

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☐ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN</u>		1b Three-digit plan number (PN) ▶ <u>004</u>
			1c Effective date of plan <u>01/01/2002</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)	<u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC</u> <u>1226 EAST WATER STREET</u> <u>SYRACUSE, NY 13210</u>		2b Employer Identification Number (EIN) <u>20-8928235</u>
			2c Sponsor's telephone number <u>315-478-4185</u>
			2d Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2012	CHRISTOPHER WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2012	CHRISTOPHER WILLIAMSON
	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

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC 1226 EAST WATER STREET SYRACUSE, NY 13210	3b Administrator's EIN 20-8928235 3c Administrator's telephone number 315-478-4185
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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
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5 Total number of participants at the beginning of the plan year	5	152
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	139
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	17
d Subtotal. Add lines 6a , 6b , and 6c	6d	156
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	156
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1B 1C 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) ☒ Trust	(3) ☒ 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)** ☒ **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) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC</u>	D Employer Identification Number (EIN) <u>20-8928235</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>3788287</u>
b Actuarial value	2b <u>3788287</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>17</u> <u>44688</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>45513</u>
(2) Vested benefits	3c(2) <u>2732079</u>
(3) Total active	3c(3) <u>145</u> <u>2777592</u>
d Total	3d <u>162</u> <u>2822280</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.19 %</u>
6 Target normal cost	6 <u>743685</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>06/18/2012</u>
Signature of actuary	Date
<u>DONALD A. SHEPARD</u>	<u>11-04104</u>
Type or print name of actuary	Most recent enrollment number
<u>ACTUARIAL PENSION ANALYSTS, INC.</u>	<u>315-445-2108</u>
Firm name	Telephone number (including area code)
<u>7000 EAST GENESEE STREET</u> <u>FAYETTEVILLE, NY 13066</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		804770
b Interest on (a) using prior year's effective rate of <u>6.70</u> % except as otherwise provided (see instructions)		53920
c Total available at beginning of current plan year to add to prefunding balance		858690
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages		
14 Funding target attainment percentage	14	134.23 %
15 Adjusted funding target attainment percentage	15	134.23 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	141.70 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/24/2011	15003	0	03/09/2012	381112	0
05/10/2011	218456	0			
06/13/2011	104855	0			
06/08/2011	116806	0			
06/28/2011	90555	0			
09/06/2011	205011	0			
			Totals ►	18(b)	1131798
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1083910
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 3.37%	2nd segment: 6.04%	3rd segment: 6.49 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	743685										
b Excess assets, if applicable, but not greater than 31a	31b	743685										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....												
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1083910										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1083910										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40											

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC</u>	D Employer Identification Number (EIN) <u>20-8928235</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MANNING & NAPIER INVESTMENT ADVISOR

290 WOODCLIFF DRIVE
FAIRPORT, NY 14450

(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 28		29556	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC	D Employer Identification Number (EIN) 20-8928235	

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)	2842	381112
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	18349	20187
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	216830	23829
(2) U.S. Government securities.....	1c(2)	1077610	1296119
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1225447	1182598
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	642238	824058
(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)	604991	816707
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3788307	4544610

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3788307	4544610
---	-----------	---------	---------

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)	1131798	
(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)		1131798
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	63	
(B) U.S. Government securities	2b(1)(B)	46069	
(C) Corporate debt instruments	2b(1)(C)	53815	
(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)		99947
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	11797	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	43098	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		54895
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2486792	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2500778	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-13986

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	7402	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		7402
(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)		-39585
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1240471

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	450857	
(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)		450857
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	33306	
(4) Other	2i(4)	5	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		33311
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		484168

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		756303
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: TESTONE, MARSHALL & DISCENZA, LLP

(2) EIN: 16-1076996

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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.).....		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.).....		X	
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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC</u>	D Employer Identification Number (EIN) <u>20-8928235</u>

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): <u>20-8928235</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>8</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FINANCIAL STATEMENTS

**ASSOCIATED MEDICAL
PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION
PLAN AND TRUST**

DECEMBER 31, 2011 AND 2010

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees of
Associated Medical Professionals of NY, PLLC
Employees' Defined Benefit Pension Plan and Trust
Syracuse, New York

We were engaged to audit the accompanying statement of net assets available for benefits of Associated Medical Professionals of NY, PLLC Employees' Defined Benefit Pension Plan and Trust as of December 31, 2011 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedules of schedule H, line 4i - schedule of assets (held at end of year) and schedule H, line 4j - schedule of reportable transactions as of and for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Huntington National Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

(Continued)

We have compiled the accompanying statement of net assets available for benefits of Associated Medical Professionals of NY, PLLC Employees' Defined Benefit Pension Plan and Trust as of December 31, 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits as of December 31, 2010 or the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and, accordingly, do not express an opinion or any other form of assurance on it.

Jestone, Marshall & Wiscenza

July 17, 2012
Syracuse, New York

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010**

	<u>2011</u>	<u>Unaudited 2010</u>
INVESTMENTS, at fair value:		
Money market funds	\$ 23,829	\$ 216,830
U.S. government securities	1,296,119	1,077,610
Corporate bonds	1,182,598	1,225,447
Common stocks	824,058	642,238
Mutual funds	816,707	604,991
Total investments, at fair value	<u>4,143,311</u>	<u>3,767,116</u>
RECEIVABLES:		
Company contributions	381,112	2,842
Accrued interest	20,187	18,349
Total receivables	<u>401,299</u>	<u>21,191</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,544,610</u>	<u>\$ 3,788,307</u>

See Accompanying Notes and Independent Auditor's Report

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010**

	<u>2011</u>	<u>Unaudited 2010</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Interest and dividend income	\$ 154,842	\$ 87,499
Net appreciation (depreciation) in fair value of investments	<u>(46,169)</u>	<u>172,256</u>
Total investment income - net	108,673	259,755
Company contributions	<u>1,131,798</u>	<u>830,342</u>
Total additions	<u>1,240,471</u>	<u>1,090,097</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	450,857	20,840
Administrative expenses	<u>33,311</u>	<u>28,869</u>
Total deductions	<u>484,168</u>	<u>49,709</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	756,303	1,040,388
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>3,788,307</u>	<u>2,747,919</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 4,544,610</u>	<u>\$ 3,788,307</u>

See Accompanying Notes and Independent Auditor's Report

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

1. DESCRIPTION OF PLAN

The following description of the Associated Medical Professionals of NY, 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.

General

The Plan is a cash balance defined benefit pension plan covering substantially all employees of Associated Medical Professionals of NY, PLLC (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension Benefits

Employees are eligible to participate in the Plan upon completion of one year of service, during which at least 1,000 hours are credited. Leased employees or those under a collective bargaining agreement are not eligible to participate.

On an annual basis participant's Theoretical Account Balances are increased by compensation credits equal to 3.5% of annual compensation, as defined by the Plan, for non-physician employees and \$50,000 for licensed physicians. Additionally, each employee receives an annual interest credit based upon the 30-year Treasury Rate.

Participants are entitled to the entire portion of their Theoretical Account Balance, upon reaching normal retirement age, which is the attainment of age sixty-five or upon the fifth anniversary of joining the Plan, whichever is later.

As per the Plan documents, if the participant is married on the date benefits are to begin, they will automatically receive the value of the Theoretical Account Balance as a joint and 50% survivor annuity, or may elect one of the following: (1) a lump sum or (2) a life annuity. If the participant is not married on the date benefits are to begin, they will automatically receive a life annuity. The participant and their spouse, if applicable, may also consent to waive the annuity form of payment to receive a lump-sum payment.

Vesting

In the event employment terminates prior to death, disability or retirement, participants are vested in a percentage of their accrued benefit based upon years of service. A participant is 100% vested after three years of credited service.

(Continued)

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

1. DESCRIPTION OF PLAN (CONT'D)

Death and Disability Benefits

In the event that an employee is actively employed with the Company at the time of death, or the employee dies while on a leave of absence and had not yet received benefits, or the employee dies subsequent to termination of employment but before receiving retirement benefits, a participant's benefit will be payable to a surviving beneficiary based on the employee's Theoretical Account Balance at the date of death.

In the event an employee becomes disabled, the employee is entitled to receive the balance in their Theoretical Account as of the date the participant begins to receive disability benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect reported amounts of assets, 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 may differ from these estimates.

Payment of Benefits

Benefits are recorded when paid.

Funding Policy

The Company's funding policy is to make annual contributions to the Plan, as determined by the Plan's independent actuary. No contributions are permitted by individual participants. The Company is required by ERISA to fund the plan based on amounts determined through actuarial calculations. The Company's contribution for 2011 and 2010 complied with the minimum funding requirements of ERISA.

(Continued)

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. For each Plan year in which a participant is credited with 1,000 hours of service, the participant account shall be credited with a compensation credit and an interest credit as defined by the Plan.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Subsequent Events

Subsequent events have been evaluated through July 17, 2012, the date the financial statements were available to be issued.

(Continued)

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

3. FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

- *Money market funds:* valued at cost plus accrued interest.
- *U.S. government securities, corporate bonds, common stocks and mutual funds:* valued at closing price reported in the active market on which the individual securities are traded.

(Continued)

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

3. FAIR VALUE MEASUREMENTS (CONT'D)

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

The following tables set forth by level, within the fair value hierarchy, the plan's fair value measurement at December 31, 2011 and 2010.

Fair value measurement at December 31, 2011:				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 23,829	\$ -	\$ -	\$ 23,829
U.S. government securities:				
Short term	623,024	-	-	623,024
Intermediate term	98,439	-	-	98,439
Long term	574,656	-	-	574,656
Total U.S. government securities	1,296,119	-	-	1,296,119
Corporate bonds:				
Short term	565,446	-	-	565,446
Intermediate term	617,152	-	-	617,152
Total corporate bonds	1,182,598	-	-	1,182,598
Common stocks:				
Consumer discretionary	168,829	-	-	168,829
Consumer staples	86,805	-	-	86,805
Energy	64,795	-	-	64,795
Financial	96,179	-	-	96,179
Health care	91,350	-	-	91,350
Industrial	75,393	-	-	75,393
Information technology	183,989	-	-	183,989
Materials	40,952	-	-	40,952
Telecommunication	15,766	-	-	15,766
Total common stocks	824,058	-	-	824,058
Mutual funds:				
Large cap funds	173,745	-	-	173,745
Mid cap funds	90,937	-	-	90,937
Small cap funds	80,185	-	-	80,185
Bond funds	471,840	-	-	471,840
Total mutual funds	816,707	-	-	816,707
Total assets, at fair value	\$ 4,143,311	\$ -	\$ -	\$ 4,143,311

(Continued)

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

3. FAIR VALUE MEASUREMENTS (CONT'D)

Fair value measurement at December 31, 2010:				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 216,830	\$ -	\$ -	\$ 216,830
U.S. government securities:				
Short term	569,274	-	-	569,274
Intermediate term	156,804	-	-	156,804
Long term	351,532	-	-	351,532
Total U.S. government securities	1,077,610	-	-	1,077,610
Corporate bonds:				
Short term	663,880	-	-	663,880
Intermediate term	561,567	-	-	561,567
Total corporate bonds	1,225,447	-	-	1,225,447
Common stocks:				
Consumer discretionary	67,716	-	-	67,716
Consumer staples	93,795	-	-	93,795
Energy	85,015	-	-	85,015
Financial	77,868	-	-	77,868
Health care	50,575	-	-	50,575
Industrial	79,346	-	-	79,346
Information technology	158,674	-	-	158,674
Materials	29,249	-	-	29,249
Total common stocks	642,238	-	-	642,238
Mutual funds:				
Large cap funds	132,465	-	-	132,465
Mid cap funds	33,761	-	-	33,761
Small cap funds	69,983	-	-	69,983
Bond funds	368,782	-	-	368,782
Total mutual funds	604,991	-	-	604,991
Total assets, at fair value	\$ 3,767,116	\$ -	\$ -	\$ 3,767,116

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by the Plan's actuaries. The actuarial valuation is used primarily to determine the level of contribution that meets the rules for minimum funding and maximum deductibility requirements. The recommended contribution calculated by the actuary is based on the assumed objective of keeping the plan assets approximately equal to the total theoretical account balance. The Plan's actuarial valuation was performed using census data for plan participants provided by the Company and unaudited financial information provided by the custodian.

(Continued)

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONT'D)

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

Significant actuarial assumptions used in the valuation are as follows:

- Assumed rate of return on investments net of expenses of 4.19%;
- Salary increases of 3%;
- Retirement at age 65 and the fifth anniversary of participation, whichever is greater.

The actuarially computed present value of accumulated plan benefits at January 1:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits	\$ 3,597,209	\$ 2,642,563
Nonvested benefits	<u>75,602</u>	<u>49,412</u>
Total	<u>\$ 3,672,811</u>	<u>\$ 2,691,975</u>

A summary of changes in accumulated plan benefits is as follows for the year ended December 31, 2011:

Actuarial present value of accumulated plan benefits at January 1, 2010	\$ 2,691,975
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains or losses	1,005,824
Benefits paid	<u>(24,988)</u>
Actuarial present value of accumulated plan benefits at January 1, 2011	<u>\$ 3,672,811</u>

(Continued)

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

5. INVESTMENTS

Investment balances which represent 5% or more of the Plan assets available for benefits as of December 31:

	<u>2011</u>	<u>2010</u>
Federal National Mortgage Association, 04/15/2015, 5%	\$ 295,664	\$ 294,291
Manning & Napier Core Plus Bond Series	402,980	308,813

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2011</u>	<u>2010</u>
U.S. government securities	\$ 17,392	\$ 20,519
Corporate bonds	3,986	17,546
Common stocks	(24,862)	96,361
Mutual funds	(42,685)	37,830
Total	<u>\$ (46,169)</u>	<u>\$ 172,256</u>

6. FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has received a certification from Huntington National Bank, the trustee of the Plan, which states that the following information is complete and accurate as of and for the years ended December 31, 2011 and 2010:

- Statements of Net Assets Available for Benefits - All items and amounts except for Company contributions receivable.
- Statements of Changes in Net Assets Available for Benefits - Interest and dividend income and net appreciation (depreciation) in fair value of investments.
- Note 5 - Investment balances and net appreciation (depreciation) in fair value of investments.
- Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - All items and amounts.
- Schedule H, Line 4j - Schedule of Reportable Transactions - All items and amounts.

(Continued)

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

7. RELATED PARTY TRANSACTIONS

Plan investments are held by Huntington National Bank, who acts as trustee as defined by the Plan. Manning and Napier Advisors, Inc. is the Plan's investment advisor. Actuarial Pension Analysts, Inc. is the Plan's actuary. Transactions with these companies qualify as party-in-interest transactions. Fees paid to Huntington National Bank by the Plan for custodial and trustee services amounted to approximately \$3,700 and \$2,900 for the years ended December 31, 2011 and 2010, respectively. Fees paid to Manning and Napier Advisors, Inc. by the Plan for investment management services amounted to approximately \$29,600 and \$26,000 for the years ended December 31, 2011 and 2010, respectively.

8. INCOME TAX STATUS

The Plan obtained its latest determination letter dated July 11, 2008 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

9. RISKS AND UNCERTAINTIES

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

(Continued)

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

9. RISKS AND UNCERTAINTIES (CONT'D)

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

10. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order as indicated in the Plan documents:

- The portion of the participant's accrued benefit which is derived from their voluntary contributions made to the Plan, if any.
- Equally among retired participants and their beneficiaries, to whom payment commenced at least three years prior to the date of termination; and participants who could have retired and received payment of their benefits at least three years prior to the date of termination.
- To all benefits guaranteed and insured by the Pension Benefit Guaranty Corporation ("PBGC").
- To all other vested accrued benefits not insured by the PBGC.
- To all other accrued benefits provided under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

(Concluded)

Associated Medical Professionals of NY, PLLC Employees' Defined Benefit Pension Plan

ATTACHMENT TO SCHEDULE SB

EMPLOYER IDENTIFICATION NUMBER ... 20-8928235
PLAN NUMBER 4
CURRENT PLAN YEAR BEGINNING 1/1/2011
AND ENDING 12/31/2011

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Effective Date:	January 1, 2002
Last Amended:	January 1, 2009
Eligibility:	An employee shall become a Participant on the January 1 or July 1 coincident or next following the completion of one year of service and the attainment of age 21. Past service credited for prior employees of CNY Urology, PC.
Normal Retirement Date:	January 1 nearest age 65 and the 5th anniversary of participation.
Retirement Benefit:	Cash Balance - benefit equal to actuarial equivalence of Theoretical Account Balance. Contribution Credit equal to \$50,000 for licensed physicians/partners. Contribution Credit equal to 3.5% of Compensation for others. Interest Credited at the rate on 30-year U.S. Treasury securities for the second full calendar month preceding the plan year.
Vesting:	Less than 3 years - 0% 3 years of service or more - 100%
Service Crediting:	Eligibility: 1,000 hours Vesting: 1,000 hours Contribution Credit: 501 hours or employed on last day of plan year
Normal Form of Benefit:	Life Annuity Lump Sum payout equal to Theoretical Account Balance
Actuarial Equivalence:	Interest: 30-year Treasury Rate (above) Mortality: (post-retirement only) Rev. Ruling 2001-62 Mortality Table
Top Heavy Benefit:	Top Heavy minimum provided in other plan.

Associated Medical Professionals of NY, PLLC Employees' Defined Benefit Pension Plan

ATTACHMENT TO SCHEDULE SB

EMPLOYER IDENTIFICATION NUMBER 20-8928235

PLAN NUMBER 4

CURRENT PLAN YEAR BEGINNING 1/1/2011

AND ENDING 12/31/2011

SCHEDULE SB, LINE 22 - WEIGHTED AVERAGE RETIREMENT AGE

Each participant assumed to retire at his/her normal retirement age, or his/her age on the current valuation date, if later

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

► Round off amounts to nearest dollar.

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

A Name of plan

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES' DEFINED

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

004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC

D Employer Identification Number (EIN)

20-8928235

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2011**2 Assets:**

	2a	2b
a Market value	3,788,287	
b Actuarial value		3,788,287

3 Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

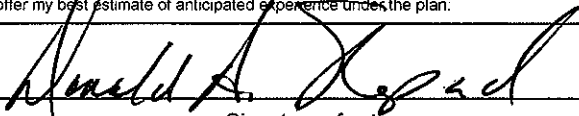
	3a	3b	3c(1)	3c(2)	3c(3)	3d
a For retired participants and beneficiaries receiving payment	0					0
b For terminated vested participants	17	44,688				
c For active participants:						
(1) Non-vested benefits			45,513			
(2) Vested benefits			2,732,079			
(3) Total active	145	2,777,592				
d Total	162	2,822,280				

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate **5** 6.19**6** Target normal cost **6** 743,685**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

Donald A. Shepard

Type or print name of actuary

Actuarial Pension Analysts, Inc.

Firm name

7000 East Genesee Street

US Fayetteville

NY 13066

Address of the firm

06/18/2012

Date

11-04104

Most recent enrollment number

(315) 445-2108

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	
8 Portion elected to use to offset prior year's funding requirement (line 35 from prior year)	0	
9 Amount remaining (line 7 minus line 8)	0	
10 Interest on line 9 using prior year's actual return of _____ %	0	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		804,770
b Interest on (a) using prior year's effective rate of <u>6.70</u> % except as otherwise provided (see instructions)		53,920
c Total available at beginning of current plan year to add to prefunding balance..		858,690
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	134.23 %
15 Adjusted funding target attainment percentage	15	134.23 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	141.70 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/24/2011	15,003				
05/10/2011	218,456				
06/13/2011	104,855				
06/08/2011	116,806				
06/28/2011	90,555				
09/06/2011	205,011				
03/09/2012	381,112				
			Totals ►	18(b) 1,131,798	18(c)

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..	19c	1,083,910

20 Quarterly contributions and liquidity shortfall(s):

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 3.37 %	2nd segment: 6.04 %	3rd segment: 6.49 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)			
a Target normal cost (line 6)	31a	743,685	
b Excess assets, if applicable, but not greater than 31a	31b	743,685	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected to use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,083,910	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,083,910	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contribution for all years	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Associated Medical Professionals of NY, PLLC Employees' Defined Benefit Pension Plan**ATTACHMENT TO SCHEDULE SB****EMPLOYER IDENTIFICATION NUMBER ...** 20-8928235**PLAN NUMBER** 4**CURRENT PLAN YEAR BEGINNING** 1/1/2011**AND ENDING** 12/31/2011**SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHOD**

Actuarial Cost Method: Unit Credit (as modified under Pension Protection Act)

Accrued Liability (Funding Target) is equal to the present value of Accrued Benefits as of the Valuation Date.
(Target) Normal Cost is equal to the present value of benefits accruing in the year following the Valuation Date.

Assets: Market Value
(Increased by discounted contributions received for prior year)

Compensation: Prior plan year compensation increased by 3%.

Projection Interest Rate: 4.19%
(Interest Crediting Rate in effect for current plan year.)

Assumed Retirement Date: Later of Normal or one year from Valuation Date.

Assumed Optional Forms: 100% Lump Sums

Pre-Retirement Mortality: None

Pre-Retirement Turnover: None

Interest Discount: Funding Segment Rates (without Transition Rule) in effect for second month
prior to valuation date.

Applicable Month: November, 2010

1st Segment Rate:	3.37%	Years 1 to 5
2nd Segment Rate	6.04%	Years 6 to 20
3rd Segment Rate:	6.49%	Years over 20

Effective Interest Rate:	Prior Year:	6.70%
	Current Year:	6.19%

ATTACHMENT TO SCHEDULE SB

PLAN NUMBER 4

CURRENT PLAN YEAR BEGINNING 1/1/2011

CURRENT YEAR YEAR BEGINNING 1/1/2011
AND ENDING 12/31/2011

ATTAINED AGE	YEARS OF CREDITED SERVICE									
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	4		1							
25 to 29	6		4		1					
30 to 34	4		16							
35 to 39	8		9							
40 to 44	2		15		4					
45 to 49	6		12		1					
50 to 54	3		12		3					
55 to 59	3		13		4					
60 to 64	1		9		1					
65 to 69	1		1							
70 & up			1							

[illegible]

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED-BENEFIT PENSION PLAN AND TRUST
EIN #20-8928235
PLAN #004, FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Single transactions exceeding 5% of plan assets :								
*	Huntington Treasury Money Mkt (1 sale of 301,132 shares)	\$ -	\$ 301,132	\$ -	\$ -	\$ 301,132	\$ 301,132	\$ -
*	Huntington Treasury Money Mkt (1 sale of 193,549 shares)	-	193,549	-	-	193,549	193,549	-
*	Huntington Treasury Money Mkt (1 purchase of 218,456 shares)	218,456	-	-	-	218,456	218,456	-
*	Huntington Treasury Money Mkt (1 purchase of 207,447 shares)	207,447	-	-	-	207,447	207,447	-
*	Huntington Treasury Money Mkt (1 purchase of 205,011 shares)	205,011	-	-	-	205,011	205,011	-

Category (ii) - Series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets:

No transactions

Category (iii) - Series of security transactions involving the same issue, if the series aggregates to more than 5% of plan assets:

*	Huntington Treasury Money Mkt (144 purchases of 1,503,382 shares)	1,503,382	-	-	-	1,503,382	1,503,382	-
*	Huntington Treasury Money Mkt (67 sales of 1,666,385 shares)	-	1,666,385	-	-	1,666,385	1,666,385	-

Category (iv) - Security transactions with a person, if any preceding or subsequent single securities transaction with the same person exceeds 5% of plan assets:

No transactions

See Accompanying Notes and Independent Auditor's Report

**ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST**

EIN #20-8928235

PLAN #004, FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Huntington Treasury Money Mkt	Money Mkt - 23,829 shares	\$ 23,829	\$ 23,829
	U.S. Treasury Bond	U.S. Gov't, 2/15/2015, 4%	10,200	11,106
	U.S. Treasury Bond	U.S. Gov't, 2/15/2018, 3.5%	19,081	22,802
	U.S. Treasury Bond	U.S. Gov't 2/28/2014, 1.875%	127,309	134,428
	U.S. Treasury Bond	U.S. Gov't, 5/31/2014, 2.25%	44,859	47,078
	U.S. Treasury Bond	U.S. Gov't, 12/31/2016, 3.25%	30,338	33,497
	U.S. Treasury Bond	U.S. Gov't, 12/31/2014, 2.625%	25,336	26,664
	FHLMC Gold Pool #A47155	U.S. Gov't, 10/01/2035, 5.5%	13,096	13,416
	FHLMC Pool #A65773	U.S. Gov't, 09/01/2037, 6%	22,732	22,736
	FHLMC Gold Pool #G03428	U.S. Gov't, 11/01/2037, 6%	24,279	24,772
	FHLMC Gold Pool #G03614	U.S. Gov't, 05/01/2037, 5.5%	69,413	69,766
	FHLMC Pool #A92361	U.S. Gov't, 05/01/2040, 5%	25,356	26,504
	FNMA Pool #745932	U.S. Gov't, 11/01/2036, 6.5%	13,902	15,146
	FNMA Pool #888745	U.S. Gov't, 10/01/2037, 6.5%	49,572	49,189
	FNMA Pool #982434	U.S. Gov't, 05/01/2023, 4.5%	14,841	16,289
	FNMA Pool #985411	U.S. Gov't, 06/01/2038, 6%	12,686	13,790
	FNMA Pool #995602	U.S. Gov't, 04/01/2039, 6.5%	25,098	24,904
	FNMA Pool #995681	U.S. Gov't, 05/01/2038, 6%	76,485	77,287
	FNMA Pool #AE0217	U.S. Gov't, 08/01/2040, 4.5%	110,205	110,744
	GNMA Pool #645863	U.S. Gov't, 01/15/2036, 5.5%	23,592	25,587
	GNMA Pool #688041	U.S. Gov't, 11/15/2038, 5%	19,869	21,164
	GNMA Pool #699307	U.S. Gov't, 10/15/2038, 6%	19,650	20,374
	Federal Home Loan Mortgage Corp	U.S. Gov't, 03/15/2031, 6.75%	11,521	12,026
	Federal Home Loan Mortgage Corp	U.S. Gov't, 07/15/2032, 6.25%	11,051	11,643
	Federal National Mortgage Assoc.	U.S. Gov't, 05/11/2017, 5%	49,637	59,349
	Federal National Mortgage Assoc.	U.S. Gov't, 04/15/2015, 5%	284,669	295,664
	Federal National Mortgage Assoc.	U.S. Gov't, 05/15/2029, 6.25%	10,872	11,263
	Federal National Mortgage Assoc.	U.S. Gov't, 05/15/2030, 7.25%	12,038	12,494
	Federal National Mortgage Assoc.	U.S. Gov't, 11/15/2030, 6.625%	11,327	11,849
	Federal National Mortgage Assoc.	U.S. Gov't, 09/15/2016, 5.25%	28,325	28,490
	Federal National Mortgage Assoc.	U.S. Gov't, 05/18/2012, 4.875%	45,934	46,098
	American Express	Bond, 05/09/2019, 8.125%	23,956	25,857
	Amgen Inc.	Bond, 10/01/2020, 3.45%	35,741	34,189
	Anadarko Petroleum Corp	Bond, 03/15/2019, 8.7%	31,006	31,918

(Continued)

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
EIN #20-8928235
PLAN #004, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	BHP Billiton Fin USA LTD	Bond, 04/01/2019, 6.5%	22,688	24,711
	Boston Properties Inc.	Bond, 10/15/2019, 5.875%	25,843	28,154
	Caterpillar Financial Services Corp.	Bond, 02/15/2019, 7.15%	22,717	25,616
	Citigroup Inc.	Bond, 05/22/2019, 8.5%	22,860	23,542
	Citigroup Funding Inc.	Bond, 12/10/2012, 2.25%	73,251	73,337
	Citigroup Funding Inc.	Bond, 10/22/2012, 1.875%	54,727	54,743
	Comcast Corp.	Bond, 07/01/2019, 5.7%	21,120	23,202
	John Deere Capital Corp.	Bond, 09/10/2018, 5.75%	22,015	24,220
	Dell Inc.	Bond, 06/15/2019, 5.875%	20,775	23,486
	Exelon Generation Co LLC	Bond, 10/01/2017, 6.2%	21,711	22,967
	General Elec Cap Corp.	Bond, 01/08/2020, 5.5%	19,853	22,006
	General Elec Cap Corp.	Bond, 12/21/2012, 2.125%	47,704	47,874
	Goldman Sachs Group Inc.	Bond, 02/15/2019, 7.5%	22,779	22,088
	HCP Inc.	Bond, 01/30/2018, 6.7%	38,933	38,907
	Household Finance Corp.	Bond, 11/27/2012, 6.375%	21,440	20,571
	International Game Tech	Bond, 6/15/2019, 7.5%	21,923	23,046
	JP Morgan Chase & Co.	Bond, 12/26/2012, 2.125%	45,672	45,842
	Key Bank NA	Bond, 06/15/2012, 3.2%	115,735	112,534
	Kroger Co.	Bond, 12/15/2018, 6.8%	22,374	24,560
	Merrill Lynch & Co MTN	Bond, 04/25/2018, 6.875%	21,000	19,719
	National City Corp PNC	Bond, 05/15/2019, 6.875%	27,590	28,097
	Nokia Corp.	Bond, 05/15/2019, 5.375%	20,760	20,183
	PNC Funding Corp.	Bond, 06/22/2012, 2.3%	74,239	73,728
	Schwab (Charles) Corp.	Bond, 07/22/2020, 4.45%	37,364	37,032
	Simon Property Group LP	Bond, 04/01/2019, 10.35%	32,402	34,318
	Southwest Airlines Co.	Bond, 12/15/2016, 5.75%	44,357	44,372
	Textron Inc.	Bond, 10/01/2019, 7.25%	27,079	28,275
	Wachovia Corp.	Bond, 08/01/2014, 5.25%	21,006	21,095
	Waste Management Inc.	Bond, 03/11/2019, 7.375%	29,167	31,482
	Weatherford Intl Inc.	Bond, 03/01/2019, 9.625%	24,500	25,866
	Western Union Co.	Bond, 04/01/2020, 5.253%	44,596	45,061
	AMC Networks Inc.	Common stock - 290 shares	11,351	10,898
	Alexandria Real Estate Equities	Common stock - 50 shares	3,307	3,449
	Allscripts Healthcare Solutions, Inc.	Common stock - 600 shares	10,511	11,364

(Continued)

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
EIN #20-8928235
PLAN #004, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Amazon.com Inc.	Common stock - 60 shares	11,717	10,386
	American Express	Common stock - 220 shares	8,272	10,377
	Autodesk Inc.	Common stock - 590 shares	14,394	17,895
	Baker Hughes Inc.	Common stock - 290 shares	12,347	14,106
	Bank of New York Mellon Corp.	Common stock - 680 shares	19,042	13,539
	Becton Dickinson	Common stock - 150 shares	11,243	11,208
	Biomed Realty Trust Inc.	Common stock - 190 shares	3,383	3,435
	Boston Scientific Corp.	Common stock - 3,020 shares	20,384	16,127
	Carnival Corporation	Common stock - 500 shares	16,115	16,320
	Cerner Corp.	Common stock - 520 shares	26,382	31,850
	Cisco Systems	Common stock - 1,670 shares	32,961	30,194
	Coca Cola Co.	Common stock - 190 shares	9,693	13,294
	Corning Inc.	Common stock - 1,150 shares	16,654	14,927
	Corporate Office Properties	Common stock - 150 shares	3,690	3,189
	Digital Realty	Common stock - 60 shares	3,341	4,000
	Walt Disney Co.	Common stock - 970 shares	27,374	36,375
	Discover Financial Services	Common stock - 560 shares	13,000	13,440
	Directv	Common stock - 350 shares	16,194	14,966
	Dupont Fabros Technology	Common stock - 150 shares	3,251	3,633
	EMC Corp/Mass	Common stock - 880 shares	16,883	18,955
	Electronic Arts Inc.	Common stock - 430 shares	11,144	8,858
	Fedex Corp.	Common stock - 130 shares	10,190	10,856
	Flowserve Corp.	Common stock - 200 shares	20,448	19,864
	Google Inc.	Common stock - 60 shares	30,457	38,754
	Hess Corp.	Common stock - 450 shares	24,858	25,560
	Kraft Foods Inc.	Common Stock - 500 shares	14,958	18,680
	Kroger Co.	Common Stock - 560 shares	12,225	13,563
	Liberty Global Inc.-Class A	Common Stock - 230 shares	7,699	9,437
	Mastercard Inc.-Class A	Common Stock - 40 shares	9,310	14,913
	Monsanto Co.	Common Stock - 460 shares	26,711	32,232
	News Corp Inc.-Class A	Common Stock - 790 shares	13,058	14,094
	Norfolk Southern Corp.	Common Stock - 150 shares	9,804	10,929
	Qualcomm Inc.	Common Stock - 310 shares	11,779	16,957
	Schlumberger Ltd.	Common Stock - 220 shares	14,525	15,028

(Continued)

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC
EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST
EIN #20-8928235
PLAN #004, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Schwab (Charles) Corp.	Common Stock - 1,790 shares	23,119	20,155
	Southwest Airlines Co.	Common Stock - 1,890 shares	15,353	16,178
	State Street Corp.	Common Stock - 520 shares	22,701	20,961
	Time Warner Inc.	Common Stock - 860 shares	26,134	31,080
	United Parcel Services-Class B	Common Stock - 240 shares	14,992	17,566
	Virgin Media Inc.	Common Stock - 780 shares	17,289	16,676
	Visa Inc. - Class A	Common Stock - 150 shares	11,078	15,230
	Waters Corp W/1 RT/SH	Common Stock - 100 shares	7,361	7,405
	Toyota Mtr Ltd. Com 2 ADR	Common Stock - 130 shares	10,066	8,597
	Unilever PLC Sponsored ADR	Common Stock - 400 shares	9,662	13,408
	Anheuser-Bush Inbev NV	Common Stock - 280 shares	15,535	17,068
	Telenor ASA	Common Stock - 970 shares	15,600	15,766
	Amadeus IT Holdings SA	Common Stock - 460 shares	8,251	7,307
	Syngenta AG-REG	Common Stock - 30 shares	9,110	8,720
	Nestle SA Chan ET Vevey/CHF	Common Stock - 190 shares	6,317	10,792
	Wetherford Intl. LTD.	Common Stock - 690 shares	10,609	10,102
	Qiagen NV	Common Stock - 970 shares	17,300	13,395
*	Manning & Napier Core Plus Bond Series	Mutual fund - 37,767 shares	398,097	402,980
*	Manning & Napier High Yield Bd Series	Mutual fund - 6,685 shares	70,462	68,860
*	Manning & Napier Small Cap Series	Mutual fund - 4,548 shares	32,802	38,029
*	Manning & Napier Technology Series	Mutual fund - 3,405 shares	30,158	35,178
*	Manning & Napier International Series	Mutual fund - 7,844 shares	63,686	59,618
*	Manning & Napier Wld Oppt Series Cl A	Mutual fund - 3,736 shares	28,425	24,775
*	Manning & Napier Life Sciences Series	Mutual fund - 3,849 shares	36,658	42,156
*	Manning & Napier Finl Services Series	Mutual fund - 7,086 shares	36,347	37,414
*	Manning & Napier Emerging Mkt Series	Mutual fund - 1,703 shares	17,031	16,760
*	Manning & Napier Emg Infl Focus Eq Fd	Mutual fund - 1,635 shares	16,350	16,268
*	Manning & Napier Real Estate Series	Mutual fund - 5,902 shares	66,685	74,669
			<u>\$ 3,991,818</u>	<u>\$ 4,143,311</u>

* denotes a party-in-interest

See Accompanying Notes and Independent Auditor's Report