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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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
- [X] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2007

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INTEGRATED MEDICAL PROFESSIONALS, PLLC

532 BROAD HOLLOW ROAD, SUITE 142
MELVILLE, NY 11747

2b Employer Identification Number (EIN)
20-4483367

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

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/07/2018	W. PRICE DUNAWAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/07/2018	W. PRICE DUNAWAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name INTEGRATED MEDICAL PROFESSIONALS, PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	545
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)**	474
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who 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:

1C 1I 3B

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
20-4483367

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SUMMIT EQUITIES, INC.

4 CAMPUS DRIVE
PARISIPPANY, NJ 07054 AF

22-2387914

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		1210	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PINNACLE PLAN DESIGN, LLC

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

20-3970947

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		39588	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
20-4483367

Part I Asset and Liability Statement

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

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

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	35163772	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	35163772	0

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)	130000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		130000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	94042	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		94042
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	57911	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		57911
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-16025
c Other income	2c		5024
d Total income. Add all **income** amounts in column (b) and enter total	2d		270952
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35393142	
(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)		35393142
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	40372	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1210	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		41582
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		35434724
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-35163772
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2370000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.)? ..... [X] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4063667. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
20-4483367

Part I Distributions

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

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

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

EIN(s): 26-1520189

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 545

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

FINANCIAL STATEMENTS
(LIQUIDATION BASIS)

FOR THE YEARS ENDED
DECEMBER 31, 2017 (TERMINATION) AND 2016

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

INDEX
YEARS ENDED DECEMBER 31, 2017 (TERMINATION) AND 2016

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BERDON ACCOUNTANTS AND ADVISORS™

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of Integrated Medical Professionals PLLC Employees' Defined Benefit Pension Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits - liquidation basis as of December 31, 2017 (termination) and 2016, and the related statements of changes in net assets available for benefits - liquidation basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

MEMBER TIAG

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2017 (termination) and December 31, 2016, and the changes in its financial status for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter - Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Sponsor approved a plan on October 26, 2016 to terminate the Plan effective as of December 31, 2016, and during 2017, the assets were liquidated and distributed to the participants, and the Plan terminated on December 31, 2017. In accordance with accounting principles generally accepted in the United State of America, the Plan has presented the December 31, 2017 and 2016 financial statements on the liquidation basis. Our opinion is not modified with respect to this matter.

Other Matter - Report on Supplementary Information

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

Berdon LLP

Certified Public Accountants

Jericho, New York
July 25, 2018

EXHIBIT A

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS)
DECEMBER 31, 2017 (TERMINATION) AND 2016

	2017	2016
ASSETS:		
Investments at fair value:		
Mutual funds	$ -	$ 1,106,031
U.S. Treasury bills	-	32,016,974
Real estate investment trusts	-	1,608,817
	-	34,731,822
Contribution receivable	-	431,949
TOTAL ASSETS	-	35,163,771
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 35,163,771

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

EXHIBIT B

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS)
FOR THE YEARS ENDED DECEMBER 31, 2017 (TERMINATION) AND 2016

	2017	2016
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	$ (11,001)	$ 1,165,613
Interest and dividends	151,953	582,093
Total investment income	140,952	1,747,706
Less, investment expenses	1,210	195,656
Net investment income	139,742	1,552,050
Contributions	130,000	3,985,884
TOTAL ADDITIONS	269,742	5,537,934
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits paid	35,393,142	655,644
Administrative expenses	40,371	144,620
TOTAL DEDUCTIONS	35,433,513	800,264
NET (DECREASE) INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(35,163,771)	4,737,670
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	35,163,771	30,426,101
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ -	$ 35,163,771

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

NOTE 1 - DESCRIPTION OF THE PLAN

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

(a) General

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

On October 26, 2016, the Sponsor approved a plan to terminate the Plan as of December 31, 2016. All assets of the Plan were liquidated and distributed to participants in 2017. As of the date of termination, no participants may enter the Plan.

(b) Eligibility

On December 31, 2016, the Plan was frozen. Individuals who were participants of the Plan as of December 31, 2016 were no longer eligible to participated in the Plan, and participants did not accrue any additional benefits on or after December 31, 2016.

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

(c) Vesting

Prior to the plan freeze, participants' benefits were vested in accordance with the trust agreement. At three years of service, participants become 100% vested in their accounts. Participants were not vested prior to three years of service. The Plan was terminated as of December 31, 2016 and the participants became 100% vested in their accounts. All assets were liquidated and distributed to the participants in 2017.

(continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(d) Contributions

Prior to the plan freeze, on the last day of each plan year, the hypothetical account of each plan participant who completed the required hours of service during the plan year was credited with a hypothetical allocation based on current compensation and job classification. Contributions were remitted by the Sponsor. For principals, the 2016 contribution rate was 36% of salary, not to exceed $80,000, unless otherwise stated by plan amendments. For all other employees, the 2016 contribution rate was 1.5% of salary, not to exceed $750, unless otherwise stated by plan amendments. Contributions for the year ended December 31, 2016, as calculated by the consulting actuary, were $3,985,884.

Upon termination, as discussed in (f) below, the Sponsor was required to make additional contributions, since the net assets available for benefits fell below the hypothetical account balances and amounted to $130,000 for the year ended December 31, 2017.

(e) Pension Benefits

Prior to the plan freeze, the Plan provided normal, disability, and death retirement pension benefits. Benefits were payable in the form of a life annuity, joint survivorship annuity, or single lump sum.

Benefits were recorded when paid. In 2017, all benefits were distributed to participants in order to liquidate the Plan assets.

(f) Plan Termination

The Sponsor had the right to discontinue its contributions and terminate the Plan at any time, subject to provisions set forth in ERISA. Upon full or partial termination of the Plan, the accrued benefit of each affected participant, to the extent funded as of the date of termination, shall become fully vested. Upon complete termination of the Plan, the Sponsor shall distribute the assets in the Plan in the order of priority set forth in the trust agreement in the form of deferred annuities payable at normal retirement. Benefits may also be distributed in lump sum, cash, or in-kind, as soon as practicable following termination. On October 26, 2016, the Sponsor agreed to terminate the Plan as of December 31, 2016. During 2017, all assets of the Plan were fully liquidated and distributed to the participants. The total liquidation distribution for 2017 was $35,393,142 of which $33,798,165 were made up of direct rollovers to 401K and IRA accounts and the balance of $1,594,377 were lump sum distributions.

(g) Participant Accounts

Prior to the plan freeze, hypothetical individual account balances were established for each participant of the Plan. A participant was entitled to receive the vested portion of his or her hypothetical account balance in accordance with the terms of the trust agreement. The amount in each individual account was the sum of the contributions made on behalf of the participant by the Sponsor, plus interest credited to each account based on the interest crediting rate (30-year Treasury rate for November of the preceding plan year, not to exceed 5.5%). The interest crediting rate for the years ended December 31, 2017 and 2016 was 3.14% and 3.03%, respectively.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The December 31, 2017 and 2016 financial statements have been prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

(b) Administrative Expenses

Certain direct costs of record keeping and administration of the Plan are deducted directly from the assets of the Plan, and other expenses are paid by the Sponsor. Administrative expenses paid by the Plan for the years ended December 31, 2017 and 2016 were $40,371 and $144,620, respectively.

(c) Valuation of Investments and Income Recognition

The Plan's investments were stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value of investments were based on quoted market prices, where available. Shares of mutual funds and unit investment trusts were valued at quoted market prices, which represented the net asset value of shares held by the Plan at year-end. Real estate investment trusts were valued either on quoted market price or based on most recent offering price. Purchase and sales of securities were reported on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) included the Plan's gains and losses on investments bought and sold, as well as held, during the year. No investments were held as of December 31, 2017 due to the liquidation of all assets. See Note 3 for discussion of fair value measurements.

(d) Use of Estimates

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

(e) Forfeitures

Upon termination of employment, participants forfeit their nonvested balances. Forfeited balances of terminated participants' nonvested accounts were used to reduce current plan sponsor contributions. There were no unapplied forfeiture credits as of December 31, 2017. There were unapplied forfeiture credits in the amount of $11,388 at December 31, 2016.

(continued)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

(f) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Sponsor, by a letter dated May 14, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving this determination letter, and the plan administrator believes that the Plan was currently designed and was being operated in compliance with the applicable provisions of the IRC. The Plan is filing a final Form 5500 for the year ended December 31, 2017.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan was subject to routine audits by taxing jurisdictions. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

(g) Adopted Accounting Pronouncements

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

(continued)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

(h) Subsequent Events

The Plan has evaluated subsequent events after December 31, 2017 through July 25, 2018, the date that the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy was based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Following is a description of valuation methodologies used for assets measured at fair value at December 31, 2016.

- Mutual funds - Valued at the closing price reported in the active market in which the individual security is traded.
- U.S. Treasury/Agency securities - Valued at the closing price reported in the active market in which the individual security is traded.

Real estate investment trusts:

- Griffin-American Healthcare REIT III, Inc. invests in a diversified portfolio of real estate properties, and the board of directors has determined the fair market price based on the most recent offering price.
- Cole Credit Property Trust IV, Inc. invests in commercial real estate properties, and the board of directors has determined the fair market price based on the most recent offering price.

The following table summarizes the Plan's investments as of December 31, 2016, based on the inputs used to value them:

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

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The table below sets forth a summary of the Plan's investments in real estate investment trusts for which the per share amount has been valued at the most recent offering price used to measure fair value as previously disclosed:

	December 31, 2016			
Fund	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Real estate investment trusts:				
Griffin-American Healthcare REIT III	$ 968,817	$ -	End of calendar quarter	60 days' written notice
Cole Credit Property Trust IV, Inc. REIT	$ 640,000	$ -	End of calendar quarter	91 days' written notice

Redemption restrictions were in place for the Plan's real estate investment trusts with a fair value of $1,608,817 at December 31, 2016, in which the board of directors or general partners may, at their sole discretion, limit the redemption in whole or in part. The real estate investment trusts per share redemption price will depend on the original purchase price paid per share and the length of time held. If redeemed before four years, the purchase price will be limited to 92.5% to 97.5% of the original purchase price.

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

	Private Investment Funds	Real Estate Investment Trusts
Balance - December 31, 2015	$ 573,331	$ 1,701,075
Realized (losses)	(20,925)	-
Unrealized (losses) relating to assets held at reporting date	-	(92,258)
Sales	(552,406)	-
Balance - December 31, 2016	-	1,608,817
Realized gain	-	5,051
Sales	-	(1,613,868)
Balance - December 31, 2017	$ -	$ -

(continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Realized and unrealized gains and losses are included in net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016, respectively .

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods were appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no transfers between Levels 1 and 2 during the year ended December 31, 2016.

NOTE 4 - INVESTMENTS

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

Investments at fair value:

Mutual funds	$ 1,106,031
U.S. Treasury bills	32,016,974
Real estate investment trusts	1,608,817
Total investments at fair value	$ 34,731,822

During the years ended December 31, 2017 and 2016, the Plan's investments (including investments bought, sold, and held during the year) appreciated and (depreciated) in fair value by $(11,001) and $1,165,613, respectively.

NOTE 5 - ACCUMULATED PLAN BENEFITS

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

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

(continued)

NOTE 5 - ACCUMULATED PLAN BENEFITS (Continued)

Significant assumptions underlying the actuarial computations were as follows:

Interest crediting rate	30-year Treasury rate for November of year preceding plan year, but limited to 5.5% (applied to beginning account balances); 2017: 3.14% per annum; 2016: 3.03% per annum
Mortality basis	1994 Group Annuity Reserving
Retirement age	Anniversary date nearest attainment of age 62, and completion of five years of participation

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

	(Liquidation Basis)
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ -
Other participants	34,858,404
	34,858,404
Nonvested participants	-
	$ 34,858,404

Changes in accumulated plan benefits for the year ended December 31, 2017 are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2017	$ 34,858,404
Increase (decrease) during year attributable to:	
Increase for interest due to decrease in discount period	534,738
Benefits paid	(35,393,142)
Net decrease	(34,858,404)
Actuarial present value of accumulated plan benefits - December 31, 2017	$ -

NOTE 6 - RELATED PARTY TRANSACTIONS

Summit Equities, Inc is the custodian as defined by the Plan and were paid fees of $1,210 and $195,656 for the years ended December 31, 2017 and 2016, respectively. These fees are considered as party-in-interest transactions.

SUPPLEMENTAL SCHEDULES

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4(j)
FOR THE YEAR ENDED DECEMBER 31, 2017

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Fidelity Cash Reserves	$ 32,994,000	$ -	$ 32,994,000	$ -
Fidelity Cash Reserves	$ -	$ 12,025,797	$ 12,025,797	$ -
Fidelity Cash Reserves	$ -	$ 10,070,738	$ 10,070,738	$ -
Fidelity Cash Reserves	$ -	$ 2,777,923	$ 2,777,923	$ -
Fidelity Cash Reserves	$ -	$ 2,686,702	$ 2,686,702	$ -
Fidelity Cash Reserves	$ -	$ 2,550,352	$ 2,550,352	$ -
Fidelity Cash Reserves	$ -	$ 2,735,545	$ 2,735,545	$ -
United States Treasury Bills	$ -	$ 32,994,000	$ 32,994,000	$ -

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

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4(j)
FOR THE YEAR ENDED DECEMBER 31, 2017

CATEGORY (III) - A SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5% OF THE FAIR VALUE OF PLAN ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASE PRICE	TOTAL DOLLAR VALUE OF SELLING PRICE	COST OF ASSETS ON TRANSACTION DATE	NET GAIN OR (LOSS)
Fidelity Cash Reserves	22	30	$ 35,081,315	$ 36,197,709	$ 36,197,709	$ -

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4(j)
FOR THE YEAR ENDED DECEMBER 31, 2017

DESCRIPTION	PURCHASE PRICE	SELLING PRICE	COST	NET GAIN (LOSS)
Category (i) - Single transactions in excess of 5% of plan assets:				
Fidelity Cash Reserves	$ 32,994,000	$ -	$ 32,994,000	$ -
Fidelity Cash Reserves	$ -	$ 12,025,797	$ 12,025,797	$ -
Fidelity Cash Reserves	$ -	$ 10,070,738	$ 10,070,738	$ -
Fidelity Cash Reserves	$ -	$ 2,777,923	$ 2,777,923	$ -
Fidelity Cash Reserves	$ -	$ 2,686,702	$ 2,686,702	$ -
Fidelity Cash Reserves	$ -	$ 2,550,352	$ 2,550,352	$ -
Fidelity Cash Reserves	$ -	$ 2,735,545	$ 2,735,545	$ -
United States Treasury Bills	$ -	$ 32,994,000	$ 32,994,000	$ -

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

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

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

EIN: 20-4483367, PLAN NO.: 002

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4(j)
FOR THE YEAR ENDED DECEMBER 31, 2017

CATEGORY (III) - A SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5% OF THE FAIR VALUE OF PLAN ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASE PRICE	TOTAL DOLLAR VALUE OF SELLING PRICE	COST OF ASSETS ON TRANSACTION DATE	NET GAIN OR (LOSS)
Fidelity Cash Reserves	22	30	$ 35,081,315	$ 36,197,709	$ 36,197,709	$ -

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