and dividends	472,042	406,477
Total investment income	1,923,293	1,399,103
Less, investment expenses - net	161,264	129,227
Investment income - net	1,762,029	1,269,876
Contributions	5,309,829	4,712,905
TOTAL ADDITIONS	7,071,858	5,982,781
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits paid	51,325	865,697
Administrative fees	118,556	1,425
TOTAL DEDUCTIONS	169,881	867,122
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	6,901,977	5,115,659
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	21,251,748	16,136,089
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 28,153,725	$ 21,251,748

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

NOTE 1 - DESCRIPTION OF THE PLAN

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

(a) General

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

(b) Eligibility

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

(c) Vesting

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

(d) Contributions

On the last day of each plan year, the hypothetical account of each plan participant who completes the required hours of service during the plan year is credited with a hypothetical allocation based on current compensation and job classification. Contributions are remitted by the Sponsor. For principals, the contribution rate is 36% of salary, not to exceed $80,000, unless otherwise stated by plan amendments. For all other employees, the contribution rate is 1.5% of salary, not to exceed $750. Contributions for the years ended December 31, 2013 and 2012, as calculated by the consulting actuary, were $5,309,829 and $4,712,905, respectively.

(continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

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

(e) Pension Benefits

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

Benefits are recorded when paid.

(f) Plan Termination

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

(g) Participant Accounts

Hypothetical individual account balances are established for each participant of the Plan. A participant is entitled to receive the vested portion of their hypothetical account balance in accordance with the terms of the trust agreement. The amount in each individual account is the sum of the contributions made on behalf of the participant by the Sponsor plus interest credited to each account based on the interest crediting rate (30-year Treasury rate for November of the preceding plan year, not to exceed 5.5%). The interest crediting rate for the years ended December 31, 2013 and 2012 was 2.80% and 3.02%, respectively.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

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

(continued)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

(b) Administrative Expenses

Certain direct costs of record keeping and administration of the Plan, which are not material, are borne by the Sponsor and, accordingly, are not included in the accompanying financial statements. However, at the option of the Sponsor, these costs may be paid by the Plan which starting in 2013 most of these costs were paid by the Plan. Administrative expenses paid by the Plan for the year ended December 31, 2013 and 2012, were $118,556 and $1,425, respectively.

(c) Valuation of Investments and Income Recognition

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

Investments also include an interest in private investment funds, which consists of private equity funds. The fair value of the Plan's interest in these funds is based primarily on the partnerships' net assets and is estimated by the general partner in the absence of readily ascertainable market values, after consultation with the partnerships' advisory committee. Because of the inherent uncertainty of these valuations, the estimated value may significantly differ from the value that would have been used had a ready market for the investments existed, and the difference could be material. Financial statements for the private investment funds for the years ended December 31, 2013 and 2012 have been audited by other auditors, on which they have expressed unqualified opinions. See Note 3 for additional information on private investment fund valuations.

(d) Use of Estimates

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

(e) Forfeitures

Upon termination of employment, participants forfeit their nonvested balances. Forfeited balances of terminated participants' nonvested accounts are used to reduce current plan sponsor contributions. There were unapplied forfeiture credits in the amount of $38,743 and $28,537 at December 31, 2013 and 2012, respectively.

(continued)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

(f) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated May 14, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving this determination letter and the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

(g) Subsequent Events

The Plan has evaluated subsequent events after December 31, 2013 through September 24, 2014, the date that the financial statements were available to be issued.

(h) Reclassifications

Certain prior year balances have been reclassified to conform with the current year presentation.

NOTE 3 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

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

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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

- Level 3 - Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determinant for fair value require significant management judgment or estimation.

The asset's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

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

- Unit investment trust - Valued at the closing price reported in the active market in which the individual security is traded.

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Private investment funds:

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

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

Real estate investment trusts:

- Griffin-American Healthcare REIT II, Inc. invests in a diversified portfolio of real estate properties and the board of directors have determined the fair market price based on the most recent offering price.

- Cole Credit Property Trust IV, Inc. invests in commercial real estate properties and the board of directors have determined the fair market price based on the most recent offering price.

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following tables summarize the Plan's investments as of December 31, 2013 and 2012, based on the inputs used to value them:

	Fair Value as of December 31, 2013			
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index funds	$ 3,665,849	$ -	$ -	$ 3,665,849
Fixed funds	9,304,745	-	-	9,304,745
Growth funds	2,382,381	-	-	2,382,381
Balanced funds	4,450,025	-	-	4,450,025
Money market funds	1,631,873	-	-	1,631,873
Value funds	1,848,470	-	-	1,848,470
Total mutual funds	23,283,343	-	-	23,283,343
Unit investment trust	193,720	-	-	193,720
Private investment funds	-	-	1,411,868	1,411,868
Real estate investment trusts	-	-	2,281,693	2,281,693
	$ 23,477,063	$ -	$ 3,693,561	$ 27,170,624

The following tables summarizes the Plan's investments as of December 31, 2012, based on the inputs used to value them:

	Fair Value as of December 31, 2012			
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index funds	$ 2,088,942	$ -	$ -	$ 2,088,942
Fixed funds	8,427,183	-	-	8,427,183
Growth funds	2,462,554	-	-	2,462,554
Balanced funds	3,742,748	-	-	3,742,748
Money market funds	500,957	-	-	500,957
Value funds	1,112,010	-	-	1,112,010
Total mutual funds	18,334,394	-	-	18,334,394
Unit investment trust	206,504	-	-	206,504
Private investment funds	-	-	1,367,269	1,367,269
	$ 18,540,898	$ -	$ 1,367,269	$ 19,908,167

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The tables below set forth a summary of the Plan's investments in real estate investment trusts and private investment funds, for which real estate investment trusts per share amount has been valued at most recent offering price and for which the private investment funds' net asset value (NAV) per share or an equivalent measure is used to measure fair value as previously disclosed:

	December 31, 2013			
Fund	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private investment funds:				
Futures Portfolio Fund Ltd. Partnership	$ 540,417	$ -	End of any month	Five days' written notice
Rembrandt Partners ERISA Fund Ltd. Class A Series A	$ 565,666	$ -	End of calendar quarter	91 days' written notice
Rembrandt Partners ERISA Fund Ltd. Class A Series H	$ 99,851	$ -	End of calendar quarter	91 days' written notice
Rembrandt Partners ERISA Fund Ltd. Class A Series L	$ 205,934	$ -	End of calendar quarter	91 days' written notice
Real estate investment trusts:				
Griffin-American Healthcare REIT II	$ 1,636,532	$ -	End of calendar quarter	60 days' written notice
Cole Credit Property Trust IV, Inc. REIT	$ 645,161	$ -	End of calendar quarter	91 days' written notice

	December 31, 2012			
Fund	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private investment funds:				
Futures Portfolio Fund Ltd. Partnership	$ 545,587	$ -	End of any month	Five days' written notice
Rembrandt Partners ERISA Fund Ltd. Class A Series A	$ 532,951	$ -	End of calendar quarter	91 days' written notice
Rembrandt Partners ERISA Fund Ltd. Class A Series H	$ 94,111	$ -	End of calendar quarter	91 days written notice
Rembrandt Partners ERISA Fund Ltd. Class A Series L	$ 194,620	$ -	End of calendar quarter	91 days' written notice

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Redemption restrictions are in place for the Plan's real estate investment trusts and private investment funds with fair values of $3,693,561 and $1,367,269 at December 31, 2013 and 2012, respectively, in which the board of directors or general partners may, at their sole discretion, limit the redemption in whole or in part. The real estate investment trusts per share redemption price will depend on the original purchase price paid per share and the length of time held and if redeemed before four years, the purchase price will be limited to 92.5% - 97.5% of the original purchase price.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	Private Investment Funds	Real Estate Investment Trusts
Balance - December 31, 2011	$ 1,204,205	$ -
Unrealized (losses) relating to assets held at reporting date	(36,936)	-
Purchases	200,000	-
Balance - December 31, 2012	1,367,269	-
Unrealized gains relating to assets held at reporting date	44,599	159,243
Purchases	-	2,122,450
Balance - December 31, 2013	$ 1,411,868	$ 2,281,693

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Type of Security	Fair Value at December 31, 2013	Valuation Methodology	Unobservable Input	Range (Weighted Average %)
Private investment fund	$ 1,411,868	Valuation of underlying assets as provided by general partner	NAV - Liquidity restrictions	N/A
Real estate investment trusts	$ 2,281,693	Valuation provided by board of directors based on most recent offering price	Price	$10.00 - $10.22

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Type of Security	Fair Value at December 31, 2012	Valuation Methodology	Unobservable Input	Range (Weighted Average %)
Private investment fund	$ 1,367,269	Valuation of underlying assets as provided by general partner	NAV - Liquidity restrictions	N/A

Gains and losses (realized and unrealized) are included in net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2013 and 2012.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no transfers between levels 1 and 2 during the years ended December 31, 2013 and 2012.

NOTE 4 - INVESTMENTS

The following table represents the fair value of investments as of December 31, 2013 and 2012. Investments that represent 5% or more of the Plan's net assets available for benefits are separately identified.

	2013	2012
Mutual funds:		
Fidelity Cash Reserves	$ 1,631,873	$ -
Vanguard Index Fund Vanguard Total Stock Market	1,496,160	-
Mutual funds - other	20,155,310	18,334,394
Total mutual funds	23,283,343	18,334,394
Unit investment trust	193,720	206,504
Private investment funds	1,411,868	1,367,269
Real estate investment trusts:		
Griffin-American Healthcare REIT II	1,636,532	-
Real estate investment trusts - other	645,161	-
Total real estate investment trusts	2,281,693	-
	$ 27,170,624	$ 19,908,167

(continued)

NOTE 4 - INVESTMENTS (Continued)

During the years ended December 31, 2013 and 2012, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in fair value as follows:

	2013	2012
Mutual funds	$ 1,256,579	$ 1,009,215
Unit investment trust	(9,170)	20,347
Private investment funds	44,599	(36,936)
Real estate investments trusts	159,243	-
	$ 1,451,251	$ 992,626

NOTE 5 - ACCUMULATED PLAN BENEFITS

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

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

Significant assumptions underlying the actuarial computations are as follows:

Interest crediting rate	30-year Treasury rate for November of the year preceding the plan year, but limited to 5.5% (applied to beginning account balances); 2013: 2.8% per annum; 2012: 3.02% per annum
Mortality basis	1994 Group Annuity Reserving
Retirement age	Anniversary date nearest attainment of age 62, and completion of five years of participation

(continued)

NOTE 5 - ACCUMULATED PLAN BENEFITS (Continued)

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

	2013	2012
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ -	$ -
Other participants	26,415,221	20,542,966
	26,415,221	20,542,966
Nonvested participants	155,405	197,410
	$ 26,570,626	$ 20,740,376

Changes in accumulated plan benefits for the year ended December 31, 2013 are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2013	$ 20,740,376
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	5,300,851
Increase for interest due to the decrease in the discount period	579,795
Benefits paid	(50,396)
Net increase	5,830,250
Actuarial present value of accumulated plan benefits - December 31, 2013	$ 26,570,626

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

NOTE 6 - RISKS AND UNCERTAINTIES

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

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

The plan investments in private investment funds are also subject to the risk of restrictions being imposed by foreign governments on the repatriation of cash and to political or economic uncertainties.

SUPPLEMENTAL SCHEDULES

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2013

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUNDS:		
Fidelity Cash Reserves	$ 1,631,873	$ 1,631,873
iShares Gold Trust	169,921	124,672
American Century Mid Cap Value	425,060	508,789
Vanguard Index Fund Mid-Cap Value	300,046	479,877
Vanguard Index Fund Vanguard Value Viper	576,044	740,219
Vanguard Index Fund Vanguard Total Stock Market	1,045,193	1,496,160
Vanguard International Equity Index Fund	709,089	824,921
Arbitrage Fund Class R	375,040	373,390
BlackRock Global Allocation Class A	400,060	468,421
Calamos Market Neutral Income Class A	301,060	320,797
Dodge & Cox International Stock Fund	394,140	474,472
Fidelity Advisor New Insights Class A	655,180	869,700
FPA Crescent	425,020	471,809
Gateway Fund Class A	330,040	354,802
Henderson International Opportunities Class A	414,120	543,800
Highland Long/Short Equity Class A	315,040	361,588
Invesco Gold & Precious Metals	305,060	155,282
Invesco Balanced-Risk	400,040	377,103
Merger Fund	380,060	383,595
Oakmark Equity & Income	340,085	432,573
Oakmark International Small Cap	248,497	321,024
PIMCO All Asset All Authority Class A	335,040	300,830
Prudential Jennison Natural	287,080	301,624
Royce Pennsylvania Mutual Investment	397,140	544,185
T. Rowe Price Emerging Markets Stock	312,140	345,483
TFS Market Neutral Fund	410,060	409,268
Vanguard Energy Investors Fund	330,060	362,342
Alliance Bernstein High Income	415,020	426,025
BlackRock Strategic Inc. Opp. Port.	1,306,600	1,320,560
Eaton Vance Floating Rate High Income Class I	1,100,020	1,093,949
Franklin Strategic Income Class A	750,040	729,905
Oppenheimer International Bond Class A	773,060	722,088

(continued)

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2013

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUNDS: (Continued)		
PIMCO Unconstrained Bond Fund Class A	700,020	696,698
PIMCO Income Fund Class D	730,040	755,400
T. Rowe Price International Emerging Market Bond	737,475	726,430
Vanguard GNMA	685,040	664,282
Vanguard Inflation Protected Securities	700,040	678,397
Vanguard Intermediate Term Investment Grade	733,040	724,920
Vanguard Short Term Investment Grade Investor	750,040	766,090
TOTAL MUTUAL FUNDS	21,592,623	23,283,343
UNIT INVESTMENT TRUST:		
Van Kampen BlackRock Corp.	178,754	193,720
TOTAL UNIT INVESTMENT TRUST	178,754	193,720
PRIVATE INVESTMENT FUNDS:		
Futures Portfolio Fund Limited Partnership	585,000	540,417
Rembrandt Partners ERISA Fund Ltd. Class A Series A	550,000	565,666
Rembrandt Partners ERISA Fund Ltd. Class A Series H	100,000	99,851
Rembrandt Partners ERISA Fund Ltd. Class A Series L	200,000	205,934
TOTAL PRIVATE INVESTMENT FUNDS	1,435,000	1,411,868
REAL ESTATE INVESTMENT TRUSTS:		
Griffin-American Healthcare REIT II	1,522,450	1,636,532
Cole Credit Property Trust IV, Inc.	600,000	645,161
TOTAL REAL ESTATE INVESTMENT TRUSTS	2,122,450	2,281,693
TOTAL INVESTMENTS	$ 25,328,827	$ 27,170,624

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4(j)
FOR THE YEAR ENDED DECEMBER 31, 2013

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Fidelity Cash Reserves	$ -	$ 1,600,062	$ 1,600,062	$ -
Fidelity Cash Reserves	$ -	$ 1,175,051	$ 1,175,051	$ -
Fidelity Cash Reserves	$ -	$ 1,499,091	$ 1,499,091	$ -
Fidelity Cash Reserves	$ 1,074,373	$ -	$ -	$ -
Fidelity Cash Reserves	$ 1,336,439	$ -	$ -	$ -
Fidelity Cash Reserves	$ 1,372,527	$ -	$ -	$ -
Fidelity Cash Reserves	$ 1,095,150	$ -	$ -	$ -
Eaton Vance Floating Rate High Income	$ 1,100,020	$ -	$ 1,100,020	$ -
Griffin-American Healthcare REIT II	$ 1,500,000	$ -	$ 1,500,000	$ -

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

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4(j)
FOR THE YEAR ENDED DECEMBER 31, 2013

CATEGORY (III) - A SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5% OF THE FAIR VALUE OF PLAN ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASE PRICE	TOTAL DOLLAR VALUE OF SELLING PRICE	COST OF ASSETS ON TRANSACTION DATE	NET GAIN OR (LOSS)
Eaton Vance Floating Rate High Income CL	1	-	$ 1,100,020	$ -	$ 1,100,020	$ -
Griffin-American Healthcare Reit II	4	-	$ 1,522,450	$ -	$ 1,522,450	$ -
Fidelity Cash Reserves	78	34	$ 7,959,434	$ 6,828,617	$ 6,828,617	$ -

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan	B Three-digit plan number (PN) ▶	
Integrated Medical Professionals, PLLC Employees' Defined Benefi		002

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

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2013

2	Assets:			
	a Market value	2a		21,243,922
	b Actuarial value	2b		21,243,922
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	0	0
	b For terminated vested participants	3b	124	161,462
	c For active participants:			
	(1) Non-vested benefits	3c(1)		142,482
	(2) Vested benefits	3c(2)		17,965,594
	(3) Total active	3c(3)	531	18,108,076
	d Total	3d	655	18,269,538
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		5.75 %
6	Target normal cost	6		4,698,165

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date
	6/11/14
Kevin J. Donovan	14-06185
Type or print name of actuary	Most recent enrollment number
Pinnacle Plan Design, LLC	(520) 618-1305
Firm name	Telephone number (including area code)
1985 East River Rd., Ste 111 US Tucson AZ 85718	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.31%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,869,993
	b Interest on (a) using prior year's effective interest rate of 5.54% except as otherwise provided (see instructions)		158,998
	c Total available at beginning of current plan year to add to prefunding balance		3,028,991
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	116.28 %
15	Adjusted funding target attainment percentage	15	116.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2013	74,947		11/11/2013	52,602	
04/29/2013	1,339,859		12/10/2013	65,445	
06/04/2013	43,984		12/26/2013	14,607	
07/02/2013	105,606		02/06/2014	732,952	
07/30/2013	1,372,527		04/14/2014	250,842	
08/30/2013	57,654				
10/01/2013	103,577				
10/31/2013	1,095,150				
			Totals ► 18(b)	5,309,752	18(c) 0

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5,113,581

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used To Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.94 %	6.15 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	4,698,165
b Excess assets, if applicable, but not greater than line 31a	31b	2,974,384

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month_____ Day_____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1,723,781

	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	36	1,723,781
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5,113,581

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	3,389,800
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

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

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Effective Date:	January 1, 2007
Anniversary Date:	Each December 31
Eligibility for Participation:	An Employee is eligible to participate in the plan as of the Effective Date if employed by Integrated Medical Professionals, LLC on July 17, 2006. If not employed July 17, 2006, an Employee is eligible to participate in the plan on the Entry Date coincident with attainment of age 21 and completion of 12 months of service in which the employee works 1,000 hours. Service with various predecessor employers is granted for this purpose. Further, notwithstanding the above, all employees of specified Divisions who are employed on specified dates are eligible to participate in the plan on those specified dates.
Retirement Date:	A participant reaches his Normal Retirement Date on the Anniversary Date nearest attainment of age 62 and completion of 5 years of participation.
Normal Monthly Retirement Benefit:	A hypothetical account is maintained on behalf of each Participant. On the last day of each Plan Year the hypothetical account of each Participant who completes the required Hours of Service during the Plan Year is credited with a hypothetical allocation as follows: For plan years 2007-2008: (1) 36% of compensation not to exceed $80,000, or (2) 1.5% of compensation not to exceed $750, depending on job classification. For 2009: $1,000; $5,000; $6,430; $9,000: $11,000; $15,000; $20,000; $25,940; $26,220; $34,000; $39,980; $49,940; $50,000; $50,720; $50,850; $52,000; $64,000; $65,000; $69,000; $75,130; $80,000; $81,000; $81,610; $90,000; $97,400; $100,000; $100,380; $100,440; $105,630; $105,940; $106,440; $150,000; $199,000 or the lesser of 1.5% of compensation or $750 depending on job classification. For 2010: $1,000; $5,000; $6,430; $9,000: $11,000; $20,000; $25,000, $25,940; $26,220; $34,000; $39,980; $49,940; $50,000; $50,720; $50,850; $51,000, $52,000; $64,000; $65,000; $69,000; $75,130; $80,000; $81,000; $81,610; $90,000; $95,500, $97,400; $100,000; $100,380; $100,440; $105,630; $105,940; $106,440; $150,000; $199,000 or the lesser of 1.5% of compensation or $750 depending on job classification For 2011: $1,000; $34,000; $39,980; $12,150; $50,000; $50,720; $50,850; $45,500; $30,000; $125,000; $65,000; $5,000; $156,440; $77,000; $80,000; $160,000; $81,160; $90,000; $105,000; $97,400; $100,000; $110,000; $30,500; $100,440; $105,630; $105,940; $225,000; $150,000; $200,000; $35,000; $101,000; $120,000;

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

	$10,000; $15,000; $11,000; $20,000; $25,000; $40,000; $26,220; the lesser of 1.5% of compensation or $750 depending on job classification. For 2012: $30,000; $150,000; $80,000; $156,440; $77,000; $225,000; $90,000; $100,000; $1,000; $105,940; $30,500; $35,000; $200,000; $50,000; $5,000; $10,000; $40,000; $97,400; $12,150; $50,850; $50,720; $110,000; $101,000; $34,000; $65,000; $11,000; $105,630; $55,000; $20,000; $39,980; $25,000; $81,610; $26,220; $125,000; $160,000; $120,000; $45,500; $60,000; $100,440; $105,000; $15,000; the lesser of 1.5% of compensation or $750 depending on job classification. For 2013: $1,000; $500; $15,000; $50,000; $50,720; $150,000; $143,500; $30,000; $125,000; $65,000; $5,000; $118,500; $100,000; $80,000; $160,000; $105,000; $90,000; $110,000; $97,400; $115,000; $30,500; $130,630; $105,940; $240,000; $200,000; $0; $95,000; $101,000; $145,000; $10,000; $60,000; $55,000; $135,000; $209,000; $40,000; $225,000; $25,000; $11,000; $20,000; $40,000; 26,220; the lesser of 1.5% of compensation or $750 depending on job classification. In addition, on such date each Participant's hypothetical account is credited with hypothetical interest on their beginning balance. The hypothetical interest is the lesser of 5.5% or the 30-year Treasury rate for November of the year preceding the Plan Year. The monthly benefit is the actuarial equivalent of the hypothetical account. Actuarial equivalence is based on the 30-year Treasury rate or, if lesser, 5.5%, and the Revenue Ruling 2001-62 Mortality Table.
Standard Form of Benefit:	The standard form of benefit is a life annuity. However, unless elected otherwise, the automatic option for a married participant is the 50% survivor annuity, with actuarial adjustment.
Optional Form of Benefit:	Lump sum, life annuity, or joint and 50% survivor annuity, a term certain life annuity, or a term certain joint and last survivor annuity.
Early Retirement Benefit:	None.

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

Disability Retirement Benefit:

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

Late Retirement Date:

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

Accrued Benefit:

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

Vested Benefit:

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

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

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

Death Benefit:

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

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

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

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

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

Interest Rates:	Segment 1 (Years 0-5): 4.94% Segment 2 (Years 6-20): 6.15% Segment 3 (Years +20): 6.76%
Interest Crediting Rate:	The lesser of the Treasury rate described in the plan (2.80%) or 5.5%
Withdrawal:	Assuming 5% chance of termination and lump sum payment in each of next 20 years (or equal chance of termination in each of remaining years to Normal Retirement Age if less than 20).
Mortality (Static):	2013 Funding Target – Combined – IRC 430(h)(3)(A)
Expense Loading:	None
Optional Form:	100% of retirees assumed to elect lump sum payment. Lump sum is equal to hypothetical account balance.

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

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

GENERAL

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

INTEGRATED MEDICAL PROFESSIONALS, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN
PLAN # 002
EIN 20-4483367
ELECTION UNDER IRC §412(d)(2)

Pursuant to Reg. §11.412(c)-7(b)(3)

(i) The amendments are effective for the plan year-ended December 31, 2013 and were adopted on March 20, 2013 and April 30, 2013.

(ii) The amendment does not reduce the accrued benefit of any participant determined as of the beginning of the plan year preceding the plan year in which they were adopted.

(iii) The amendment does not reduce the accrued benefit of any participant determined as of the time of adoption of the amendments.

Schedule SB, Line 26
Schedule of Active Participant Data

Integrated Medical Professionals, PLLC Employees' Defined Benefit Pension Plan
For the Plan Year 1/1/2013 through 12/31/2013

20-4483367 / 002

Attained Age	Under 1 # 11	1-4 # 11	5-9 # 0	10-14 # 	15-19 # 	20-24 # 	25-29 # 	30-34 # 	35-39 # 	40 & Up #
Under 25										
25-29	19	32	8							
30-34	13	37	19							
35-39	7	25	17							
40-44	6	40	18							
45-49	7	32	29							
50-54	6	24	31							
55-59	11	31	31							
60-64	4	20	28							
65-70	4	7	8							
70 & up	1	4	7							

Schedule SB, line 22 -
Description of Weighted Average Retirement Age

Integrated Medical Professionals, PLLC Employees' Defined Benefit Pension Plan

20-4483367 / 002

For the plan year 01/01/2013 through 12/31/2013

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2013

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUNDS:		
Fidelity Cash Reserves	$ 1,631,873	$ 1,631,873
iShares Gold Trust	169,921	124,672
American Century Mid Cap Value	425,060	508,789
Vanguard Index Fund Mid-Cap Value	300,046	479,877
Vanguard Index Fund Vanguard Value Viper	576,044	740,219
Vanguard Index Fund Vanguard Total Stock Market	1,045,193	1,496,160
Vanguard International Equity Index Fund	709,089	824,921
Arbitrage Fund Class R	375,040	373,390
BlackRock Global Allocation Class A	400,060	468,421
Calamos Market Neutral Income Class A	301,060	320,797
Dodge & Cox International Stock Fund	394,140	474,472
Fidelity Advisor New Insights Class A	655,180	869,700
FPA Crescent	425,020	471,809
Gateway Fund Class A	330,040	354,802
Henderson International Opportunities Class A	414,120	543,800
Highland Long/Short Equity Class A	315,040	361,588
Invesco Gold & Precious Metals	305,060	155,282
Invesco Balanced-Risk	400,040	377,103
Merger Fund	380,060	383,595
Oakmark Equity & Income	340,085	432,573
Oakmark International Small Cap	248,497	321,024
PIMCO All Asset All Authority Class A	335,040	300,830
Prudential Jennison Natural	287,080	301,624
Royce Pennsylvania Mutual Investment	397,140	544,185
T. Rowe Price Emerging Markets Stock	312,140	345,483
TFS Market Neutral Fund	410,060	409,268
Vanguard Energy Investors Fund	330,060	362,342
Alliance Bernstein High Income	415,020	426,025
BlackRock Strategic Inc. Opp. Port.	1,306,600	1,320,560
Eaton Vance Floating Rate High Income Class I	1,100,020	1,093,949
Franklin Strategic Income Class A	750,040	729,905
Oppenheimer International Bond Class A	773,060	722,088

(continued)

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2013

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUNDS: (Continued)		
PIMCO Unconstrained Bond Fund Class A	700,020	696,698
PIMCO Income Fund Class D	730,040	755,400
T. Rowe Price International Emerging Market Bond	737,475	726,430
Vanguard GNMA	685,040	664,282
Vanguard Inflation Protected Securities	700,040	678,397
Vanguard Intermediate Term Investment Grade	733,040	724,920
Vanguard Short Term Investment Grade Investor	750,040	766,090
TOTAL MUTUAL FUNDS	21,592,623	23,283,343
UNIT INVESTMENT TRUST:		
Van Kampen BlackRock Corp.	178,754	193,720
TOTAL UNIT INVESTMENT TRUST	178,754	193,720
PRIVATE INVESTMENT FUNDS:		
Futures Portfolio Fund Limited Partnership	585,000	540,417
Rembrandt Partners ERISA Fund Ltd. Class A Series A	550,000	565,666
Rembrandt Partners ERISA Fund Ltd. Class A Series H	100,000	99,851
Rembrandt Partners ERISA Fund Ltd. Class A Series L	200,000	205,934
TOTAL PRIVATE INVESTMENT FUNDS	1,435,000	1,411,868
REAL ESTATE INVESTMENT TRUSTS:		
Griffin-American Healthcare REIT II	1,522,450	1,636,532
Cole Credit Property Trust IV, Inc.	600,000	645,161
TOTAL REAL ESTATE INVESTMENT TRUSTS	2,122,450	2,281,693
TOTAL INVESTMENTS	$ 25,328,827	$ 27,170,624

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4(j)
FOR THE YEAR ENDED DECEMBER 31, 2013

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Fidelity Cash Reserves	$ -	$ 1,600,062	$ 1,600,062	$ -
Fidelity Cash Reserves	$ -	$ 1,175,051	$ 1,175,051	$ -
Fidelity Cash Reserves	$ -	$ 1,499,091	$ 1,499,091	$ -
Fidelity Cash Reserves	$ 1,074,373	$ -	$ -	$ -
Fidelity Cash Reserves	$ 1,336,439	$ -	$ -	$ -
Fidelity Cash Reserves	$ 1,372,527	$ -	$ -	$ -
Fidelity Cash Reserves	$ 1,095,150	$ -	$ -	$ -
Eaton Vance Floating Rate High Income	$ 1,100,020	$ -	$ 1,100,020	$ -
Griffin-American Healthcare REIT II	$ 1,500,000	$ -	$ 1,500,000	$ -

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

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4(j)
FOR THE YEAR ENDED DECEMBER 31, 2013

CATEGORY (III) - A SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5% OF THE FAIR VALUE OF PLAN ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASE PRICE	TOTAL DOLLAR VALUE OF SELLING PRICE	COST OF ASSETS ON TRANSACTION DATE	NET GAIN OR (LOSS)
Eaton Vance Floating Rate High Income CL	1	-	$ 1,100,020	$ -	$ 1,100,020	$ -
Griffin-American Healthcare Reit II	4	-	$ 1,522,450	$ -	$ 1,522,450	$ -
Fidelity Cash Reserves	78	34	$ 7,959,434	$ 6,828,617	$ 6,828,617	$ -

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