# 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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
INTEGRITY APPLICATIONS INCORPORATED 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1999

**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)
INTEGRITY APPLICATIONS INCORPORATED

15020 CONFERENCE CENTER DRIVE,
SUITE 100
CHANTILLY, VA 20151

**2b** Employer Identification Number (EIN)
54-1889710

**2c** Plan Sponsor's telephone number
703-378-8672

**2d** Business code (see instructions)
541519

**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 | LINDA M WHITE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

INTEGRITY APPLICATIONS INCORPORATED

15020 CONFERENCE CENTER DRIVE
SUITE 100
CHANTILLY, VA 20151

**3b** Administrator's EIN: 54-1889710

**3c** Administrator's telephone number: 703-378-8672

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

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 817 |
| **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)** | 661 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 760 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 173 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 933 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 933 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 933 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **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:

2E 2F 2G 2J 2K 2R 3D

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ 0 **A** (Insurance Information)
- **(4)** ☒ **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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2016**<br>**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) ▶ | |
|---|---|---|
| INTEGRITY APPLICATIONS INCORPORATED 401(K) PROFIT SHARING PLAN | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| INTEGRITY APPLICATIONS INCORPORATED | 54-1889710 | |

## 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).. . . . . [X] 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

VANGUARD GROUP, INC.

23-1945930

**(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)

CHARLES SCHWAB & CO., INC.

94-1737782

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 19 33 50 59 62 | NONE | 35399 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

LWI FINANCIAL INC

95-4699121

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 9841 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

OLD DOMINION CAPITAL MGMT INC.

56-1639508

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 5226 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

CONRAD SIEGEL ACTUARIES

23-1669823

| (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? |
|---|---|---|---|---|---|---|
| 15 17 37 38 49 59 | NONE | 5100 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

CAPITAL RESEARCH AND MANAGEMENT COM

95-1411037

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

BLACKROCK ADVISORS LLC

51-0318674

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

BOSTON PARTNERS GLOBAL INVESTORS, I

1 BEACON ST
BOSTON, MA 02108

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

EAGLE ASSET MANAGEMENT, INC.

880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

J.P. MORGAN INVESTMENT MANAGEMENT I

270 PARK AVENUE
NEW YORK, NY 10017-2070

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

METROPOLITAN WEST ASSET MANAGEMENT,

95-4597302

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

PACIFIC INVESTMENT MANAGEMENT CO LL

95-2632339

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

PRUDENTIAL INVESTMENTS LLC

22-3703799

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

FRANKLIN ADVISERS, INC.

94-3167260

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

VICTORY CAPITAL MANAGEMENT INC.

127 PUBLIC SQUARE
CLEVELAND, OH 44114

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

WELLS FARGO FUNDS MANAGEMENT LLC

41-0449260

| (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? |
|---|---|---|---|---|---|---|
| 28 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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 |
|---|---|---|
| CHARLES SCHWAB & CO., INC. | 19 59 | 0 |

| **(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. |
|---|---|
| SEE ATTACHED-VARIOUS FUNDS<br><br>94-1737782 | SEE ATTACHED-VARIOUS FUNDS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CAPITAL RESEARCH AND MANAGEMENT COM | 28 52 | 0 |

| **(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. |
|---|---|
| AMERICAN FUNDS EUROPACIFIC GROWTH R<br><br>95-1411037 | 0.42% OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CAPITAL RESEARCH AND MANAGEMENT COM | 28 52 | 0 |

| **(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. |
|---|---|
| AMERICAN FUNDS NEW PERSPECTIVE R6<br><br>95-1411037 | 0.38% OF ASSETS |

## 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 |
|---|---|---|
| BLACKROCK ADVISORS LLC | 28 52 | 0 |

| **(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. |
|---|---|
| BLACKROCK EQUITY DIVIDEND INSTL<br><br>51-0318674 | 0.55% OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| BOSTON PARTNERS GLOBAL INVESTORS, I | 28 52 | 0 |

| **(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. |
|---|---|
| BOSTON PARTNERS SMALL CAP VALUE II 1 BEACON ST BOSTON, MA 02108 | 1% OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| EAGLE ASSET MANAGEMENT, INC. | 28 52 | 0 |

| **(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. |
|---|---|
| EAGLE SMALL CAP GROWTH A 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716 | 0.52% OF ASSETS |

**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 |
|---|---|---|
| J.P. MORGAN INVESTMENT MANAGEMENT I | 28 52 | 0 |

| **(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. |
|---|---|
| JPMORGAN HIGH YIELD SELECT<br>270 PARK AVENUE<br>NEW YORK, NY 10017-2070 | 0.6% OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| METROPOLITAN WEST ASSET MANAGEMENT, | 28 52 | 0 |

| **(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. |
|---|---|
| METROPOLITAN WEST TOTAL RETURN BD I<br><br>95-4597302 | 0.35% OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| PACIFIC INVESTMENT MANAGEMENT CO LL | 28 52 | 0 |

| **(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. |
|---|---|
| PIMCO ALL ASSET INSTL<br><br>95-2632339 | 0.225% OF ASSETS |

## 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 |
|---|---|---|
| PRUDENTIAL INVESTMENTS LLC | 28 52 | 0 |

| **(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. |
|---|---|
| PRUDENTIAL JENNISON MID CAP GROWTH<br><br>22-3703799 | 0.56% OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FRANKLIN ADVISERS, INC. | 28 52 | 0 |

| **(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. |
|---|---|
| TEMPLETON GLOBAL BOND ADV<br><br>94-3167260 | 0.47% OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VICTORY CAPITAL MANAGEMENT INC. | 28 52 | 0 |

| **(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. |
|---|---|
| VICTORY SYCAMORE ESTABLISHED VALUE 127 PUBLIC SQUARE CLEVELAND, OH 44114 | 0.46% OF ASSETS |

## 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 |
|---|---|---|
| WELLS FARGO FUNDS MANAGEMENT LLC | 28 52 | 0 |

| **(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. |
|---|---|
| WELLS FARGO LARGE CAP GROWTH INST<br><br>41-0449260 | 0.68% OF ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
INTEGRITY APPLICATIONS INCORPORATED 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
INTEGRITY APPLICATIONS INCORPORATED

**D** Employer Identification Number (EIN)
54-1889710

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): MORLEY FINANCIAL SERVICES CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 93-6274329-001 | C | 1503860 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# 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
INTEGRITY APPLICATIONS INCORPORATED 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
INTEGRITY APPLICATIONS INCORPORATED

**D** Employer Identification Number (EIN)
54-1889710

## 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) | 680023 | 774433 |
| **(2)** Participant contributions | 1b(2) | 674689 | 735393 |
| **(3)** Other | 1b(3) | 38096 | 39993 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3085 | 6915 |
| **(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) | 1201578 | 1417809 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 1580325 | 1503860 |
| **(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) | 50073857 | 67456316 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 92811821 | 103143950 |

| | | | (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 | 147063474 | 175078669 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 602 | 283 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 602 | 283 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 147062872 | 175078386 |

## 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) | 9534519 | |
| | **(B)** Participants | 2a(1)(B) | 9274620 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 3096564 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 21905703 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 53291 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 53291 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1872770 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1872770 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 10053672 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 33885436 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 5863460 | |
| (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) | | 5863460 |
| f Corrective distributions (see instructions) | 2f | | 392 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 6070 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 6070 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 5869922 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 28015514 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

**(1)** Name: PRICE & ASSOCIATES, LLC **(2)** EIN: 46-2128596

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | |
| 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_____. (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
INTEGRITY APPLICATIONS INCORPORATED 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
INTEGRITY APPLICATIONS INCORPORATED

**D** Employer Identification Number (EIN)
54-1889710

## Part I Distributions

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

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

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

EIN(s): 42-1558009

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

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

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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: 0.0 % 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<br>☐ "Current year" ADP test | ☐ "Prior year" ADP test<br>☐ 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 ____/____/____.

# INTEGRITY APPLICATIONS INCORPORATED 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

***As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016***

***And Independent Auditor's Report***

**INTEGRITY APPLICATIONS INCORPORATED 401(k) PROFIT SHARING PLAN**

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Note: All other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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# Independent Auditor's Report

To the Participants and Plan Administrator of the
Integrity Applications Incorporated 401(k) Profit Sharing Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Integrity Applications Incorporated 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Charles Schwab Bank (Schwab), the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that Schwab holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Schwab as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

## Disclaimer of Opinion

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

## Other Matter – Supplemental Schedule

The supplemental schedule Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Schwab, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Price & Associates, LLC

Chantilly, Virginia
October 3, 2017

**INTEGRITY APPLICATIONS INCORPORATED 401(k) PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

*DECEMBER 31, 2016 AND 2015*

| | 2016 | 2015 |
|---|---|---|
| **Assets** | | |
| Cash | $ 6,915 | $ 3,085 |
| Investments, at fair value | 172,104,126 | 144,466,003 |
| | 172,111,041 | 144,469,088 |
| Receivables | | |
| Participant contributions receivable | 735,393 | 674,689 |
| Employer contributions receivable | 774,433 | 680,023 |
| Notes receivable from participants | 1,417,809 | 1,201,578 |
| Other receivables | 39,993 | 38,096 |
| Total receivables | 2,967,628 | 2,594,386 |
| **Total Assets** | 175,078,669 | 147,063,474 |
| **Liabilities** | | |
| Other liabilities | 283 | 602 |
| **Total Liabilities** | 283 | 602 |
| **Net Assets Available for Benefits** | $ 175,078,386 | $ 147,062,872 |

The accompanying notes are an integral part of the financial statements.

**INTEGRITY APPLICATIONS INCORPORATED 401(k) PROFIT SHARING PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

*YEAR ENDED DECEMBER 31, 2016*

| | | |
|---|---|---|
| **Additions** | | |
| **Investment income** | | |
| Net appreciation in fair value of investments | $ | 10,053,672 |
| Interest and dividends | | 1,872,770 |
| | | 11,926,442 |
| **Interest income on notes receivable from participants** | | 53,291 |
| **Contributions** | | |
| Participants | | 9,274,620 |
| Employer | | 9,534,519 |
| Participant rollovers | | 3,096,564 |
| | | 21,905,703 |
| **Total Additions** | | 33,885,436 |
| **Deductions** | | |
| Benefits paid to participants | | 5,863,852 |
| Administrative expenses | | 6,070 |
| **Total Deductions** | | 5,869,922 |
| **Net Change** | | 28,015,514 |
| **Net Assets Available for Benefits** | | |
| Beginning of year | | 147,062,872 |
| End of year | $ | 175,078,386 |

The accompanying notes are an integral part of the financial statements.

## Note 1–Description of Plan

The following description of the Integrity Applications Incorporated 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement, as amended and restated, for a more complete description of the Plan's provisions.

*General* – The Plan was established on January 1, 1999; it was amended and restated effective January 1, 2015, primarily to make the Plan compliant with legislative and regulatory changes. The Plan was amended effective April 1, 2015 to provide that Integrity Technology Solutions LLC (ITS) will become a participating employer under the Plan. Effective January 1, 2014, the Plan was amended to allow Pacific Defense Solutions, LLC (PDS) to become a participating employer under the Plan. Both ITS and PDS are wholly owned subsidiaries of the Plan Sponsor.

The Plan is a defined contribution plan intended to qualify under Section 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees of Integrity Applications Incorporated (the Company or Plan Sponsor), except interns. There is no minimum age or length of service requirement to participate in the Plan.

The Plan has appointed four employees of the Company to act as trustees of the Plan.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

*Participant Contributions* – Participants may make salary deferral contributions, including "catch-up" contributions if they qualify, subject to the limitations of the IRC. Qualified distributions from other qualified retirement plans can also be contributed to the Plan and retained as a rollover contribution.

*Company Contributions* – The Plan is a "Safe Harbor Plan" and provides for the Plan Sponsor to match 100% of the first 4% of each participant's eligible compensation contributed to the Plan. Additionally, the Plan Sponsor has the option to make a discretionary contribution to the Plan, with the amount determined annually. Plan Sponsor discretionary contributions are allocated to participants based upon compensation. For the year ended December 31, 2016, the Plan Sponsor made matching and discretionary contributions of $3,752,258 and $5,782,261, respectively. All participants in the Plan are eligible to receive the discretionary contribution, if any, provided they continue to work for the Plan Sponsor and receive compensation.

*Participants' Accounts* – Participants may have a Schwab Personal Choice Retirement Account (PCRA), which is a self-directed brokerage account or a "core" funds account, or both. Accounts are maintained for each participant and each participant account includes the participants' salary deferral contribution, plus an allocation of the Plan Sponsor matching and discretionary contribution (if any) and plan earnings, including realized and unrealized gains and losses on investments.

*Vesting* – Participants are immediately fully vested in their salary deferral and rollover contributions and the earnings thereon. Participants are also immediately vested in Plan Sponsor matching and discretionary contributions.

*Notes Receivable from Participants* – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their eligible account balance, reduced by any outstanding loan balance. Participant loans require the employee to sign a promissory note for the face amount of the loan and interest and must be repaid, in most cases, within five years. The interest rate will be determined by the Plan administrator. Participant loans require that payments will be made through payroll deductions unless earnings for a pay period are not enough to cover the loan payment, at which point the employee will be responsible to make a payment. The participant may have only one loan outstanding. At December 31, 2016

and 2015, interest rates ranged from 3.25% to 7% and the notes receivable from participants mature at various dates through April 2023.

*Payment of Benefits* – Distributions to participants or their beneficiary are made after retirement, termination of service, death or disability. Generally, a participant may elect to receive (1) a lump-sum cash distribution (which is automatic for vested amounts up to $5,000), (2) installment payments not exceeding the assumed life expectancy of the employee and his or her beneficiary, or (3) a joint and survivor annuity. The Plan does not permit hardship withdrawals.

## Note 2–Summary of significant accounting policies

*Basis of Accounting* – The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

*Investment Valuation and Income Recognition* – The Plan's investments are stated at fair value. In accordance with the policy of stating investments at fair value, net realized and unrealized appreciation and depreciation are reflected in the Statement of Changes in Net Assets Available for Benefits. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

*Notes Receivable from Participants* – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

*Payments of Benefits* – Benefits are recorded when paid.

*Administrative Expenses* – All administrative expenses of maintaining the Plan are paid by the Company except for record keeping services for participant loans and distributions paid by the Plan or by the account of the participant.

*Risks and Uncertainties* – The Plan utilizes various investment instruments, including mutual funds, a common collective trust, self-directed brokerage accounts, and interest-bearing cash funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits. Individual participants' accounts bear the risk of loss resulting from fluctuations in investment values.

*Estimates* – The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to net assets and deductions from net assets during the reporting period. Actual results could differ from those estimates.

*New Accounting Standards* — In July 2015, the 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; and (Part III) Measurement Date Practical Expedient*. This guidance attempts to reduce complexity in employee benefit plan accounting. Such changes include (1) measuring and presenting fully benefit responsive investment contracts (FBRIC's) at contract value and also clarifies that indirect investments in FBRICs through investment companies, such as stable value common/collective trust funds, are not included in the

scope of the FBRICs guidance because these types of investments typically qualify for measuring fair value at the NAV practical expedient; (2) eliminating various requirements for plan investment disclosures, such as net appreciation/depreciation by general investment type and individual investments that represent 5% or more of net assets; and (3) a practical expedient that permits a plan to measure investments as of a month-end date closest to the plan's financial year end. Part III is not applicable to the Plan. ASU 2015-12 is effective for the Plan for fiscal years beginning after December 15, 2015, with early adoption permitted and retrospective application required for Part I and Part II.

Plan management adopted ASU 2015-12 as of December 31, 2016, and have applied ASU 2015-12 retrospectively, as required. Parts I and II are reflected in the Statements of Assets Available for Benefits and in the notes to the financial statements. Certain historical disclosures that are no longer required were removed.

In May 2015, FASB issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. This guidance eliminates 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 (NAV). ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV, and is effective for fiscal years beginning after December 15, 2016, with early adoption permitted. ASU 2015-07 requires retrospective application by removing investments measured using NAV from the fair value hierarchy in all periods presented.

Plan management elected to early adopt ASU 2015-07 as of December 31, 2016, as permitted, and have applied ASU 2015-07 retrospectively, as required. The Plan presents the investment disclosure required by this new guidance in Note 3. There are no effects on the Statements of Net Assets Available for Plan Benefits or the changes therein.

## Note 3–Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable for the asset or liability as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2016 and 2015.

PCRA – Securities within the PCRA are valued at closing price reported on the active market for which the individual securities are traded. Money market accounts are valued on a historical cost basis plus accrued

interest which approximates fair value. Securities within the PCRA are classified within level 1 of the valuation hierarchy.

*Mutual funds* – These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within level 1 of the valuation hierarchy.

*Common Collective Trust* - Composed primarily of fully benefit-responsive investment contracts and is reported at fair value using net asset value (NAV) as a practical expedient. The stable value fund calculates NAV per share in a manner consistent with the measurement principles in FASB Accounting Standards Codification Topic 946 *Financial Services-Investment Companies*. Those measurement principles indicate that, in the determination of a stable value fund's NAV, the relevant measurement is net assets which include the fully benefit-responsive investment contracts held by the fund at contract value. This NAV represents the Plan's fair value since this is the NAV at which the Plan transacts with the fund. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

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

The following table provides the amount and corresponding level of hierarchy for the Plan's investments that were measured at fair value on a recurring basis.

| | As of December 31, 2016 | | | |
|---|---|---|---|---|
| | **Quoted Prices in Active Markets for Identicial Assets (Level 1)** | **Significant Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** | **Total Fair Value** |
| Investments | | | | |
| PCRA | $ 103,143,950 | $ - | $ - | $ 103,143,950 |
| Mutual Funds | 67,456,316 | - | - | 67,456,316 |
| Total assets in the fair value hierarchy | $ 170,600,266 | $ - | $ - | $ 170,600,266 |
| Common Collective Trust (1) | | | | 1,503,860 |
| Investments-at fair value | | | | $ 172,104,126 |

| | As of December 31, 2015 | | | |
|---|---|---|---|---|
| | **Quoted Prices in Active Markets for Identicial Assets (Level 1)** | **Significant Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** | **Total Fair Value** |
| Investments | | | | |
| PCRA | $ 92,811,821 | $ - | $ - | $ 92,811,821 |
| Mutual Funds | 50,073,857 | - | - | 50,073,857 |
| Total assets in the fair value hierarchy | $ 142,885,678 | $ - | $ - | $ 142,885,678 |
| Common Collective Trust (1) | | | | 1,580,325 |
| Investments-at fair value | | | | $ 144,466,003 |

(1) Investments that were measured at net asset value per share have not been classified in the fair value hierarchy. These amounts are presented in the tables above to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The Morley Stable Value Fund (the Fund) is a common collective trust fund whose objective is to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile and liquidity for benefit responsive payments. The Fund invests primarily in a variety of high quality stable value investment contracts (the performance of which may be predicted on underlying fixed income securities), as well as cash and cash equivalents.

Participants ordinarily may direct either the withdrawal or transfer of all or a portion of their investment at contract value. The Fund imposes certain restrictions on the Plan, and the Fund itself may be subject to circumstances that affect its ability to transact at contract value. Plan management believes that the occurrence of events that would cause the Fund to transact at less than contract value is not probable.

Redemption is generally permitted daily. Individual participant redemptions for benefit payments and redemptions by participants to reinvest in options that do not compete with the common collective trust are generally permitted without restriction. Were the Plan to initiate a full redemption of the common collective trust, a twelve-month advance written notice is required.

## Note 4–Tax status

The Plan obtained its latest determination letter on February 15, 2017, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since submitting the request for the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires Plan management to evaluate the tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan Management has analyzed the tax positions taken by the Plan, and has

concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or require disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2013.

## Note 5–Information prepared and certified by the custodian

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by Charles Schwab Bank except for comparing such information certified by Charles Schwab Bank to information included in the Plan's financial statements and supplemental schedule.

Charles Schwab Bank has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information presented in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2016 and 2015, the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016, and the supplemental schedule of assets held at December 31, 2016.

The following information and related data included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Charles Schwab Bank as of December 31, 2016 and 2015, and for the year ended December 31, 2016:

| | 2016 | 2015 |
|---|---|---|
| Investments | | |
| PCRA | $ 103,143,950 | $ 92,811,821 |
| Mutual Funds | 67,456,316 | 50,073,857 |
| Collective Trust Fund | 1,503,860 | 1,580,325 |
| | $ 172,104,126 | $ 144,466,003 |

| | Year Ended December 31, 2016 |
|---|---|
| Net appreciation in fair value of investments | |
| Net appreciation in fair value of PCRA investments | $ 6,802,781 |
| Net appreciation in fair value of mutual funds | 3,235,392 |
| Net appreciation in fair value of common collective trust | 15,499 |
| | $ 10,053,672 |
| Interest and dividend income | $ 1,872,770 |

## Note 6–Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA.

## Note 7–Parties-in-interest

Certain Plan investments and the related transactions at December 31, 2016 and 2015 are invested in funds sponsored by Charles Schwab Bank, the Plan custodian. Transactions involving these investments are considered to be party-in-interest transactions for which statutory exemption exists under the Department of Labor Regulations. Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants.

## Note 8–Compliance related matter

In June 2017, an operational issue was identified where incorrect compensation for some participants was used to calculate contributions to the Plan. The Plan administrator determined that, for certain participants from 2014 through early July 2017, deferrals were overstated by approximately $3,300, and related matching and profit sharing contributions by $1,386 and $2,310, respectively. On September 25, 2017, the Plan Sponsor submitted an amendment as well as other documentation, under the Voluntary Correction Plan (VCP), to the IRS to retroactively amend the Plan to correct the oversight.

## Note 9–Subsequent events

The Plan has evaluated events through October 3, 2017 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

**INTEGRITY APPLICATIONS INCORPORATED 401(k) PROFIT SHARING PLAN**
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 54-1889710, PLAN NUMBER: 001

*DECEMBER 31, 2016*

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| | **Schwab Personal Choice Retirement Accounts** | | | |
| * | Charles Schwab | Schwab Personal Choice Retirement Accounts | - | $ 103,143,950 |
| | **Mutual Funds** | | | |
| | American Funds | Europacific Growth | - | 709,981 |
| | American Funds | New Perspective | - | 1,373,284 |
| | Blackrock | Equity Dividend | - | 2,191,888 |
| | Eagle | Small Cap Growth | - | 790,197 |
| | JP Morgan | High Yield Fund | - | 888,936 |
| | Metropolitan West | Total Return I | - | 1,546,044 |
| | Pimco | All Asset Fund | - | 1,247,497 |
| | Prudential | Jennison Mid Cap Growth | - | 2,348,493 |
| | Robeco Boston Partners | Small Cap Value II | - | 616,664 |
| | Templeton | Global Bond Fund | - | 1,014,749 |
| | Vanguard | Inflation Protection | - | 1,474,305 |
| | Vanguard | Institutional Index Fund | | 7,452,561 |
| | Vanguard | Mid Cap Index | - | 3,453,165 |
| | Vanguard | Small Cap Index | - | 4,158,233 |
| | Vanguard | Target Retirement Income | - | 1,066,780 |
| | Vanguard | Target Retirement Income 2010 | - | 303,157 |
| | Vanguard | Target Retirement Income 2015 | - | 2,221,573 |
| | Vanguard | Target Retirement Income 2020 | - | 1,817,383 |
| | Vanguard | Target Retirement Income 2025 | - | 4,091,242 |
| | Vanguard | Target Retirement Income 2030 | - | 6,434,417 |
| | Vanguard | Target Retirement Income 2035 | - | 4,098,286 |
| | Vanguard | Target Retirement Income 2040 | - | 5,656,742 |
| | Vanguard | Target Retirement Income 2045 | - | 2,265,085 |
| | Vanguard | Target Retirement Income 2050 | - | 2,306,260 |
| | Vanguard | Target Retirement Income 2055 | - | 753,416 |
| | Vanguard | Target Retirement Income 2060 | - | 381,412 |
| | Vanguard | Total Bond Market Index | - | 1,978,242 |
| | Vanguard | Total International Stock Index | - | 868,004 |
| | Victory | Established Value Fund | - | 1,767,511 |
| | Wells Fargo | Advantage Large Cap Growth | - | 2,180,809 |
| | Total Mutual Funds | | | 67,456,316 |
| | **Common Collective Trust** | | | |
| | Morley | Stable Value Fund (61,965.262 units) | - | 1,503,860 |
| | Total Investments | | | $ 172,104,126 |
| * | **Notes Receivable from Participants** | Loans to participants bearing interest at rates ranging from 3.25% to 7% and maturing at various dates through April 2023. | - | $ 1,417,809 |

* Identified as party-in-interest.
** Cost information is not required to be disclosed because all investments are participant directed.

# 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
INTEGRITY APPLICATIONS INCORPORATED 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1999

**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)
Integrity Applications Incorporated

15020 Conference Center Drive,
Suite 100
Chantilly VA 20151

**2b** Employer Identification Number (EIN)
54-1889710

**2c** Plan Sponsor's telephone number
703-378-8672

**2d** Business code (see instructions)
541519

**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** | Linda M White | 10-12-17 | Linda M White |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number

**Schedule C, line 2(h) – Formula Description**

Plan Name: Integrity Applications Incorporated 401(k) Profit Sharing Plan
Employer I.D. #:54-1889710
Plan Number: 001

| (a) Name of Investment Fund (Source of Compensation) | (b) Name of Investment Adviser (Service Provider) | (c) Formula as Percentage of Assets | (d) Other Formula, if any |
|---|---|---|---|

See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

**INTEGRITY APPLICATIONS INC 401K PSP**
**Information for Form 5500, Schedule C**
**For January 1, 2016 - December 31, 2016**

This information summarizes the compensation paid for your plan to Charles Schwab & Co. Inc., and its affiliates (Schwab), or to other service providers, for services related to the plan. Information provided is for the period shown above or for the portion of the plan year that Schwab provided services for your plan. Amounts paid from the plan may be reportable on the plan's annual Form 5500, Schedule C, if applicable. Please refer to the instructions for Form 5500, Schedule C to determine if your plan is required to file the form and for more details of what should be reported.

**Direct Payments From The Plan to Schwab:**

| Account Type | Paid To | EIN | Description | Amount |
|---|---|---|---|---|
| Participant Brokerage | Charles Schwab & Co., Inc. | 94-1737782 | Brokerage Fees | $33,586.91 |
| Participant Brokerage | Charles Schwab & Co., Inc. | 94-1737782 | Other Investment Fees and Expenses | $922.25 |
| Subtotal for Charles Schwab & Co., Inc. | | | | $34,509.16 |
| Plan - Level | Charles Schwab Bank | 42-1558009 | Directed Trustee/Custodial Services | $890.00 |
| Total Direct Payments From the Plan to Schwab | | | | $35,399.16 |

Several Schwab entities may work together to provide services to your plan and may share the proceeds of fees collected with Charles Schwab & Co, Inc., Charles Schwab Bank, Schwab Retirement Plan Services, Inc., Schwab Retirement Plan Services Company, or Charles Schwab Investment Management, Inc. as needed to support the cost of services provided by these affiliates.

The above fees include brokerage or other investment related fees charged to accounts in the plan for services provided by Charles Schwab and its affiliates when those trading arrangements and/or services are requested by parties with trading authority. This could include authorization from plan participants if your plan offers a participant self -directed brokerage option. More detailed fee information is provided when each account is opened or as the particular trading arrangements and/or services are requested. For more information regarding these fees, please contact a Schwab representative for more information and a current copy of the Schwab Pricing Guide and account application(s).

If you or any participants in your plan have enrolled plan accounts in the Schwab Advisor Network, the Schwab Managed Account Services, Schwab Managed Portfolios, or Schwab Private Client services, the above direct fees include the fees charged to account(s) in your plan for these programs. Please contact your Schwab representative or independent investment advisor for more details on these programs.

**Direct Payments From The Plan To Other Service Providers:**

| Account Type | Paid To | EIN | Description | Amount |
|---|---|---|---|---|
| Participant Brokerage | AT INVESTMENT ADVISERS INC | 20-0822261 | Advisor Fee | $4,221.48 |
| Participant Brokerage | HWA FINANCIAL GROUP | 52-2128907 | Advisor Fee | $2,540.00 |
| Participant Brokerage | LWI FINANCIAL INC | 95-4699121 | Advisor Fee | $9,841.44 |
| Participant Brokerage | OLD DOMINION CAPITAL MGMT INC | 56-1639508 | Advisor Fee | $5,226.09 |

**The other service providers listed in this report are those to whom fees have been paid from your plan account(s) at Schwab during the year, at the specific direction of the plan fiduciary or other authorized party. Such fees reported may not represent all amounts that were paid by the plan to these providers. If available, the Employer Identification Numbers ("EINs") listed were provided to us at the time of payment. You should contact these providers for disclosure of their services and fee schedules. If you have retained additional service providers for this plan that are not listed in this report or other fees that were paid from the plan and not specifically disclosed separately from other plan transactions, you may want to contact such other service providers for more information. For example, if the Plan permits a participant self directed brokerage option and a broker, investment advisor or other financial service provider has been authorized to direct investments and charge a fee / commission you will need to contact the broker, investment advisor or other financial service provider for a report summarizing such fees. If Schwab were directed to separately pay a fee to a broker, investment advisor or other financial service provider such payment will be reflected in the list of direct payments to other service providers. However, if a broker, investment advisor or other financial service provider reduces a settled trade amount by the broker, investment advisor or other financial service provider's fee / commission, Schwab may not be privy to such fee / commission amount and you will need to obtain a summary of such fees from the broker, investment advisor or other financial service provider.

**Indirect Compensation Received by Schwab:**
Indirect compensation is any compensation received for services related to the plan that is not paid directly by the plan or plan sponsor. Schwab receives the following indirect compensation from your plan:

**Trade Error Corrections:** Charles Schwab & Co., Inc. may receive, as compensation for brokerage services, the amount of any gains after offsetting losses that may result from the correction of trade errors. The net gain retained by Charles Schwab & Co, Inc. for your plan for the time period on this report was $5.31.

**INTEGRITY APPLICATIONS INC 401K PSP**
**Information for Form 5500, Schedule C**
**For January 1, 2016 - December 31, 2016**

**Shareholder Related Servicing:** Charles Schwab & Co., Inc. may receive compensation from fund companies for investments in the plan (including Schwab proprietary and other funds). This compensation may be paid by the fund company or one of its affiliates. Disclosure of this compensation was previously provided by CS & Co, Inc. and its affiliates who provide services for your plan. For more details please refer to your Charles Schwab Bank fee schedule or TPA Master Fee Schedule and Appendix 1 - Shareholder Servicing Payment Rates.

**Non-Monetary Compensation:** Schwab's Gift's and Entertainment Policy provides that gifts to or from a customer, financial institution, news or financial media (other than a close relative) may not exceed a total value of $100 in any calendar year without prior approval. If you need additional information, please contact your Schwab service representative.

**Eligible Indirect Compensation Received by Schwab:**
In general, certain types of indirect compensation that have previously been disclosed may be categorized as eligible indirect compensation. While all amounts paid from the plan should be considered when determining which service providers to report, IRS Form 5500 instructions state that there is no need to report the amount or formula for eligible indirect compensation on Form 5500, Schedule C. The below information lists the types of eligible indirect compensation Schwab may earn for your plan and where to find the written disclosures used to determine Schwab's compensation.

**Fund Management:** Charles Schwab Investment Management Inc. earns compensation for advisory and certain administrative services performed for the Schwab proprietary funds (Schwab or Laudus funds). Disclosure of this compensation is provided in a fund prospectus, available from Charles Schwab & Co, Inc. (EIN 94-1737782) or its affiliates.

Charles Schwab Bank (EIN 42-1558009) earns compensation for management and operation of the Charles Schwab Bank Collective Trust Funds (including Schwab Managed Retirement Trust Funds and Schwab Institutional Trust Funds). Disclosure of this compensation is provided by Charles Schwab Bank in the collective trust fund declarations of trust, participation agreements, and annual audited financial statements for each collective trust fund. Please contact your Schwab representative to obtain a copy of any of these documents or visit www.schwabbankfunds.com.

**Cash Float:** Charles Schwab & Co. Inc. and its affiliates may receive compensation on uninvested cash or cash in transit at the end of each business day. For more details, please refer to the current Schwab Explanation of Fees and Services for 408(b)(2) brokerage account agreements applicable to your plan.

**Indirect Compensation Paid to Others:**
In general, fund companies that your plan invests in receive only Eligible Indirect Compensation from the plan. Details of the amounts or rates received are disclosed in the fund prospectuses provided by Charles Schwab & Co., Inc. (EIN 94-1737782) or its affiliates and agents.

Charles Schwab & Co. Inc. may forward a portion of shareholder servicing related payments that are received from fund companies to the third party administrator for your plan. You may need to report these as indirect compensation on Form 5500, Schedule C. For more details, please contact your third party administrator.

**Additional Disclosures:**
Schwab may receive certain amounts from various fund companies to offset the costs associated with educational programs such as client conferences, internal seminars, articles and publications. These sponsorships are unrelated to the contractual services provided by Schwab with respect to the plan.

Your service agreement with Schwab may provide for using all or a portion of shareholder servicing payments received by Schwab as directed by the Employer in its role as Plan Administrator (e.g., to pay plan expenses (including Schwab fees)). Illustrations on this report reflect Schwab compensation amounts or rates after all credits have been applied. For more details, please refer to your Schwab services agreement.

Charles Schwab Investment Management, Inc., is an affiliate of Charles Schwab & Co. Inc.

The Charles Schwab Corporation provides services to retirement and other benefit plans and participants through its separate but affiliated companies and subsidiaries: Charles Schwab Bank; Charles Schwab &Co., Inc. (member SIPC, www.sipc.org), Schwab Retirement Plan Services, Inc.,; and Schwab Retirement Plan Services Company Trust, custody and deposit products and services are available through Charles Schwab Bank. Schwab Retirement Plan Services, Inc. and Schwab Retirement Plan Services Company provide recordkeeping and related services with respect to retirement plans.

**If you need additional information, please contact your third party administrator or recordkeeper.**

**INTEGRITY APPLICATIONS INC 401K PSP**
**Information for Form 5500, Schedule C**
**For January 1, 2016 - December 31, 2016**

**Appendix 1 - Shareholder Servicing Payment Rates :**

Charles Schwab & Co., Inc. and its affiliates ("Schwab") may receive indirect compensation from fund companies or their affiliates for shareholder related services. The rate received by Schwab may change from time to time as changes are made by fund companies. Outlined below is an illustration of rates received by Schwab as of the end of the reporting period for funds held in your plan at that time.

On average, the rate earned with respect to your plan's fund holding(s) at Charles Schwab Bank in the fund family(ies) listed is 0.02%, as further detailed below:

| **Received by Charles Schwab & Co., Inc. (EIN#94-1737782)** | | |
|---|---|---|
| **Fund Family/Provider** | **EIN** | **Formula** |
| BlackRock | 04-6171663 | Range of 0.00 - 0.02% of average daily balance of assets |
| Eagle Funds | 59-2385219 | Range of 0.00 - 0.02% of average daily balance of assets |
| Franklin Templeton Investments | 94-3167260 | Range of 0.00 - 0.02% of average daily balance of assets |
| Gartmore | Not Available | Range of 0.00 - 0.02% of average daily balance of assets |
| JPMorgan | 13-2624428 | Range of 0.00 - 0.02% of average daily balance of assets |
| Metropolitan West Funds | 95-4597302 | Range of 0.00 - 0.02% of average daily balance of assets |
| Prudential Investments | 22-3703799 | Range of 0.00 - 0.02% of average daily balance of assets |
| Robeco Investment Funds | Not Available | Range of 0.00 - 0.02% of average daily balance of assets |
| Victory | Not Available | Range of 0.00 - 0.02% of average daily balance of assets |
| Wells Fargo Funds | 41-0449260 | Range of 0.00 - 0.02% of average daily balance of assets |

On average, the rate earned with respect to your plan's fund holding(s) in plan brokerage account(s) in the fund family(ies) listed is 0.37%, as further detailed below:

| **Received by Charles Schwab & Co., Inc. (EIN#94-1737782)** | | |
|---|---|---|
| **Fund Family/Provider** | **EIN** | **Formula** |
| Aberdeen | 51-0368279 | Rate of 0.40% of average daily balance of asset(s) |
| Acadian Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Akre | 54-1968332 | Rate of 0.40% of average daily balance of asset(s) |
| Alger | 13-2665689 | Rate of 0.40% of average daily balance of asset(s) |
| Allianz Funds | 06-1349805 | Range of 0.02 - 0.50% of average daily balance of assets |
| Amana | 35-6447892 | Rate of 0.40% of average daily balance of asset(s) |
| American Beacon | 75-2401150 | Rate of 0.40% of average daily balance of asset(s) |
| American Century Investments | 43-0821857 | Range of 0.24 - 0.35% of average daily balance of assets |
| American Funds | 95-1411037 | Range of 0.35 - 0.37% of average daily balance of assets |
| AMG Funds | 06-1555943 | Range of 0.10 - 0.50% of average daily balance of assets |
| AQR Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Artisan | 39-1811840 | Rate of 0.40% of average daily balance of asset(s) |
| AT Funds | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Ave Maria Mutual Funds | 38-2325495 | Rate of 0.40% of average daily balance of asset(s) |
| Baird | 39-6037917 | Rate of 0.27% of average daily balance of asset(s) |
| Baron Capital Group | 13-3107580 | Rate of 0.40% of average daily balance of asset(s) |
| Berwyn | 23-2438609 | Rate of 0.10% of average daily balance of asset(s) |
| BlackRock | 04-6171663 | Range of 0.05 - 0.50% of average daily balance of assets |
| Broadview Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Brown Advisory Funds | 52-1952888 | Range of 0.10 - 0.40% of average daily balance of assets |
| Brown Capital Management, LLC | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Buffalo | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Cambiar Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Catalyst Mutual Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Cohen & Steers | 14-1904657 | Rate of 0.40% of average daily balance of asset(s) |

**INTEGRITY APPLICATIONS INC 401K PSP**
**Information for Form 5500, Schedule C**
**For January 1, 2016 - December 31, 2016**

| Received by Charles Schwab & Co., Inc. (EIN#94-1737782) | | |
|---|---|---|
| **Fund Family/Provider** | **EIN** | **Formula** |
| Columbia | 93-0577450 | Range of 0.35 - 0.50% of average daily balance of assets |
| Commerce | 43-0889454 | Rate of 0.35% of average daily balance of asset(s) |
| Commonwealth Intl Series Tr | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Conestoga Capital Advisors | 23-3072906 | Rate of 0.40% of average daily balance of asset(s) |
| Davenport | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Diamond Hill Funds | 31-6547095 | Rate of 0.40% of average daily balance of asset(s) |
| DoubleLine | Not Available | Rate of 0.36% of average daily balance of asset(s) |
| Dreyfus | Not Available | Range of 0.25 - 0.48% of average daily balance of assets |
| Driehaus | 20-3634295 | Rate of 0.40% of average daily balance of asset(s) |
| Eventide Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Federated | 25-1111467 | Range of 0.25 - 0.40% of average daily balance of assets |
| Fidelity Investments | 06-1194217 | Rate of 0.10% of average daily balance of asset(s) |
| First Eagle | 13-3392291 | Rate of 0.40% of average daily balance of asset(s) |
| FMI Funds | 39-1861095 | Rate of 0.40% of average daily balance of asset(s) |
| FPA | 04-3118452 | Rate of 0.06% of average daily balance of asset(s) |
| Franklin Templeton Investments | 94-3167260 | Rate of 0.40% of average daily balance of asset(s) |
| Gabelli | 13-3340139 | Rate of 0.35% of average daily balance of asset(s) |
| Glenmede | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Grandeur Peak Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Greenspring | 52-1267740 | Rate of 0.40% of average daily balance of asset(s) |
| Guinness Atkinson | 98-0534338 | Rate of 0.40% of average daily balance of asset(s) |
| Harbor | 04-2679462 | Rate of 0.43% of average daily balance of asset(s) |
| Harding Loevner | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Heartland | 39-1572323 | Rate of 0.50% of average daily balance of asset(s) |
| Henderson Global | 06-1217855 | Rate of 0.40% of average daily balance of asset(s) |
| Hennessy | 68-0377264 | Range of 0.40 - 0.50% of average daily balance of assets |
| Highland Funds | 75-2716725 | Rate of 0.40% of average daily balance of asset(s) |
| Hodges | 75-2278918 | Rate of 0.40% of average daily balance of asset(s) |
| Homestead | 53-0116145 | Rate of 0.10% of average daily balance of asset(s) |
| Hussman Funds | Not Available | Rate of 0.06% of average daily balance of asset(s) |
| ICON Funds | 75-2676133 | Rate of 0.40% of average daily balance of asset(s) |
| Intrepid Funds | 59-3274026 | Range of 0.10 - 0.40% of average daily balance of assets |
| Invesco | 58-2287224 | Range of 0.40 - 0.50% of average daily balance of assets |
| IVA Funds | 41-2253838 | Range of 0.10 - 0.40% of average daily balance of assets |
| Ivy Funds | 04-6006759 | Rate of 0.40% of average daily balance of asset(s) |
| James Advantage | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Janus | 43-1804048 | Rate of 0.35% of average daily balance of asset(s) |
| Jensen | 93-0978027 | Rate of 0.40% of average daily balance of asset(s) |
| JOHCM Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| John Hancock | 04-3483032 | Rate of 0.50% of average daily balance of asset(s) |
| JPMorgan | 13-2624428 | Range of 0.06 - 0.50% of average daily balance of assets |
| Kinetics | 13-3878346 | Rate of 0.40% of average daily balance of asset(s) |
| Laudus Funds | 94-3106735 | Range of 0.10 - 0.25% of average daily balance of assets |
| Lazard | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Legg Mason | Not Available | Range of 0.22 - 0.40% of average daily balance of assets |
| Leuthold | 41-1971243 | Rate of 0.40% of average daily balance of asset(s) |
| LoCorr Funds | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Lord Abbett | 13-3731507 | Rate of 0.29% of average daily balance of asset(s) |
| MainStay | 52-2206685 | Rate of 0.10% of average daily balance of asset(s) |
| Mairs & Power | 23-2398112 | Rate of 0.10% of average daily balance of asset(s) |
| Manning & Napier | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Marsico Investment Fund | Not Available | Rate of 0.50% of average daily balance of asset(s) |

**INTEGRITY APPLICATIONS INC 401K PSP**
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|---|---|---|
| **Fund Family/Provider** | **EIN** | **Formula** |
| Matthews Asia Funds | 94-3250972 | Range of 0.10 - 0.40% of average daily balance of assets |
| Meridian | 94-2408246 | Rate of 0.06% of average daily balance of asset(s) |
| Merk Funds | 01-0516963 | Rate of 0.40% of average daily balance of asset(s) |
| Metropolitan West Funds | 95-4597302 | Rate of 0.35% of average daily balance of asset(s) |
| MFS | 04-3253929 | Rate of 0.45% of average daily balance of asset(s) |
| Midas | 13-3823733 | Rate of 0.40% of average daily balance of asset(s) |
| Morgan Stanley | 36-3145972 | Rate of 0.10% of average daily balance of asset(s) |
| Motley Fool | 54-1742975 | Rate of 0.40% of average daily balance of asset(s) |
| Mutualhedge | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Natixis Funds | 04-3200027 | Range of 0.07 - 0.40% of average daily balance of assets |
| Neuberger Berman | 13-3216325 | Range of 0.29 - 0.35% of average daily balance of assets |
| Nicholas | Not Available | Rate of 0.37% of average daily balance of asset(s) |
| Northern Funds | 36-3608252 | Range of 0.37 - 0.40% of average daily balance of assets |
| Oak Associates | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Oakmark | 04-3200027 | Rate of 0.35% of average daily balance of asset(s) |
| Oberweis | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| OppenheimerFunds | 13-2527171 | Range of 0.07 - 0.50% of average daily balance of assets |
| Osterweis | 94-2871718 | Rate of 0.07% of average daily balance of asset(s) |
| Paradigm Funds | Not Available | Rate of 0.45% of average daily balance of asset(s) |
| Parnassus | 94-6579180 | Rate of 0.40% of average daily balance of asset(s) |
| Permanent Portfolio | 94-2788165 | Rate of 0.38% of average daily balance of asset(s) |
| Perritt | 04-3788672 | Rate of 0.40% of average daily balance of asset(s) |
| PRIMECAP Odyssey Funds | 95-3868081 | Rate of 0.08% of average daily balance of asset(s) |
| Principal Funds | 42-1520346 | Rate of 0.40% of average daily balance of asset(s) |
| ProFunds | 52-2035197 | Rate of 0.40% of average daily balance of asset(s) |
| Prudential Investments | 22-3703799 | Rate of 0.50% of average daily balance of asset(s) |
| Putnam | 36-4488942 | Rate of 0.50% of average daily balance of asset(s) |
| Rainier | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| REMSGroup | Not Available | Rate of 0.50% of average daily balance of asset(s) |
| RidgeWorth | 58-1604573 | Range of 0.20 - 0.40% of average daily balance of assets |
| RMB Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Robeco Investment Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Royce | 52-2343049 | Range of 0.10 - 0.45% of average daily balance of assets |
| Rydex Funds | Not Available | Range of 0.40 - 0.45% of average daily balance of assets |
| Salient Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Schwab Funds | 94-3106735 | Range of 0.02 - 0.25% of average daily balance of assets |
| ScotiaFunds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Scout | 43-1270132 | Rate of 0.40% of average daily balance of asset(s) |
| Seafarer Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Sequoia | 13-2663968 | Rate of 0.05% of average daily balance of asset(s) |
| Sextant Mutual Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Shelton Capital Management | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Sit | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Smead Funds | 26-0218243 | Rate of 0.40% of average daily balance of asset(s) |
| Sound Shore | 06-1332926 | Rate of 0.40% of average daily balance of asset(s) |
| State Street Global Advisors (Chicago) | 42-1704580 | Rate of 0.40% of average daily balance of asset(s) |
| T. Rowe Price | 52-2264646 | Range of 0.04 - 0.40% of average daily balance of assets |
| TCW | 95-2749628 | Rate of 0.40% of average daily balance of asset(s) |
| Teton Westwood Funds | 13-3625130 | Rate of 0.35% of average daily balance of asset(s) |
| Third Avenue | 01-0690900 | Rate of 0.40% of average daily balance of asset(s) |
| Thornburg | Not Available | Range of 0.40 - 0.60% of average daily balance of assets |
| TIAA-CREF Asset Management | 13-1624203 | Range of 0.25 - 0.35% of average daily balance of assets |

**INTEGRITY APPLICATIONS INC 401K PSP**
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| **Received by Charles Schwab & Co., Inc. (EIN#94-1737782)** | | |
|---|---|---|
| **Fund Family/Provider** | **EIN** | **Formula** |
| Tocqueville | 13-3549887 | Rate of 0.40% of average daily balance of asset(s) |
| Tortoise Capital Advisors | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Touchstone | 31-0487145 | Rate of 0.40% of average daily balance of asset(s) |
| Transamerica | 94-0932740 | Range of 0.10 - 0.40% of average daily balance of assets |
| Tributary Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| U.S. Global Investors | 74-1619375 | Rate of 0.40% of average daily balance of asset(s) |
| USAA | 74-0959140 | Range of 0.27 - 0.30% of average daily balance of assets |
| Versus Capital | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Victory | Not Available | Range of 0.40 - 0.50% of average daily balance of assets |
| Virtus | 95-4191764 | Rate of 0.60% of average daily balance of asset(s) |
| Voya | 95-4516049 | Rate of 0.30% of average daily balance of asset(s) |
| Wasatch | 87-0319391 | Range of 0.35 - 0.40% of average daily balance of assets |
| Weitz | 47-0693748 | Rate of 0.30% of average daily balance of asset(s) |
| Wells Fargo Funds | 41-0449260 | Range of 0.40 - 0.55% of average daily balance of assets |
| Westcore | Not Available | Rate of 0.30% of average daily balance of asset(s) |
| William Blair | Not Available | Range of 0.40 - 0.50% of average daily balance of assets |
| Wilshire Mutual Funds | 95-2755361 | Rate of 0.40% of average daily balance of asset(s) |

Please note, the EIN for Fund Family/Provider was provided by Morningstar and is based on how the fund is marketed on the fund website or in other sales literature. Morningstar evaluates the legal entity options that are available and assigns the Provider Company EIN reflected in the above table(s). The EIN should be representative of the fund company or its affiliates, one or more of which may pay Schwab for shareholder related services.

Charles Schwab and Co, Inc. may also receive a periodic maintenance fee from various fund companies for Transaction Fee fund positions that are held at Schwab that averages $20 per account per impacted fund position per year. The estimated total earned for all accounts in your plan was $59.67 and is not included in the above formulas.

**For more details, please refer to your Schwab service, trust or custody agreements and quarterly Shareholder Servicing Report available on Retirementcenter.schwab.com.**

**If you need additional information, please contact your third party administrator or recordkeeper.**

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**Schedule H, line 4i – Schedule of Assets (Held At End of Year)**

Plan Name: Integrity Applications Incorporated 401(k) Profit Sharing Plan
Employer I.D. #: 54-1889710
Plan Number: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|

Schedule of Assets (Held At End of Year) is contained in the attached audit report.