Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2002

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

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC

1226 EAST WATER STREET
SYRACUSE, NY 13210

2b Employer Identification Number (EIN)
20-8928235

2c Sponsor's telephone number
315-478-4185

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2014	CHRISTOPHER WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2014	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

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

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	227
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**	205
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	235
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	235
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**	17
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1B 1C

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan
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 or 5500-SF
ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC

D Employer Identification Number (EIN)
20-8928235

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2013			
2	Assets:			
	a Market value	**2a**		6061758
	b Actuarial value	**2b**		6061758
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**		
	b For terminated vested participants	**3b**	16	80017
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		25058
	(2) Vested benefits	**3c(2)**		3718847
	(3) Total active	**3c(3)**	244	3743905
	d Total	**3d**	260	3823922
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**		6.36 %
6	Target normal cost	**6**		1217271

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

08/25/2014
Signature of actuary — Date

DONALD A. SHEPARD — 14-04104
Type or print name of actuary — Most recent enrollment number

ACTUARIAL PENSION ANALYSTS, INC. — 315-445-2108
Firm name — Telephone number (including area code)

7000 EAST GENESEE STREET
FAYETTEVILLE, NY 13066
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1235240
	b Interest on (a) using prior year's effective interest rate of 5.51 % except as otherwise provided (see instructions)		68062
	c Total available at beginning of current plan year to add to prefunding balance		1303302
	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	158.52 %
15	Adjusted funding target attainment percentage	15	158.52 %
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	141.46 %
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
02/25/2013	370700	0	12/26/2013	176900	0
05/20/2013	176900	0	02/25/2014	330046	0
05/28/2013	177092	0			
08/27/2013	176900	0			
10/30/2013	353800	0			
12/17/2013	176708	0			
			Totals ► 18(b)	1939046	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1859440

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	1217271
b Excess assets, if applicable, but not greater than line 31a	**31b**	1217271

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1859440

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1859440
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 33 60 62		41886	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

BANK OF AMERICA

101 S. TRYON STREET
CHARLOTTE, NC 28280

94-1687665

(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?
21		8881	Yes [ ] No [X]	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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
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		112350
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	95509	330046
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	30375	34267
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	178122	332818
(2) U.S. Government securities	1c(2)	2568928	2750390
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1322288	1448917
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	36438	61809
(B) Common	1c(4)(B)	1732038	3099064
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	98884	152522

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6062582	8322183
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6062582	8322183

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)	1939046	
	(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)		1939046
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11	
	(B) U.S. Government securities	2b(1)(B)	131609	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		131620
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	81346	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		81346
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6744677	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6789499	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-44822
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	272462	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		272462

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		254
d Total income. Add all **income** amounts in column (b) and enter total	2d		2379906
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69290	
(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)		69290
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)	50761	
(4) Other	2i(4)	254	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		51015
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		120305
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2259601
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: TESTONE, MARSHALL & DISTENZA, 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
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 Distributions

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

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

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

EIN(s): 94-1687665

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** 8

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS

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

DECEMBER 31, 2013 AND 2012

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

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits - December 31, 2013 and 2012	3
Statements of Changes in Net Assets Available for Benefits - For the Years Ended December 31, 2013 and 2012	4
Notes to Financial Statements	5-14
SUPPLEMENTAL SCHEDULES:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - December 31, 2013	15-18
Schedule H, Line 4j - Schedule of Reportable Transactions - For the Year Ended December 31, 2013	19

Testone, Marshall & Discenza, LLP

The Foundry
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Syracuse, NY 13204

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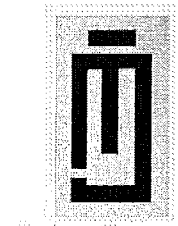

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HELPING OUR CLIENTS'
VISIONS ADD UP

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Associated Medical Professionals of NY, PLLC Employees' Defined Benefit Pension Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 Bank of America, N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2013 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2013, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

Preston, Marshall & Discenza, LLP

August 20, 2014
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, 2013 AND 2012

	2013	2012
CASH	$ 112,350	$ -
INVESTMENTS, at fair value:		
Money market fund	332,818	178,122
U.S. government securities	2,750,390	2,568,928
Corporate bonds	1,448,917	1,322,288
Foreign bonds	152,522	98,884
Common stocks	3,099,064	1,732,038
Preferred stocks	61,809	36,438
Total investments, at fair value	7,845,520	5,936,698
RECEIVABLES:		
Company contributions	330,046	95,509
Accrued interest	34,267	30,375
Total receivables	364,313	125,884
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,322,183	$ 6,062,582

See Accompanying Notes to the Financial Statements

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, 2013 AND 2012

	2013	2012
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividend income	$ 212,966	$ 194,985
Net appreciation in fair value of investments	227,894	136,860
Total investment income - net	440,860	331,845
Company contributions	1,939,046	1,273,509
Total additions	2,379,906	1,605,354
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	69,290	61,174
Administrative expenses	51,015	26,208
Total deductions	120,305	87,382
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	2,259,601	1,517,972
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	6,062,582	4,544,610
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 8,322,183	$ 6,062,582

See Accompanying Notes to the Financial Statements

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 and an annual interest credit based upon the 30-year Treasury Rate. For 2012, the compensation credit was equal to 3.5% of annual compensation, as defined by the Plan, for non-physician employees and employed physicians and $50,000 for licensed physicians who have a direct ownership in the Company. Effective January 1, 2013, the Plan was amended to change the compensation credited for licensed physicians who have a direct ownership in the Company to either $50,000 or $75,000, dependent on date of birth. The compensation credit for non-physician employees and employed physicians remained the same for 2013.

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.

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)

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 2013 and 2012 complied with the minimum funding requirements of ERISA.

(Continued)

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 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 August 20, 2014, the date the financial statements were available to be issued.

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.

(Continued)

3. FAIR VALUE MEASUREMENTS (CONT'D)

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, 2013 and 2012.

- *Money market funds:* valued at cost plus accrued interest.
- *U.S. government securities:* valued at closing price reported in the active market on which the individual securities are traded (level 1) and valued using pricing models maximizing the use of observable inputs for similar securities (level 2).
- *Common stocks:* valued at closing price reported in the active market on which the individual securities are traded.
- *Corporate bonds, foreign bonds and preferred stocks:* valued using pricing models maximizing the use of observable inputs for similar securities.

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.

(Continued)

3. FAIR VALUE MEASUREMENTS (CONT'D)

The following tables set forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2013 and 2012.

	Fair value measurement at December 31, 2013:			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 332,818	$ -	$ -	$ 332,818
U.S. government securities:				
Short term	213,823	405,014	-	618,837
Intermediate term	234,548	-	-	234,548
Long term	-	1,897,005	-	1,897,005
Total U.S. government securities	448,371	2,302,019	-	2,750,390
Corporate bonds:				
Short term	-	662,384	-	662,384
Intermediate term	-	590,187	-	590,187
Long term	-	196,346	-	196,346
Total corporate bonds	-	1,448,917	-	1,448,917
Foreign bonds/short term	-	152,522	-	152,522
Common stocks:				
Aerospace and defense	100,614	-	-	100,614
Consumer discretionary	338,063	-	-	338,063
Consumer staples	452,452	-	-	452,452
Energy	322,384	-	-	322,384
Financial	476,919	-	-	476,919
Health care	298,591	-	-	298,591
Information technology	500,468	-	-	500,468
Materials	290,986	-	-	290,986
Real Estate	95,088	-	-	95,088
Utilities	147,332	-	-	147,332
Telecommunication	76,167	-	-	76,167
Total common stocks	3,099,064	-	-	3,099,064
Preferred stocks	-	61,809	-	61,809
Total investments, at fair value	$ 3,880,253	$ 3,965,267	$ -	$ 7,845,520

(Continued)

3. FAIR VALUE MEASUREMENTS (CONT'D)

	Fair value measurement at December 31, 2012:			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 178,122	$ -	$ -	$ 178,122
U.S. government securities:				
Short term	832,802	59,163	-	891,965
Intermediate term	699,341	-	-	699,341
Long term	78,110	899,512	-	977,622
Total U.S. government securities	1,610,253	958,675	-	2,568,928
Corporate bonds:				
Short term	-	535,587	-	535,587
Intermediate term	-	708,876	-	708,876
Long term	-	77,825	-	77,825
Total corporate bonds	-	1,322,288	-	1,322,288
Foreign bonds/short term	-	98,884	-	98,884
Common stocks:				
Consumer discretionary	130,070	-	-	130,070
Consumer staples	333,558	-	-	333,558
Energy	156,838	-	-	156,838
Financial	349,475	-	-	349,475
Health care	168,680	-	-	168,680
Information technology	259,462	-	-	259,462
Materials	183,390	-	-	183,390
Utilities	108,507	-	-	108,507
Telecommunication	42,058	-	-	42,058
Total common stocks	1,732,038	-	-	1,732,038
Preferred stocks	-	36,438	-	36,438
Total investments, at fair value	$ 3,520,413	$ 2,416,285	$ -	$ 5,936,698

(Continued)

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.

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 2.8%;
- 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:

	2013	2012
Actuarial present value of accumulated plan benefits:		
Vested benefits	$ 5,881,238	$ 4,374,077
Nonvested benefits	49,728	102,880
Total	$ 5,930,966	$ 4,476,957

A summary of changes in accumulated plan benefits is as follows for the period ended January 1, 2013:

Actuarial present value of accumulated plan benefits at January 1, 2012	$ 4,476,957
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains or losses	1,523,240
Benefits paid	(69,231)
Actuarial present value of accumulated plan benefits at January 1, 2013	$ 5,930,966

(Continued)

5. INVESTMENTS

There were no investment balances which represent 5% or more of the Plan assets available for benefits as of December 31, 2013 and 2012.

During 2013 and 2012, 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:

	2013	2012
U.S. government securities	$ (177,714)	$ 961
Corporate bonds	(82,120)	63,037
Foreign bonds	(4,284)	(816)
Common stocks	496,118	73,827
Preferred stocks	(4,106)	(149)
Total	$ 227,894	$ 136,860

6. FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan administrator has received certifications from Bank of America, N.A., the custodian of the Plan, which state that the following information is complete and accurate as of and for the years ended December 31, 2013 and 2012:

- 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 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)

7. RELATED PARTY TRANSACTIONS

Plan investments were held by Bank of America, N.A, who acted as custodian as defined by the Plan. Actuarial Pension Analysts, Inc. is the Plan's actuary. Transactions with these companies qualify as party-in-interest transactions. Fees paid to related parties totaled $51,015 and $26,208 for the years ended December 31, 2013 and 2012, respectively.

8. INCOME TAX STATUS

The Plan obtained its latest determination letter dated April 17, 2013 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 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, 2013 and 2012, 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 2010.

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.

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.

(Continued)

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 AND TRUST
EIN #20-8928235
PLAN #004, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Merrill Lynch	BIF Money Fund - 332,818 shares	$ 332,818	$ 332,818
	U.S. Treasury Note	U.S. Gov't, 8/15/2015, 0.25%	142,718	142,944
	Federal National MTG Assoc. Notes	U.S. Gov't, 3/30/2016, 0.5%	71,002	70,923
	U.S. Treasury Note	U.S. Gov't, 8/31/2017, 0.625%	112,802	110,881
	Federal Home LN MTD Corp. Notes	U.S. Gov't, 3/7/2018, 0.875%	96,397	94,224
	U.S. Treasury Note	U.S. Gov't, 4/30/2018, 0.625%	159,770	160,087
	U.S. Treasury Note	U.S. Gov't, 5/15/2019, 3.125%	83,994	78,857
	U.S. Treasury Note	U.S. Gov't, 11/15/2020, 2.625%	52,753	48,780
	U.S. Treasury Note	U.S. Gov't, 5/15/2021, 3.125%	236,617	228,290
	U.S. Treasury Inflation Note	U.S. Gov't, 7/15/2021, 0.625%	192,907	176,724
	U.S. Treasury Note	U.S. Gov't, 8/15/2021, 2.125%	19,589	19,375
	U.S. Treasury Note	U.S. Gov't, 8/15/2023, 2.5%	92,648	90,269
	U.S. Treasury Bond	U.S. Gov't, 11/15/2026, 6.5%	112,508	104,179
	FHLMC C9 1244	U.S. Gov't, 2029, 4.5%	560	560
	FNMA PMA1029	U.S. Gov't, 2032, 3.5%	843	821
	FHLMC G0 4804	U.S. Gov't, 2037, 4.5%	138,469	136,581
	FHLMC G0 5447	U.S. Gov't, 2039, 4.5%	26,385	26,088
	FHLMC C0 3565	U.S. Gov't, 2040, 4%	1,279	1,233
	FNMA PAE9754	U.S. Gov't, 2040, 3.5%	60,213	56,512
	FHLMC A9 6105	U.S. Gov't, 2041, 4%	13,243	12,753
	FNMA PAJ1415	U.S. Gov't, 2041, 4.5%	111,253	109,443
	FHLMC Q0 5883	U.S. Gov't, 2042, 4%	171,069	164,510
	FNMA PAO4641	U.S. Gov't, 2042, 3.5%	13,015	12,288
	FNMA PAB5511	U.S. Gov't, 2042, 3.5%	238,052	222,077
	FNMA PAB6086	U.S. Gov't, 2042, 3.5%	139,346	130,453
	FNMA PAP3125	U.S. Gov't, 2042, 3%	126,362	114,139
	FNMA PAP6379	U.S. Gov't, 2042, 3%	66,021	60,512
	FHLMC GO 8558	U.S. Gov't, 2043, 4%	300,494	294,067
	FNMA PAT5378	U.S. Gov't, 2043, 3%	31,179	28,852
	FNMA PAT7306	U.S. Gov't, 2043, 3%	56,971	53,968
	Apache Corp	Bond, 1/15/2023, 2.63%	44,689	41,722
	AstraZeneca PLC	Bond, 9/15/2017, 5.9%	70,453	66,321
	Berkshire Hathaway	Bond, 5/15/2017, 1.6%	45,974	45,434
	BP Capital Markets PLC	Bond, 3/10/2015, 3.88%	46,067	44,733

(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, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Caterpillar Financial Services Corp	Bond, 2/15/2019, 7.15%	39,930	40,565
	CISCO Systems Inc	Bond, 2/15/2019, 4.95%	47,303	44,993
	Citigroup Inc	Bond, 8/9/2020, 5.38%	41,750	42,093
	Comcast Corp	Bond, 11/15/2017, 6.3%	43,140	40,762
	Conoco Phillips	Bond, 2/1/2019, 5.75%	43,259	40,417
	Credit Suisse FB USA Inc	Bond, 1/15/2015, 4.88%	46,408	44,926
	DirecTV Hldg/Fin Inc	Bond, 3/1/2021, 5%	48,054	45,172
	Enterprise Products Oper	Bond, 9/1/2020, 5.2%	46,653	44,495
	Exelon Corp	Bond, 6/15/2015, 4.9%	45,825	44,281
	General Elec Cap Corp	Bond, 1/14/2038, 5.88%	68,326	64,929
	Goldman Sachs Group Inc	Bond, 3/15/2020, 5.38%	40,616	41,149
	Hewlett-Packard Co	Bond, 9/15/2017, 2.6%	45,249	45,722
	Home Depot Inc	Bond, 9/15/2040, 5.4%	50,257	44,386
	John Deere Capital Corp	Bond, 4/17/2019, 2.25%	58,249	55,880
	JP Morgan Chase	Bond, 3/1/2015, 4.75%	93,206	89,974
	Kraft Foods Inc	Bond, 6/4/2042, 5%	41,852	41,403
	Morgan Stanley	Bond, 3/22/2017, 4.75%	40,152	41,470
	Pfizer Inc	Bond, 3/15/2019, 6.2%	70,612	66,384
	Philips Electronics NV	Bond, 3/15/2022, 3.75%	48,239	45,024
	Time Warner Inc	Bond, 1/15/2021, 4.7%	44,349	41,406
	Toyota Motor Credit Corp	Bond, 10/5/2017, 1.25%	46,104	45,158
	United Parcel	Bond, 1/15/2018, 5.5%	43,471	41,180
	Verizon Communications	Bond, 2/15/2043, 6.55%	42,071	45,628
	Wachovia Corp	Bond, 6/15/2017, 5.75%	46,493	44,487
	Wal-Mart Stores Inc	Bond, 4/11/2018, 1.13%	70,317	67,936
	Walt Disney Company	Bond, 12/1/2022, 2.35%	45,029	40,887
	Albemarle Corp Com	Common stock - 2,027 shares	118,313	128,491
	Altria Group Inc	Common stock - 3,296 shares	113,253	126,533
	Blackrock Inc	Common stock - 309 shares	66,528	97,789
	Bristol-Myers Squibb Co	Common stock - 2,382 shares	85,261	126,603
	Carnival Corp Paired Shs	Common stock - 2,703 shares	99,168	108,580
	Chevron Corp	Common stock - 779 shares	89,573	97,305
	Cinn Financial Corp	Common stock - 1,840 shares	75,752	96,361

(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, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cisco Systems Inc Com	Common stock - 3,744 shares	77,003	83,978
	Coca Cola Com	Common stock - 1,968 shares	76,001	81,298
	ConocoPhillips	Common stock - 1,346 shares	80,021	95,095
	Corning Inc	Common stock - 5,411 shares	85,448	96,424
	Corrections Corp of Amer	Common stock - 2,965shares	107,505	95,088
	Dominion Res Inc New VA	Common stock - 1,311 shares	72,080	84,809
	Duke Energy Corp New	Common stock - 906 shares	59,956	62,523
	Federated Investrs B	Common stock - 3,619 shares	83,492	104,227
	General Dynamics Corp	Common stock - 1,053 shares	73,348	100,614
	Hasbro Inc Com	Common stock - 2,408 shares	95,898	132,464
	Hatteras Finl Corp	Common stock - 2,972 shares	73,181	48,562
	Intel Corp	Common stock - 4,125 shares	96,981	107,064
	Intl Business Machines	Common stock - 317 shares	62,165	59,460
	Johnson and Johnson	Common stock - 510 shares	37,367	46,711
	Kinder Morgan Management LLC	Common stock - 1,718 shares	123,901	129,984
	Lorillard Inc	Common stock - 2,306 shares	95,412	116,868
	Lowe's Companies Inc	Common stock - 1,958 shares	60,895	97,019
	Meadwestvaco Corp	Common stock - 1,948 shares	60,840	71,940
	Microsoft Corp	Common stock - 1,899 shares	59,527	71,042
	Newmarket Corp	Common stock - 271 shares	70,979	90,555
	Paychex Inc	Common stock - 1,812 shares	63,257	82,500
	Pfizer Inc	Common stock - 4,090 shares	105,467	125,277
	Philip Morris Intl Inc	Common stock - 733 shares	65,005	63,866
	Reynolds American Inc	Common stock - 1,278 shares	58,512	63,887
	Verizon Communications Com	Common stock - 1,550 shares	71,076	76,167
	Wells Fargo & Co New Del	Common stock - 2,863 shares	104,491	129,980
	USD Bank Nova Scotia	Foreign Bond, 1/12/2017, 2.55%	42,247	41,484
	USD Can Natural Res	Foreign Bond, 5/15/2017, 5.7%	69,722	66,306
	USD Shell Intl Fin	Foreign Bond, 8/10/2018, 1.9%	45,154	44,732

(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, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AEGON NV	Preferred stock - 641 shares	16,201	15,006
	Montpelier Re Holdings LTD Series A	Preferred stock - 25 shares	708	672
	Morgan Capital Stanley Cap VIII	Preferred stock - 816 shares	20,386	19,437
	Vornado Realty Trust	Preferred stock - 1,200 shares	24,320	22,500
	Winthrop Realty	Preferred stock - 160 shares	4,448	4,194
			$ 7,596,216	$ 7,845,520

* denotes a party-in-interest

See Accompanying Notes to the Financial Statements

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, 2013

(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 :								
	No transactions							
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:								
*	BIF Money Fund: (176 purchases of 3,991,802 shares)	3,991,802	-	-	-	3,991,802	3,991,802	-
	(95 sales of 3,837,106 shares)	-	3,837,106	-	-	3,837,106	3,837,106	-
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 to the Financial Statements

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 1/1/2013
AND ENDING 12/31/2013

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Effective Date:	January 1, 2002	
Last Amended:	December 18, 2012	
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 born after December 31,1974. Contribution Credit equal to $75,000 for licensed physicians/partners born before January 1, 1975 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: Vesting: Contribution Credit:	1,000 hours 1,000 hours 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: Mortality:	30-year Treaury Rate (above) (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 1/1/2013
AND ENDING 12/31/2013

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 Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan
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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2013			
2	Assets:			
	a Market value	2a		6,061,758
	b Actuarial value	2b		6,061,758
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a		
	b For terminated vested participants	3b	16	80,017
	c For active participants:			
	(1) Non-vested benefits	3c(1)		25,058
	(2) Vested benefits	3c(2)		3,718,847
	(3) Total active	3c(3)	244	3,743,905
	d Total	3d	260	3,823,922
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		6.36 %
6	Target normal cost	6		1,217,271

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

Donald A. Shepard
Signature of actuary

08/25/2014
Date

Donald A. Shepard
Type or print name of actuary

14-04104
Most recent enrollment number

Actuarial Pension Analysts, Inc.
Firm name

(315) 445-2108
Telephone number (including area code)

7000 East Genesee Street

US Fayetteville NY 13066
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,235,240
	b Interest on (a) using prior year's effective interest rate of 5.51% except as otherwise provided (see instructions)		68,062
	c Total available at beginning of current plan year to add to prefunding balance		1,303,302
	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	158.52 %
15	Adjusted funding target attainment percentage	15	158.52 %
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	141.46 %
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
02/25/2013	370,700				
05/20/2013	176,900				
05/28/2013	177,092				
08/27/2013	176,900				
10/30/2013	353,800				
12/17/2013	176,708				
12/26/2013	176,900				
02/25/2014	330,046				
			Totals ▶ 18(b)	1,939,046	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,859,440

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	1,217,271
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,217,271

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month_____ Day_____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,859,440

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,859,440
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

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

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

a Schedule elected . . . . . ☐ 2 plus 7 years ☐ 15 years

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

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

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 1/1/2013
AND ENDING 12/31/2013

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: 2.80%
(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. Rates unadjusted for MAP-21.

Applicable Month: November, 2012

	IRC 430	IRC 404	
1st Segment Rate:	4.94%	1.69%	Years 1 to 5
2nd Segment Rate	6.15%	4.53%	Years 6 to 20
3rd Segment Rate:	6.76%	5.60%	Years over 20

Effective Interest Rate: Prior Year: 5.51%
Current Year: 6.36%

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 1/1/2013
AND ENDING 12/31/2013

SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

	YEARS OF CREDITED SERVICE									
ATTAINED	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
AGE	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	7		3							
25 to 29	6		18		1					
30 to 34	11		18		2					
35 to 39	4		20		2					
40 to 44	7		15		3		2			
45 to 49	8		22		6		2			
50 to 54	8		13		4		0			
55 to 59	5		21		4		3			
60 to 64	1		11		9					
65 to 69	1		4		1					
70 & up			2							

	YEARS OF CREDITED SERVICE									
ATTAINED	20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
AGE	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up										

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, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Merrill Lynch	BIF Money Fund - 332,818 shares	$ 332,818	$ 332,818
	U.S. Treasury Note	U.S. Gov't, 8/15/2015, 0.25%	142,718	142,944
	Federal National MTG Assoc. Notes	U.S. Gov't, 3/30/2016, 0.5%	71,002	70,923
	U.S. Treasury Note	U.S. Gov't, 8/31/2017, 0.625%	112,802	110,881
	Federal Home LN MTD Corp. Notes	U.S. Gov't, 3/7/2018, 0.875%	96,397	94,224
	U.S. Treasury Note	U.S. Gov't, 4/30/2018, 0.625%	159,770	160,087
	U.S. Treasury Note	U.S. Gov't, 5/15/2019, 3.125%	83,994	78,857
	U.S. Treasury Note	U.S. Gov't, 11/15/2020, 2.625%	52,753	48,780
	U.S. Treasury Note	U.S. Gov't, 5/15/2021, 3.125%	236,617	228,290
	U.S. Treasury Inflation Note	U.S. Gov't, 7/15/2021, 0.625%	192,907	176,724
	U.S. Treasury Note	U.S. Gov't, 8/15/2021, 2.125%	19,589	19,375
	U.S. Treasury Note	U.S. Gov't, 8/15/2023, 2.5%	92,648	90,269
	U.S. Treasury Bond	U.S. Gov't, 11/15/2026, 6.5%	112,508	104,179
	FHLMC C9 1244	U.S. Gov't, 2029, 4.5%	560	560
	FNMA PMA1029	U.S. Gov't, 2032, 3.5%	843	821
	FHLMC G0 4804	U.S. Gov't, 2037, 4.5%	138,469	136,581
	FHLMC G0 5447	U.S. Gov't, 2039, 4.5%	26,385	26,088
	FHLMC C0 3565	U.S. Gov't, 2040, 4%	1,279	1,233
	FNMA PAE9754	U.S. Gov't, 2040, 3.5%	60,213	56,512
	FHLMC A9 6105	U.S. Gov't, 2041, 4%	13,243	12,753
	FNMA PAJ1415	U.S. Gov't, 2041, 4.5%	111,253	109,443
	FHLMC Q0 5883	U.S. Gov't, 2042, 4%	171,069	164,510
	FNMA PAO4641	U.S. Gov't, 2042, 3.5%	13,015	12,288
	FNMA PAB5511	U.S. Gov't, 2042, 3.5%	238,052	222,077
	FNMA PAB6086	U.S. Gov't, 2042, 3.5%	139,346	130,453
	FNMA PAP3125	U.S. Gov't, 2042, 3%	126,362	114,139
	FNMA PAP6379	U.S. Gov't, 2042, 3%	66,021	60,512
	FHLMC GO 8558	U.S. Gov't, 2043, 4%	300,494	294,067
	FNMA PAT5378	U.S. Gov't, 2043, 3%	31,179	28,852
	FNMA PAT7306	U.S. Gov't, 2043, 3%	56,971	53,968
	Apache Corp	Bond, 1/15/2023, 2.63%	44,689	41,722
	AstraZeneca PLC	Bond, 9/15/2017, 5.9%	70,453	66,321
	Berkshire Hathaway	Bond, 5/15/2017, 1.6%	45,974	45,434
	BP Capital Markets PLC	Bond, 3/10/2015, 3.88%	46,067	44,733

(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, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Caterpillar Financial Services Corp	Bond, 2/15/2019, 7.15%	39,930	40,565
	CISCO Systems Inc	Bond, 2/15/2019, 4.95%	47,303	44,993
	Citigroup Inc	Bond, 8/9/2020, 5.38%	41,750	42,093
	Comcast Corp	Bond, 11/15/2017, 6.3%	43,140	40,762
	Conoco Phillips	Bond, 2/1/2019, 5.75%	43,259	40,417
	Credit Suisse FB USA Inc	Bond, 1/15/2015, 4.88%	46,408	44,926
	DirecTV Hldg/Fin Inc	Bond, 3/1/2021, 5%	48,054	45,172
	Enterprise Products Oper	Bond, 9/1/2020, 5.2%	46,653	44,495
	Exelon Corp	Bond, 6/15/2015, 4.9%	45,825	44,281
	General Elec Cap Corp	Bond, 1/14/2038, 5.88%	68,326	64,929
	Goldman Sachs Group Inc	Bond, 3/15/2020, 5.38%	40,616	41,149
	Hewlett-Packard Co	Bond, 9/15/2017, 2.6%	45,249	45,722
	Home Depot Inc	Bond, 9/15/2040, 5.4%	50,257	44,386
	John Deere Capital Corp	Bond, 4/17/2019, 2.25%	58,249	55,880
	JP Morgan Chase	Bond, 3/1/2015, 4.75%	93,206	89,974
	Kraft Foods Inc	Bond, 6/4/2042, 5%	41,852	41,403
	Morgan Stanley	Bond, 3/22/2017, 4.75%	40,152	41,470
	Pfizer Inc	Bond, 3/15/2019, 6.2%	70,612	66,384
	Philips Electronics NV	Bond, 3/15/2022, 3.75%	48,239	45,024
	Time Warner Inc	Bond, 1/15/2021, 4.7%	44,349	41,406
	Toyota Motor Credit Corp	Bond, 10/5/2017, 1.25%	46,104	45,158
	United Parcel	Bond, 1/15/2018, 5.5%	43,471	41,180
	Verizon Communications	Bond, 2/15/2043, 6.55%	42,071	45,628
	Wachovia Corp	Bond, 6/15/2017, 5.75%	46,493	44,487
	Wal-Mart Stores Inc	Bond, 4/11/2018, 1.13%	70,317	67,936
	Walt Disney Company	Bond, 12/1/2022, 2.35%	45,029	40,887
	Albemarle Corp Com	Common stock - 2,027 shares	118,313	128,491
	Altria Group Inc	Common stock - 3,296 shares	113,253	126,533
	Blackrock Inc	Common stock - 309 shares	66,528	97,789
	Bristol-Myers Squibb Co	Common stock - 2,382 shares	85,261	126,603
	Carnival Corp Paired Shs	Common stock - 2,703 shares	99,168	108,580
	Chevron Corp	Common stock - 779 shares	89,573	97,305
	Cinn Financial Corp	Common stock - 1,840 shares	75,752	96,361

(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, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cisco Systems Inc Com	Common stock - 3,744 shares	77,003	83,978
	Coca Cola Com	Common stock - 1,968 shares	76,001	81,298
	ConocoPhillips	Common stock - 1,346 shares	80,021	95,095
	Corning Inc	Common stock - 5,411 shares	85,448	96,424
	Corrections Corp of Amer	Common stock - 2,965shares	107,505	95,088
	Dominion Res Inc New VA	Common stock - 1,311 shares	72,080	84,809
	Duke Energy Corp New	Common stock - 906 shares	59,956	62,523
	Federated Investrs B	Common stock - 3,619 shares	83,492	104,227
	General Dynamics Corp	Common stock - 1,053 shares	73,348	100,614
	Hasbro Inc Com	Common stock - 2,408 shares	95,898	132,464
	Hatteras Finl Corp	Common stock - 2,972 shares	73,181	48,562
	Intel Corp	Common stock - 4,125 shares	96,981	107,064
	Intl Business Machines	Common stock - 317 shares	62,165	59,460
	Johnson and Johnson	Common stock - 510 shares	37,367	46,711
	Kinder Morgan Management LLC	Common stock - 1,718 shares	123,901	129,984
	Lorillard Inc	Common stock - 2,306 shares	95,412	116,868
	Lowe's Companies Inc	Common stock - 1,958 shares	60,895	97,019
	Meadwestvaco Corp	Common stock - 1,948 shares	60,840	71,940
	Microsoft Corp	Common stock - 1,899 shares	59,527	71,042
	Newmarket Corp	Common stock - 271 shares	70,979	90,555
	Paychex Inc	Common stock - 1,812 shares	63,257	82,500
	Pfizer Inc	Common stock - 4,090 shares	105,467	125,277
	Philip Morris Intl Inc	Common stock - 733 shares	65,005	63,866
	Reynolds American Inc	Common stock - 1,278 shares	58,512	63,887
	Verizon Communications Com	Common stock - 1,550 shares	71,076	76,167
	Wells Fargo & Co New Del	Common stock - 2,863 shares	104,491	129,980
	USD Bank Nova Scotia	Foreign Bond, 1/12/2017, 2.55%	42,247	41,484
	USD Can Natural Res	Foreign Bond, 5/15/2017, 5.7%	69,722	66,306
	USD Shell Intl Fin	Foreign Bond, 8/10/2018, 1.9%	45,154	44,732

(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, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AEGON NV	Preferred stock - 641 shares	16,201	15,006
	Montpelier Re Holdings LTD Series A	Preferred stock - 25 shares	708	672
	Morgan Capital Stanley Cap VIII	Preferred stock - 816 shares	20,386	19,437
	Vornado Realty Trust	Preferred stock - 1,200 shares	24,320	22,500
	Winthrop Realty	Preferred stock - 160 shares	4,448	4,194
			$ 7,596,216	$ 7,845,520

* denotes a party-in-interest

See Accompanying Notes to the Financial Statements

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer
ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC

Employer identification number
20-8928235

Plan Year **01/01/2013** to **12/31/2013**

Three-digit plan number ▶ **004**

(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)
Merrill Lynch	**BIF Money Fund**	**3991802**				**3991802**	**3991802**	**0**
Merrill Lynch	**BIF Money Fund**		**3837106**			**3837106**	**3837106**	**0**