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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES' 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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INTEGRATED MEDICAL PROFESSIONALS, PLLC

532 BROAD HOLLOW ROAD, SUITE 142
MELVILLE, NY 11747

2b Employer Identification Number (EIN) 20-4483367

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

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2017	PRICE DUNAWAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2017	PRICE DUNAWAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	665
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	547
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	474
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	71
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	545
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	545
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**	24
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 1I 3B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 2016

2 Assets:

a Market value	**2a**	30421791
b Actuarial value	**2b**	30421791

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	118	543662	543662
c For active participants	547	24942517	25020999
d Total	665	25486179	25564661

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**	5.58 %
6 Target normal cost	**6**	3314167

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

10/11/2017
Date

KEVIN J. DONOVAN
Type or print name of actuary

17-06185
Most recent enrollment number

PINNACLE PLAN DESIGN, LLC
Firm name

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

1985 E. 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 -3.29%	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)		3853277
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.75 %		221563
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4074840
	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	118.99%
15	Adjusted funding target attainment percentage	15	118.99%
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	130.59%
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
02/22/2016	89561	0	01/03/2017	17310	0
04/28/2016	1261116	0	02/22/2017	166975	0
06/06/2016	57365	0	04/06/2016	60769	0
07/29/2016	1230119	0	05/09/2016	78875	0
09/07/2016	17092	0	07/12/2016	164160	0
10/24/2016	547300	0	09/01/2016	22750	0
			Totals ► 18(b)	3985883	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	3865577

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(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	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
10/12/2016	18524	0			
12/14/2016	6303	0			
02/14/2017	247664	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:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	3314167
b Excess assets, if applicable, but not greater than line 31a	**31b**	3314167

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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3865577
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3865577
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**	0

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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶
INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST	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		195656	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		61759	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

SCOLARO, FETTER, GRIZANTI, MCGOUGH

AND KING, P.C.
507 PLUM STREET, STE 300
SYRACUSE, NY 13204

16-1119912

(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?
29		22628	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)

BEARDON, LLC

ONE JERICO PLAZA
JERICO, 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		21000	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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(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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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)	433869	431949
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27575881	33123006
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	
(15) Other	1c(15)	2418633	1608817

			(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**	30428383	35163772
	Liabilities			
g	Benefit claims payable	**1g**	2282	
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	2282	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	30426101	35163772

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)**	3985884	
	(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)**		3985884
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	264	
	(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)**		264
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	581829	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		581829
	(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)		1327546
c Other income	2c		-161934
d Total income. Add all **income** amounts in column (b) and enter total	2d		5733589
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	655644	
(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)		655644
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)	301042	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	39232	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		340274
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		995918
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4737671
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: BERDON, 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		2370000
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			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3972704. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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**

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** 90

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

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

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2016 AND 2015

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

INDEX
YEARS ENDED DECEMBER 31, 2016 AND 2015

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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, 2016 and 2015, 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, 2016 and 2015, 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.

Emphasis of Matter - Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Sponsor approved a plan on October 26, 2016 to terminate the Plan effective as of December 31, 2016. In accordance with accounting principles generally accepted in the United State of America, the Plan has changed its basis of accounting from the accrual basis used in presenting the 2015 financial statements to the liquidation basis used in presenting the 2016 financial statements. Our opinion is not modified with respect to this matter.

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
October 10, 2017

EXHIBIT A

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	2016 (LIQUIDATION BASIS)	2015 (ACCRUAL BASIS)
ASSETS:		
Investments at fair value:		
Mutual funds	$ 1,106,031	$ 27,484,862
U.S. Treasury Bills	32,016,974	-
Real estate investment trusts	1,608,817	1,845,302
Private investment funds	-	573,331
Unit investment trust	-	91,019
	34,731,822	29,994,514
Contribution receivable	431,949	433,869
TOTAL ASSETS	35,163,771	30,428,383
LIABILITIES:		
Benefit claims payable	-	2,282
NET ASSETS AVAILABLE FOR BENEFITS	$ 35,163,771	$ 30,426,101

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, 2016 AND 2015

	2016 (LIQUIDATION BASIS)	2015 (ACCRUAL BASIS)
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 1,165,613	$ (1,422,134)
Interest and dividends	582,093	713,598
Total investment income (loss)	1,747,706	(708,536)
Less, investment expenses	195,656	198,424
Net investment income (loss)	1,552,050	(906,960)
Contributions	3,985,884	3,987,147
TOTAL ADDITIONS	5,537,934	3,080,187
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits paid	655,644	2,461,136
Administrative expenses	144,620	134,589
TOTAL DEDUCTIONS	800,264	2,595,725
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,737,670	484,462
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	30,426,101	29,941,639
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 35,163,771	$ 30,426,101

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.

On October 26, 2016, the Sponsor approved a plan to terminate the Plan as of December 31, 2016. As of the date of termination, no participants may enter the Plan and no additional contributions would be allowed after December 31, 2016. At the time of termination, participants became 100% vested in their accounts. See Note 7 for the discussion of the termination.

(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 or she 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 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. Participants are not vested prior to three years of service. The Sponsor approved a plan to terminate the Plan as of December 31, 2016 and the participants became 100% vested in their accounts.

(continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(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, unless otherwise stated by plan amendments. Contributions for the years ended December 31, 2016 and 2015, as calculated by the consulting actuary, were $3,985,884 and $3,987,147, respectively.

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 which amounted to approximately $130,000 and was paid during June 2017.

(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 lump sum, cash, or in-kind, as soon as practicable, following termination. On October 26, 2016, the Sponsor agreed to terminate the Plan as of December 31, 2016.

(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 his or her 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, 2016 and 2015 was 3.03% and 3.04%, respectively.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The December 31, 2016 financial statements have been prepared on the liquidation basis of accounting. The accompanying December 31, 2015 financial statements of the Plan were prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

(b) Administrative Expenses

Certain direct costs of record keeping and administration of the Plan are deducted directly from the assets of the Plan, and other expenses are paid by the Sponsor. Administrative expenses paid by the Plan for the years ended December 31, 2016 and 2015 were $144,620 and $134,589, respectively.

(c) Valuation of Investments and Income Recognition

The Plan's 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 either on quoted market price or 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. See Note 3 for discussion of fair value measurements.

Investments also included an interest in private investment funds, which consist of private equity funds. The fair value of the Plan's interest in these funds was based primarily on the partnerships' net assets and was 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 year ended December 31, 2015 have been audited by other auditors, on which they have expressed unqualified opinions. The investment in the private investment fund was sold in 2016. See Note 3 for additional information on private investment fund valuations.

(d) Use of Estimates

The preparation of financial statements in conformity with 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.

(continued)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

(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 amounts of $11,388 and $14,147 at December 31, 2016 and 2015, respectively.

(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 Amcrica require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

(g) Adopted Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962); Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient." Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of desegregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I, II and III are to be applied retrospectively. Management has adopted this ASU for the December 31, 2016 plan year. Prior year disclosures in Notes 3 and 4 have been revised to reflect the retrospective application. The impact of adopting this ASU is reflected in the financial statements.

(continued)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

In May 2015, the FASB issued ASU 2015-07, "Fair Value Measurement (Topic 850): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)," which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 also limits certain disclosures to investments for which the entity has elected to measure the fair value using the practical expedient. The amendments in ASU 2015-07 are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted, and the amendments in ASU 2015-07 should be applied retrospectively to all periods presented. Management has adopted this ASU for the December 31, 2016 plan year. Prior year disclosures in Notes 3 and 4 have been revised to reflect the retrospective application. The impact of adopting this ASU is reflected in the financial statements.

(h) Subsequent Events

The Plan has evaluated subsequent events after December 31, 2016 through October 10, 2017, the date that the financial statements were available to be issued (Note 7).

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.

- 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.

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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, 2016 and 2015.

- 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. This investment was sold in 2016.
- U.S. Treasury/Agency Securities - Valued at the closing price reported in the active market in which the individual security is traded.

Private investment funds:

- Futures Portfolio Fund LP values all investments at fair value, as determined by the general partner, and in accordance with GAAP. This investment was sold in 2016.

Real estate investment trusts:

- Griffin-American Healthcare REIT III, Inc. invests in a diversified portfolio of real estate properties and the board of directors has 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 has determined the fair market price based on the most recent offering price.
- North Star Realty Finance Corp. invests in a diversified portfolio of real estate properties which are valued at the closing price reported in the active market in which the individual security is traded. This investment was sold in 2016.

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following tables summarize the Plan's investments as of December 31, 2016 and 2015, based on the inputs used to value them:

	Fair Value as of December 31, 2016			
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,106,031	$ -	$ -	$ 1,106,031
U.S. Treasury Bills	32,016,974	-	-	32,016,974
Real estate investment trusts	-	-	1,608,817	1,608,817
Total assets in fair value hierarchy	$ 33,123,005	$ -	$ 1,608,817	$ 34,731,822

	Fair Value as of December 31, 2015			
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds	$ 27,484,862	$ -	$ -	$ 27,484,862
Unit investment trust	91,019	-	-	91,019
Real estate investment trusts	144,227	-	1,701,075	1,845,302
Total assets in fair value hierarchy	27,720,108	-	1,701,075	29,421,183
Investments measured at net asset value	-	-	-	573,331
	$ 27,720,108	$ -	$ 1,701,075	$ 29,994,514

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, 2016			
Fund	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Real estate investment trusts:				
Griffin-American Healthcare REIT III	$ 968,817	$ -	End of calendar quarter	60 days' written notice
Cole Credit Property Trust IV, Inc. REIT	$ 640,000	$ -	End of calendar quarter	91 days' written notice

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

	December 31, 2015			
Fund	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private investment funds:				
Futures Portfolio Fund Ltd. Partnership	$ 573,331	$ -	End of any month	Five days' written notice
Real estate investment trusts:				
Griffin-American Healthcare REIT III	$ 1,075,269	$ -	End of calendar quarter	60 days' written notice
Cole Credit Property Trust IV, Inc. REIT	$ 625,806	$ -	End of calendar quarter	91 days' written notice

Redemption restrictions are in place for the Plan's real estate investment trusts and private investment funds with fair values of $1,608,817 and $2,274,406 at December 31, 2016 and 2015, 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% to 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, 2014	$ 590,246	$ 1,720,430
Unrealized (losses) relating to assets held at reporting date	(16,915)	(19,355)
Balance - December 31, 2015	573,331	1,701,075
Realized (losses)	(20,925)	-
Unrealized (losses) relating to assets held at reporting date	-	(92,258)
Sales	(552,406)	-
Balance - December 31, 2016	$ -	$ 1,608,817

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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, 2016	Valuation Methodology	Unobservable Input	Range (Weighted Average %)
Real estate investment trusts	$ 1,608,817	Valuation provided by board of directors based on most recent offering price	Price	$9.70 - $10.00

Type of Security	Fair Value at December 31, 2015	Valuation Methodology	Unobservable Input	Range (Weighted Average %)
Private investment fund	$ 573,331	Valuation of underlying assets as provided by general partner	NAV - Liquidity restrictions	N/A
Real estate investment trusts	$ 1,701,075	Valuation provided by board of directors based on most recent offering price	Price	$9.70 - $10.00

Realized and unrealized gains and losses 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, 2016 and 2015.

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, 2016 and 2015.

NOTE 4 - INVESTMENTS

The following table represents the fair value of investments as of December 31, 2016 and 2015. The following tables represent the Plan's investments by type:

	2016	2015
Investments at fair value:		
Mutual funds	$ 1,106,031	$ 27,484,862
U.S. Treasury bills	32,016,974	-
Unit investment trust	-	91,019
Real estate investment trusts	1,608,817	1,845,302
Total investments at fair value	$ 34,731,822	$ 29,421,183
Investments at net asset value:		
Private investment funds	$ -	$ 573,331
Total investments measured at net asset value	$ -	$ 573,331

During the years ended December 31, 2016 and 2015, the Plan's investments (including investments bought, sold, and held during the year) appreciated and (depreciated) in fair value by $1,165,613 and $(1,422,134), respectively.

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 (i) retired or terminated participants or their beneficiaries and (ii) 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.

The Plan and its actuaries are considering the impact, if any, of the new mortality tables issued in November 2014, the RP-2014 tables, on the Plan's benefit obligation. No determination has been made at this time, however, the impact, if any, is not deemed to be material.

(continued)

NOTE 5 - ACCUMULATED PLAN BENEFITS (Continued)

Significant assumptions underlying the actuarial computations are as follows:

Interest crediting rate	30-year Treasury rate for November of year preceding plan year, but limited to 5.5% (applied to beginning account balances); 2016: 3.03% per annum; 2015: 3.04% per annum
Mortality basis	1994 Group Annuity Reserving
Retirement age	Anniversary date nearest attainment of age 62, and completion of five years of participation

Accumulated plan benefits information, as estimated by consulting actuaries, as of December 31, 2016 and 2015, is as follows:

	2016	2015
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ -	$ -
Other participants	34,858,404	30,484,279
	34,858,404	30,484,279
Nonvested participants	-	132,058
	$ 34,858,404	$ 30,616,337

Changes in accumulated plan benefits for the year ended December 31, 2016 are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2016	$ 30,616,337
Increase (decrease) during year attributable to:	
Benefits accumulated and actuarial experience	3,979,787
Increase for interest due to decrease in discount period	917,924
Benefits paid	(655,644)
Net increase	4,242,067
Actuarial present value of accumulated plan benefits - December 31, 2016	$ 34,858,404

These actuarial assumptions were based on the presumption that the Plan will continue. Since the Plan is terminating, 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.

NOTE 7 - SUBSEQUENT EVENTS

On October 26, 2016, the Sponsor approved a plan to terminate the Plan as of December 31, 2016. As of the date of termination, no participants may enter the Plan and no additional contributions were allowed after December 31, 2016. Participants of the Plan received written notification about the Plan's termination, at the time of termination, participants became 100% vested in their accounts. From January 1, 2017 through August 31, 2017, all of the Plan's net assets available for benefits were distributed. The lump-sum and rollover distributions paid to the participants in 2017 totalled $35,392,392. In order to satisfy all of the Plan's accumulated benefits, the Sponsor had to make a contribution of approximately $130,000 in 2017.

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, PART IV, LINE 4(i)
DECEMBER 31, 2016

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUND:		
Fidelity Cash Reserves	$ 1,106,031	$ 1,106,031
TOTAL MUTUAL FUND	1,106,031	1,106,031
U.S. TREASURY BILLS:		
United States Treasury Bills Zero Coupon	32,000,949	32,016,974
TOTAL U.S. TREASURY BILLS	32,000,949	32,016,974
REAL ESTATE INVESTMENT TRUSTS:		
Griffin-American Healthcare REIT III	1,000,000	968,817
Cole Credit Property Trust IV, Inc.	600,000	640,000
TOTAL REAL ESTATE INVESTMENT TRUSTS	1,600,000	1,608,817
TOTAL INVESTMENTS	$ 34,706,980	$ 34,731,822

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, 2016

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Fidelity Cash Reserves	$ -	$ 32,000,949	$ 32,000,949	$ -
Fidelity Cash Reserves	$ 16,296,333	$ -	$ 16,296,333	$ -
Fidelity Cash Reserves	$ 15,428,848	$ -	$ 15,428,848	$ -
Vanguard Interim-Term Investment Grade Admiral	$ -	$ 1,523,043	$ 1,483,040	$ 40,003
TCW Core Fixed Income Class I	$ -	$ 2,003,996	$ 1,990,755	$ 13,241
United States Treasury Bills	$ 32,000,949	$ -	$ -	$ -

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, 2016

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)
Vanguard International Equity Index Funds	-	7	$ -	$ 1,556,488	$ 1,559,317	$ (2,829)
Vanguard Index Funds Vanguard Total Stock Market ETF	-	8	$ -	$ 3,876,641	$ 3,110,492	$ 766,149
Vanguard Interim-Term Investment Grade Admiral	-	1	$ -	$ 1,523,043	$ 1,483,040	$ 40,003
TCW Core Fixed Income Class I	-	1	$ -	$ 2,003,996	$ 1,990,755	$ 13,241
United States Treasury Bills	1	-	$ 32,000,949	$ -	$ -	$ -
Fidelity Cash Reserves	79	45	$ 36,803,363	$ 36,441,614	$ 36,441,614	$ -

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 2016

2 Assets:

a Market value	**2a**	30,421,791
b Actuarial value	**2b**	30,421,791

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	118	543,662	543,662
c For active participants	547	24,942,517	25,020,999
d Total	665	25,486,179	25,564,661

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**	5.58 %
6 Target normal cost	**6**	3,314,167

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 10/11/2017
Kevin J. Donovan	17-06185
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 E. 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 -3.29%	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)		3,853,277
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.75 %		221,563
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		4,074,840
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	118.99 %
15	Adjusted funding target attainment percentage	15	118.99 %
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	130.59 %
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
02/22/2016	89,561		04/06/2016	60,769	
04/28/2016	1,261,116		05/09/2016	78,875	
06/06/2016	57,365		07/12/2016	164,160	
07/29/2016	1,230,119		09/01/2016	22,750	
09/07/2016	17,092		10/12/2016	18,524	
10/24/2016	547,300		12/14/2016	6,303	
01/03/2017	17,310		02/14/2017	247,664	
02/22/2017	166,975	0			
			Totals ► 18(b)	3,985,883	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	3,865,577

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:	☐ N/A, full yield curve used
4.43 %	5.91 %	6.65 %	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

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	3,314,167
b Excess assets, if applicable, but not greater than line 31a	31b	3,314,167

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	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3,865,577
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	3,865,577
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	0

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 SB, Part V
Summary of Plan Provisions

Integrated Medical Professionals, PLLC Employees' Defined Benefit Pension Plan

20-4483367 / 002

For the plan year 01/01/2016 through 12/31/2016

Employer: Integrated Medical Professionals, PLLC

Type of Entity - C-Corporation

EIN: 20-4483367 TIN: 26-1520189 Plan #: 002 Plan Type: Cash Balance

Dates: Effective - 01/01/2007 Year end - 12/31/2016 Valuation - 01/01/2016

Top Heavy Years - 2012, 2013, 2014, 2015, 2016

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:

Normal - Anniversary date nearest attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits - 1.5% of compensation limited to $750

Classification	Pay Credit Formula
1	$1,000
13	$50,000
14	$50,720
17	$30,000
19	$7,500
2	$5,000
21	$100,000
22	$80,000
23	$11,000
25	$90,000
26	$110,000
27	$97,400
29	$27,000
3	$30,500
31	$130,630
32	$31,000
35	$200,000
37	$41,000
38	$101,000
39	$50,500
4	$10,000
41	$60,000
43	$135,000
45	$52,970
46	$40,000
47	$225,000
48	$25,000
50	$20,000
51	$70,000
53	$48,000
54	$85,000
58	$105,000
59	$16,000
6	$20,000
7	$150,000
8	$190,000
9	$280,000

Prior Years may vary depending on group.

Schedule SB, Part V
Summary of Plan Provisions

Integrated Medical Professionals, PLLC Employees' Defined Benefit Pension Plan

20-4483367 / 002

For the plan year 01/01/2016 through 12/31/2016

Interest Credit Rate - Current Yr - 3.03% Projected Yrs - 3.03%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: $210,000

Maximum 401(a)(17) compensation - $265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.
Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement - Interest - The lesser of the Treasury rate described in the plan (3.03%) or 5.5%.

Mortality Table - None

Post-Retirement - Interest - The lesser of the Treasury rate described in the plan (3.03%) or 5.5%.

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Integrated Medical Professionals, PLLC Employees' Defined Benefit Pension Plan

20-4483367 / 002

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 01/01/2016

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are included in current year's valuation

Prospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.34
Segment 2	6 - 20	4.03
Segment 3	> 20	5.06

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	4.43
Segment 2	6 - 20	5.91
Segment 3	> 20	6.65

Pre-Retirement - Mortality Table - 16C - 2016 Combined - IRC 430(h)(3)(A)

Turnover/Disability - Y01-Actuary's Table T1

Interest Credit Rate - The lesser of the Treasury rate described in the plan (3.03%) or 5.5%.

Expense Load - $121,796

Post-Retirement - Mortality Table - 16C - 2016 Combined - IRC 430(h)(3)(A)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Schedule SB, line 26 -
Schedule of Active Participant Data

Integrated Medical Professionals, PLLC Employees' Defined Benefit Pension Plan

20-4483367/002

For the plan year 01/01/2016 through 12/31/2016

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		18	1							
25 to 29		41	19							
30 to 34		25	44	2						
35 to 39		24	38	1	1					
40 to 44		9	34	1	3	1				
45 to 49		15	37	5	6					
50 to 54		15	35	2	4	3	1			
55 to 59		13	38	6	7	3	2	1		
60 to 64		7	27	3	7		6	2		
65 to 69		3	17	2			2		1	
70 & up		1	6							

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 01/01/2016 through 12/31/2016

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero 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 REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4(j)
FOR THE YEAR ENDED DECEMBER 31, 2016

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Fidelity Cash Reserves	$ -	$ 32,000,949	$ 32,000,949	$ -
Fidelity Cash Reserves	$ 16,296,333	$ -	$ 16,296,333	$ -
Fidelity Cash Reserves	$ 15,428,848	$ -	$ 15,428,848	$ -
Vanguard Interim-Term Investment Grade Admiral	$ -	$ 1,523,043	$ 1,483,040	$ 40,003
TCW Core Fixed Income Class I	$ -	$ 2,003,996	$ 1,990,755	$ 13,241
United States Treasury Bills	$ 32,000,949	$ -	$ -	$ -

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, 2016

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)
Vanguard International Equity Index Funds	-	7	$ -	$ 1,556,488	$ 1,559,317	$ (2,829)
Vanguard Index Funds Vanguard Total Stock Market ETF	-	8	$ -	$ 3,876,641	$ 3,110,492	$ 766,149
Vanguard Interim-Term Investment Grade Admiral	-	1	$ -	$ 1,523,043	$ 1,483,040	$ 40,003
TCW Core Fixed Income Class I	-	1	$ -	$ 2,003,996	$ 1,990,755	$ 13,241
United States Treasury Bills	1	-	$ 32,000,949	$ -	$ -	$ -
Fidelity Cash Reserves	79	45	$ 36,803,363	$ 36,441,614	$ 36,441,614	$ -

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (HELD AT END OF YEAR)
SCHEDULE H, PART IV, LINE 4(i)
DECEMBER 31, 2016

DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
MUTUAL FUND:		
Fidelity Cash Reserves	$ 1,106,031	$ 1,106,031
TOTAL MUTUAL FUND	1,106,031	1,106,031
U.S. TREASURY BILLS:		
United States Treasury Bills Zero Coupon	32,000,949	32,016,974
TOTAL U.S. TREASURY BILLS	32,000,949	32,016,974
REAL ESTATE INVESTMENT TRUSTS:		
Griffin-American Healthcare REIT III	1,000,000	968,817
Cole Credit Property Trust IV, Inc.	600,000	640,000
TOTAL REAL ESTATE INVESTMENT TRUSTS	1,600,000	1,608,817
TOTAL INVESTMENTS	$ 34,706,980	$ 34,731,822

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