

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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>004</u> 1c Effective date of plan <u>01/01/2002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC</u> <u>1226 EAST WATER STREET</u> <u>SYRACUSE, NY 13210</u>	2b Employer Identification Number (EIN) <u>20-8928235</u> 2c Plan Sponsor's telephone number <u>315-478-4185</u> 2d Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2016	CHRISTOPHER WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2016	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)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 263
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 213 6a(2) 192 6b 0 6c 48 6d 240 6e 0 6f 240 6g 6h 9
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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
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: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 01 Day 01 Year 2015
2	Assets:
a	Market value 1151182
b	Actuarial value 1151182
3	Funding target/participant count breakdown
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a	For retired participants and beneficiaries receiving payment 0 0 0
b	For terminated vested participants 50 1181017 1181017
c	For active participants 224 5966823 6103105
d	Total 274 7147840 7284122
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 6.27%
6	Target normal cost 6 1302284

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		04/18/2016
	Signature of actuary	Date
DOANALD 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 FAYETTEVILLE, NY 13066	Address of the firm	

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 <u>11.17</u> %	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)		1925179
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.57</u> %		126484
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2051663
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	153.09 %
15 Adjusted funding target attainment percentage	15	153.08 %
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	143.23 %
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
03/20/2015	120000	0	09/15/2015	160000	0
04/17/2015	120000	0	10/15/2015	160000	0
05/18/2015	120000	0	11/16/2015	100000	0
06/23/2015	160000	0	02/03/2016	150000	0
07/15/2015	160000	0	02/25/2016	402000	0
08/17/2015	160000	0			
Totals ▶			18(b)	1812000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1733871
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	1302284	
b Excess assets, if applicable, but not greater than line 31a	31b	1302284	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
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	1733871	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1733871	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
<div>A</div> <div>Name of plan</div> <div>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN</div>	<div>B</div> <div>Three-digit plan number (PN) ▶</div>	004
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>20-8928235</div>	

Part I	Service Provider Information (see instructions)
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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
230 VERSEY 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	NONE	5611	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES, INC.

1000 HARBOR BLVD
WEEHAWKEN, NJ 07086-8154

13-2638166

(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	NONE	57400	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC</u>		D Employer Identification Number (EIN) <u>20-8928235</u>

Part I 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	2	1967
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	100000	552000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	49583	37636
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	253046	316390
(2) U.S. Government securities.....	1c(2)	3339286	3669691
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	2020934	1895005
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	98061	
(B) Common	1c(4)(B)	5103929	5072781
(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)	187035	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11151876	11545470

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11151876	11545470
---	-----------	----------	----------

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)	1812000	
(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)		1812000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	50	
(B) U.S. Government securities	2b(1)(B)	76636	
(C) Corporate debt instruments	2b(1)(C)	78127	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	189	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		155002
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	97473	
(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)		97473
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5389662	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5597979	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-208317
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-91695	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-91695

		(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		
d Total income. Add all income amounts in column (b) and enter total	2d		1764463

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1303234	
(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)		1303234
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)	67635	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		67635
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1370869

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		393594
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BONADIO & COMPANY

(2) EIN: 16-1131146

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	N/A	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.)		☒		
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.)		☒		

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

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>27-1228437</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>24</u>

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

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

**Financial Statements as of
December 31, 2015 and 2014
Together with
Independent Auditor's Report**

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 4, 2016

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

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, 2015 and 2014, 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 5, which was certified by Matrix Trust Company and Bank of America, N.A., the custodians 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 Matrix Trust Company held the Plan's investment assets and executed investment transactions from February 9, 2015 to December 31, 2015, and that Bank of America, N.A. held the Plan's investment assets and executed investment transactions as of December 31, 2014, and for the period January 1, 2014 to February 9, 2015. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodians 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.

432 North Franklin Street, Suite 60
Syracuse, New York 13204
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f (315) 475-1513

www.bonadio.com

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2015, 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 referred to above.

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 custodians, 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.

Bonadio & Co., LLP

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014**

	<u>2015</u>	<u>2014</u>
CASH, non-interest bearing	\$ 1,967	\$ 2
INVESTMENTS, at fair value:		
Money market accounts	316,390	253,046
U.S. government securities	3,669,691	3,339,286
Corporate bonds	1,895,005	2,020,934
Foreign bonds	-	187,035
Common stocks	5,072,781	5,103,929
Preferred stocks	<u>-</u>	<u>98,061</u>
Total investments, at fair value	<u>10,953,867</u>	<u>11,002,291</u>
RECEIVABLES:		
Company contributions	552,000	100,000
Accrued interest	<u>37,636</u>	<u>49,583</u>
Total receivables	<u>589,636</u>	<u>149,583</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 11,545,470</u>	<u>\$ 11,151,876</u>

The accompanying notes are an integral part of these 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, 2015 AND 2014**

	<u>2015</u>	<u>2014</u>
ADDITIONS:		
Investment income (loss):		
Interest and dividend income	\$ 252,475	\$ 285,712
Net appreciation (depreciation) in fair value of investments	<u>(300,012)</u>	<u>721,715</u>
Total investment income (loss)	(47,537)	1,007,427
Company contributions	<u>1,812,000</u>	<u>2,000,000</u>
Total additions	<u>1,764,463</u>	<u>3,007,427</u>
DEDUCTIONS:		
Benefits paid to participants	1,303,234	100,050
Administrative expenses	<u>67,635</u>	<u>77,684</u>
Total deductions	<u>1,370,869</u>	<u>177,734</u>
CHANGES TO NET ASSETS AVAILABLE FOR BENEFITS	393,594	2,829,693
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>11,151,876</u>	<u>8,322,183</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 11,545,470</u>	<u>\$ 11,151,876</u>

The accompanying notes are an integral part of these statements.

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

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015 AND 2014

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 documents 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).

Eligibility

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.

Pension Benefits

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 non-physician employees the compensation credit is equal to 3.5% of annual compensation as defined by the Plan. The compensation credit is \$75,000 for licensed physicians/partners born prior to January 1, 1975 and \$50,000 for licensed physicians/partners born after December 31, 1974.

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 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 one hundred percent vested after three years of credited service.

1. DESCRIPTION OF PLAN (Continued)

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.

Plan Amendment

The Plan was amended effective October 1, 2014 to allow in-service withdrawals of all or any portion of the participant's accrued benefit upon attainment of age sixty-five.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles general accepted in the United States of America.

Cash

The Plan considers all investments with a maturity of three months or less when purchased to be cash.

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative costs of the Plan are paid by the Company. During 2015 and 2014, fees of investment advisors and trustees were paid directly from the Plan assets.

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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 2015 and 2014 complied with the minimum funding requirements of ERISA.

Change in Accounting Principle

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient*. Part I and III of the ASU are not applicable to the Plan. Part II eliminates the requirements to disclose the individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also requires all investments be disaggregated only based on general type, eliminating disaggregation by nature, characteristics and risk. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Management has elected to adopt Part II of ASU 2015-12 early, with retrospective application to all periods presented.

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.

Fair Value Measurement - Definition and Hierarchy

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, 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:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement - Definition and Hierarchy (Continued)

A description of where the Plan's investments fall within the ASC 820 hierarchy is provided in Note 3.

- Level 1:* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2:* Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; and
 - 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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.

3. FAIR VALUE MEASUREMENTS

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, 2015 and 2014.

- *Money market accounts:* valued at cost plus accrued interest, which approximates fair value.
- *U.S. government securities, corporate bonds, foreign bonds and preferred stocks:* valued using a combination of the quoted closing price reported on the active market on which the individual securities are traded and an evaluation of the expected yield relative to similar securities or, in the absence of an active market, a broker quote.
- *Common stocks:* valued at closing price reported in the active market on which the individual securities are traded.

3. FAIR VALUE MEASUREMENTS (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2015 and 2014:

Fair value measurement at December 31, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market accounts	\$ 316,390	\$ -	\$ -	\$ 316,390
U.S. government securities	-	3,669,691	-	3,669,691
Corporate bonds	-	1,895,005	-	1,895,005
Common stocks	<u>5,072,781</u>	<u>-</u>	<u>-</u>	<u>5,072,781</u>
Total investments, at fair value	<u>\$ 5,389,171</u>	<u>\$ 5,564,696</u>	<u>\$ -</u>	<u>\$ 10,953,867</u>

Fair value measurement at December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market accounts	\$ 253,046	\$ -	\$ -	\$ 253,046
U.S. government securities	2,050,026	1,289,260	-	3,339,286
Corporate bonds	-	2,020,934	-	2,020,934
Foreign bonds	-	187,035	-	187,035
Common stocks	<u>5,103,929</u>	<u>-</u>	<u>-</u>	<u>5,103,929</u>
	<u>-</u>	<u>98,061</u>	<u>-</u>	<u>98,061</u>
Total investments, at fair value	<u>\$ 7,407,001</u>	<u>\$ 3,595,290</u>	<u>\$ -</u>	<u>\$ 11,002,291</u>

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 custodians.

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 3.0% and 3.8% for 2015 and 2014, respectively;
- Salary increases of 3%;
- Retirement at age 65 and the fifth anniversary of participation, whichever is greater.

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

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits	\$ 10,089,417	\$ 7,866,510
Nonvested benefits	<u>1,061,765</u>	<u>452,623</u>
Total	<u>\$ 11,151,182</u>	<u>\$ 8,319,133</u>

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

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 8,319,133	\$ 6,061,758
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	2,932,099	2,326,665
Benefits paid	<u>(100,050)</u>	<u>(69,290)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 11,151,182</u>	<u>\$ 8,319,133</u>

5. INVESTMENTS

The Plan administrator has received a certification from Matrix Trust Company and Bank of America, N.A., the custodians of the Plan, which states that the following information is complete and accurate as of and for the years ended December 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
<u>Matrix Trust Company</u>		
(February 9, 2015 to December 31, 2015)		
Statements of net assets available for benefits:		
Cash	\$ 1,967	\$ -
Investments, at fair value:		
Money market fund	\$ 316,390	\$ -
U.S. government securities	\$ 3,669,691	\$ -
Corporate bonds	\$ 1,895,005	\$ -
Common stocks	\$ 5,072,781	\$ -
Accrued interest	\$ 37,636	\$ -
Statements of changes in net assets available for benefits:		
Interest and dividend income	\$ 266,140	\$ -
Net depreciation in fair value of investments	\$ (306,816)	\$ -
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

	<u>2015</u>	<u>2014</u>
<u>Bank of America, N.A</u>		
(January 1, 2014 to February 9, 2015)		
Statements of net assets available for benefits:		
Cash	\$ -	\$ 2
Investments, at fair value:		
Money market fund	\$ -	\$ 253,046
U.S. government securities	\$ -	\$ 3,339,286
Corporate bonds	\$ -	\$ 2,020,934
Foreign bonds	\$ -	\$ 187,035
Common stocks	\$ -	\$ 5,103,929
Preferred stocks	\$ -	\$ 98,061
Accrued interest	\$ -	\$ 49,583
Statements of changes in net assets available for benefits:		
Interest and dividend income	\$ (13,665)	\$ 285,712
Net appreciation in fair value of investments	\$ 6,804	\$ 721,715

6. PARTY-IN-INTEREST TRANSACTIONS

Plan investments were held by Matrix Trust Company and Bank of America, N.A, who acted as custodians 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 \$67,635 and \$77,684 for the years ended December 31, 2015 and 2014, respectively.

7. 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 has been amended since receiving the determination letter. However, the Plan administrator believes 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.

8. 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.

9. SUBSEQUENT EVENTS

Effective January 1, 2016, the Plan was amended and restated which changed annual compensation credits to 2.5% for non-physician employees and individualized contributions for physicians based on the terms of the Plan document.

Subsequent events have been evaluated through October 4, 2016, the date the financial statements were available to be issued.

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

Schedule I

EIN #20-8928235

PLAN #004, FORM 5500

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

DECEMBER 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Money Market Accounts</u>			
*	UBS	RMA Retirement Money Market	\$ 108,223	\$ 108,223
*	UBS	Bank USA Deposit Account	208,167	208,167
	<u>U.S. Government Securities</u>			
	U.S. Treasury Note/Bond	U.S. Gov't, 9/30/2016, 1.00%	424,288	421,921
	U.S. Treasury Note/Bond	U.S. Gov't, 11/15/2022, 1.63%	236,121	233,323
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2024, 2.38%	235,593	232,480
	U.S. Treasury Inflation Indexed Bond	U.S. Gov't, 1/15/2026, 2.00%	181,824	173,369
	U.S. Treasury Note/Bond	U.S. Gov't, 2/15/2044, 3.63%	170,774	156,364
	Fannie Mae AS 3634	U.S. Gov't, 10/1/2044, 4.00%	140,850	139,566
	U.S. Treasury When Issued Note/Bond	U.S. Gov't, 8/31/2017, 0.63%	129,004	129,198
	U.S. Treasury Note/Bond	U.S. Gov't, 3/31/2016, 0.38%	125,029	125,029
	U.S. Treasury Note/Bond	U.S. Gov't, 5/15/2042, 3.00%	120,351	115,755
	U.S. Treasury Note/Bond	U.S. Gov't, 10/31/2019, 1.50%	120,237	119,681
	Fannie Mae MA 2405	U.S. Gov't, 9/1/2045, 4.00%	115,906	114,797
	Fannie Mae 890607	U.S. Gov't, 12/31/2099, 5.00%	111,380	110,316
	FHLMC Note	U.S. Gov't, 3/7/2018, 0.88%	109,977	110,300
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2023, 2.50%	109,038	106,763
	Freddie Mac G0 8558	U.S. Gov't, 11/1/2043, 4.00%	104,150	102,900
	Freddie Mac Q0 5883	U.S. Gov't, 1/1/2042, 4.00%	101,027	99,967
	Fannie Mae AX 7677	U.S. Gov't, 1/1/2045, 3.50%	97,274	95,766
	Freddie Mac G0 4804	U.S. Gov't, 5/1/2037, 4.50%	81,711	81,021
	U.S. Treasury Bill	U.S. Gov't, 3/17/2016, 0.00%	79,964	79,984
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2025, 2.00%	79,374	79,013
	Fannie Mae AJ 1415	U.S. Gov't, 9/1/2041, 4.50%	69,961	69,322
	U.S. Treasury Inflation Indexed Bond	U.S. Gov't, 7/15/2025, 0.38%	63,720	63,019
	Fannie Mae AS 5475	U.S. Gov't, 7/1/2045, 4.00%	61,984	61,949
	U.S. Treasury Note/Bond	U.S. Gov't, 4/30/2020, 1.13%	55,771	55,698
	Freddie Mac Q2 8369	U.S. Gov't, 9/1/2044, 4.00%	55,401	54,724
	U.S. Treasury Note/Bond	U.S. Gov't, 11/30/2020, 1.63%	54,785	54,699
	U.S. Treasury Note/Bond	U.S. Gov't, 7/31/2020, 1.63%	54,203	53,772
	U.S. Treasury Note/Bond	U.S. Gov't, 2/15/2022, 2.00%	53,522	53,141
	Fannie Mae AP 6379	U.S. Gov't, 9/1/2042, 3.00%	51,453	50,383
	U.S. Treasury Note/Bond	U.S. Gov't, 4/30/2018, 0.63%	49,203	49,359
	Fannie Mae AE 9754	U.S. Gov't, 12/1/2040, 3.50%	47,100	46,242
	Freddie Mac Q2 4273	U.S. Gov't, 1/1/2044, 4.00%	46,328	45,796
	Fannie Mae AS 1131	U.S. Gov't, 11/1/2043, 4.50%	44,135	43,849

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**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, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>U.S. Government Securities (Cont'd)</u>			
	Fannie Mae AV 8832	U.S. Gov't, 8/1/2044, 4.50%	31,621	31,410
	Freddie Mac A9 3951	U.S. Gov't, 9/1/2040, 4.00%	28,853	28,517
	Fannie Mae AB 5511	U.S. Gov't, 7/1/2042, 3.50%	21,333	20,962
	Freddie Mac Q0 1396	U.S. Gov't, 6/1/2041, 4.50%	18,297	18,186
	Fannie Mae 257281	U.S. Gov't, 7/1/2028, 5.00%	12,377	12,252
	Fannie Mae AT 7306	U.S. Gov't, 6/1/2043, 3.00%	9,358	9,162
	Freddie Mac A9 6105	U.S. Gov't, 1/1/2041, 4.00%	8,277	8,190
	Freddie Mac G0 5447	U.S. Gov't, 5/1/2039, 4.50%	7,155	7,082
	Fannie Mae AE 0725	U.S. Gov't, 1/1/2041, 4.50%	2,618	2,594
	U.S. Treasury Note/Bond	U.S. Gov't, 8/31/2020, 1.38%	993	985
	Freddie Mac C0 3565	U.S. Gov't, 12/1/2040, 4.00%	595	588
	Freddie Mac C9 1244	U.S. Gov't, 4/1/2029, 4.50%	297	297
	<u>Corporate Bonds</u>			
	JPMorgan Chase & Co.	Bond, 2/1/2024, 3.88%	116,118	113,089
	Microsoft Corp	Bond, 2/12/2045, 3.75%	93,659	87,535
	General Elec Cap Corp	Bond, 1/14/2038, 5.88%	88,745	83,312
	Wal-Mart Stores Inc	Bond, 4/11/2018, 1.13%	81,663	81,658
	Astrazeneca Plc	Bond, 9/15/2017, 5.90%	81,586	78,348
	Canadian National Resources	Bond, 5/15/2017, 5.70%	78,090	73,538
	John Deere Capital Corp	Bond, 4/17/2019, 2.25%	68,121	67,290
	Verizon Communications	Bond, 9/15/2043, 6.55%	65,867	59,193
	CVS Health Corp	Bond, 7/20/20, 2.80%	65,195	64,604
	Wells Fargo & Company	Bond, 9/9/2024, 3.30%	60,958	58,694
	Citigroup Inc	Bond, 4/27/2025, 3.30%	58,828	59,019
	Morgan Stanley	Bond, 10/23/2024, 3.70%	58,219	56,269
	Oracle Corp	Bond, 5/15/2025, 2.95%	57,917	58,451
	Walt Disney Company	Bond, 12/1/2022, 2.35%	56,795	56,268
	Novartis Capital Group	Bond, 5/6/2024, 3.40%	56,278	54,717
	Visa Inc	Bond, 12/14/2045, 4.30%	55,397	55,801
	Goldman Sachs Group Inc	Bond, 3/15/2020, 5.38%	55,326	53,949
	Cisco Systems Inc	Bond, 2/15/2019, 4.95%	55,040	53,598
	Lockheed Martin Corp	Bond, 11/23/2020, 2.50%	54,943	54,674
	Berkshire Hathaway	Bond, 5/15/2017, 1.60%	54,707	54,335
	Shell International Fin	Bond, 8/10/2018, 1.90%	54,663	54,010

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**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, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Corporate Bonds (Cont'd)</u>			
	Morgan Stanley	Bond, 3/22/2017, 4.75%	54,330	52,788
	Apache Corp	Bond, 1/15/2023, 2.63%	54,257	51,657
	Directv Hldg/Fin Inc	Bond, 3/1/2021, 5.00%	54,123	52,426
	Toyota Motor Credit Corp	Bond, 10/5/2017, 1.25%	54,082	53,755
	Enterprise Products Oper	Bond, 9/1/2020, 5.20%	53,932	50,343
	Caterpillar Financial Se	Bond, 2/15/2019, 7.15%	53,880	51,566
	Conoco Phillips	Bond, 2/1/2019, 5.75%	53,853	50,328
	United Parcel	Bond, 1/15/2018, 5.50%	53,682	51,951
	Comcast Corp	Bond, 11/15/2017, 6.30%	53,200	51,135
	Wachovia Corp	Bond, 6/15/2017, 5.75%	52,847	50,704
	<u>Common Stock</u>			
	Altria Group Inc	Common stock - 5,218 shares	285,334	303,741
	Berkshire Hathaway Inc	Common stock - 1,777 shares	261,639	234,635
	Carmax Inc	Common stock - 3,992 shares	256,579	215,448
	General Dynamics Corp	Common stock - 1,709 shares	235,452	234,748
	Visa Inc	Common stock - 3,464 shares	233,237	268,633
	Carnival Corp Paired	Common stock - 4,995 shares	222,026	272,128
	Wells Fargo & Co New Del	Common stock - 4,078 shares	220,541	221,680
	Newmarket Corp	Common stock - 472 shares	212,963	179,705
	Bristol-Myers Squibb Co	Common stock - 3,496 shares	210,726	240,490
	Lowe's Companies Inc	Common stock - 2,857 shares	202,898	217,246
	Blackrock Inc	Common stock - 554 shares	198,895	188,648
	Dollar Tree Inc	Common stock - 2,960 shares	198,837	228,571
	Eli Lilly & Company	Common stock - 2,617 shares	193,792	220,508
	Deere & Co.	Common stock - 1,829 shares	166,282	139,498
	Alleghany Corp	Common stock - 351 shares	164,960	167,753
	O Reilly Automotive Corp	Common stock - 645 shares	160,882	163,456
	EMC Corp (Mass) Com	Common stock - 5,588 shares	150,034	143,500
	Norfolk Southern Co.	Common stock - 1,860 shares	148,214	157,337
	Bank of America Corp	Common stock - 8,784 shares	142,743	147,835
	The Mosaic Company	Common stock - 2,874 shares	137,374	79,294
	Chevron Corp	Common stock - 1,285 shares	136,103	115,599
	Edgewell Personal Care Co	Common stock - 1,393 shares	135,056	109,169

(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, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Common Stock (Cont'd)</u>			
	Cisco Systems Inc Com	Common stock - 4,920 shares	132,858	133,603
	Conocophillips	Common stock - 1,883 shares	120,595	87,917
	Federal Express Corp	Common stock - 651 shares	110,617	96,992
	Coca Cola Com	Common stock - 2,691 shares	110,519	115,605
	Pfizer Inc	Common stock - 3,276 shares	108,879	105,749
	Verizon Communications	Common stock - 2,091 shares	101,669	96,646
	Intl Business Machines	Common stock - 631 shares	98,265	86,838
	Microsoft Corp	Common stock - 1,799 shares	76,981	99,809
			<u>\$ 11,130,853</u>	<u>\$ 10,953,867</u>

* denotes a party-in-interest

The accompanying notes are an integral part of these schedules.

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

Schedule II

EIN #20-8928235
PLAN #004, FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2015

(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: (10 purchases of 361,029 shares) (13 sales of 614,075 shares)	\$ 361,029	-	-	-	\$ 361,029	\$ 361,029	-
		-	\$ 614,075	-	-	\$ 614,075	\$ 614,075	-

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

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 1/1/2015
AND ENDING 12/31/2015

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: 1,000 hours Vesting: 1,000 hours Contribution Credit: 501 hours or employed on last day of plan year
Normal Form of Benefit:	Life Annuity Lump Sum payout equal to Theoretical Account Balance
Actuarial Equivalence:	Interest: 30-year Treasury Rate (above) Mortality: (post-retirement only) Rev. Ruling 2001-62 Mortality Table
Top Heavy Benefit:	Top Heavy minimum provided in other plan.

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

ATTACHMENT TO SCHEDULE SB

EMPLOYER IDENTIFICATION NUMBER 20-8928235

PLAN NUMBER 4

CURRENT PLAN YEAR BEGINNING 1/1/2015

AND ENDING 12/31/2015

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 next valuation date, if later

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

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

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

OMB No. 1210-0110

2015**This Form is Open to Public
Inspection**For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015► **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: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>				
2 Assets:				
a Market value		2a	11,151,182	
b Actuarial value		2b	11,151,182	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment		0	0	0
b For terminated vested participants		50	1,181,017	1,181,017
c For active participants		224	5,966,823	6,103,105
d Total		274	7,147,840	7,284,122
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	6.27 %	
6 Target normal cost		6	1,302,284	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Donald A. Shepard

Type or print name of actuary

Actuarial Pension Analysts, Inc.

Firm name

7000 East Genesee Street

US Fayetteville

NY 13066

Address of the firm

04/18/2016

Date

14-04104

Most recent enrollment number

(315) 445-2108

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2015
v. 150123

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	
8 Portion elected 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 <u>11.17%</u>	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)		1,925,179
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.57%</u>		126,484
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance ..		2,051,663
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	153.09 %
15 Adjusted funding target attainment percentage	15	153.08 %
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	143.23 %
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
03/20/2015	120,000		11/16/2015	100,000	
04/17/2015	120,000		02/03/2016	150,000	
05/18/2015	120,000		02/25/2016	402,000	
06/23/2015	160,000				
07/15/2015	160,000				
08/17/2015	160,000				
09/15/2015	160,000				
10/15/2015	160,000				
Totals ▶ 18(b)			18(c)		
			1,812,000		

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	1,733,871

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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	
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	1,302,284	
b Excess assets, if applicable, but not greater than line 31a	31b	1,302,284	
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	1,733,871	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,733,871	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42
43 Excess installment acceleration amount to be carried over to future plan years	43

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 1/1/2015
AND ENDING 12/31/2015

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: 3.80%
(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, 2014

	IRC 430	IRC 404	
1st Segment Rate:	4.72%	1.18%	Years 1 to 5
2nd Segment Rate:	6.11%	4.08%	Years 6 to 20
3rd Segment Rate:	6.81%	5.18%	Years over 20

Effective Interest Rate:	Prior Year:	6.57%
	Current Year:	6.27%

ATTACHMENT TO SCHEDULE SB

PLAN NUMBER 4

CURRENT PLAN YEAR BEGINNING 1/1/2015

AND ENDING 12/31/2015

ATTAINED AGE	YEARS OF CREDITED SERVICE									
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	4		1							
25 to 29	9		15							
30 to 34	4		19		1		1			
35 to 39	2		17		8					
40 to 44	4		13		6		1			
45 to 49	1		23		8		3			
50 to 54	5		14		2		4			
55 to 59	4		13		5		4			
60 to 64			10		3		7			
65 to 69			3		1		4			
70 & up			2		1					

[illegible]

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

Schedule I

EIN #20-8928235

PLAN #004, FORM 5500

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

DECEMBER 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Money Market Accounts</u>			
*	UBS	RMA Retirement Money Market	\$ 108,223	\$ 108,223
*	UBS	Bank USA Deposit Account	208,167	208,167
	<u>U.S. Government Securities</u>			
	U.S. Treasury Note/Bond	U.S. Gov't, 9/30/2016, 1.00%	424,288	421,921
	U.S. Treasury Note/Bond	U.S. Gov't, 11/15/2022, 1.63%	236,121	233,323
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2024, 2.38%	235,593	232,480
	U.S. Treasury Inflation Indexed Bond	U.S. Gov't, 1/15/2026, 2.00%	181,824	173,369
	U.S. Treasury Note/Bond	U.S. Gov't, 2/15/2044, 3.63%	170,774	156,364
	Fannie Mae AS 3634	U.S. Gov't, 10/1/2044, 4.00%	140,850	139,566
	U.S. Treasury When Issued Note/Bond	U.S. Gov't, 8/31/2017, 0.63%	129,004	129,198
	U.S. Treasury Note/Bond	U.S. Gov't, 3/31/2016, 0.38%	125,029	125,029
	U.S. Treasury Note/Bond	U.S. Gov't, 5/15/2042, 3.00%	120,351	115,755
	U.S. Treasury Note/Bond	U.S. Gov't, 10/31/2019, 1.50%	120,237	119,681
	Fannie Mae MA 2405	U.S. Gov't, 9/1/2045, 4.00%	115,906	114,797
	Fannie Mae 890607	U.S. Gov't, 12/31/2099, 5.00%	111,380	110,316
	FHLMC Note	U.S. Gov't, 3/7/2018, 0.88%	109,977	110,300
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2023, 2.50%	109,038	106,763
	Freddie Mac G0 8558	U.S. Gov't, 11/1/2043, 4.00%	104,150	102,900
	Freddie Mac Q0 5883	U.S. Gov't, 1/1/2042, 4.00%	101,027	99,967
	Fannie Mae AX 7677	U.S. Gov't, 1/1/2045, 3.50%	97,274	95,766
	Freddie Mac G0 4804	U.S. Gov't, 5/1/2037, 4.50%	81,711	81,021
	U.S. Treasury Bill	U.S. Gov't, 3/17/2016, 0.00%	79,964	79,984
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2025, 2.00%	79,374	79,013
	Fannie Mae AJ 1415	U.S. Gov't, 9/1/2041, 4.50%	69,961	69,322
	U.S. Treasury Inflation Indexed Bond	U.S. Gov't, 7/15/2025, 0.38%	63,720	63,019
	Fannie Mae AS 5475	U.S. Gov't, 7/1/2045, 4.00%	61,984	61,949
	U.S. Treasury Note/Bond	U.S. Gov't, 4/30/2020, 1.13%	55,771	55,698
	Freddie Mac Q2 8369	U.S. Gov't, 9/1/2044, 4.00%	55,401	54,724
	U.S. Treasury Note/Bond	U.S. Gov't, 11/30/2020, 1.63%	54,785	54,699
	U.S. Treasury Note/Bond	U.S. Gov't, 7/31/2020, 1.63%	54,203	53,772
	U.S. Treasury Note/Bond	U.S. Gov't, 2/15/2022, 2.00%	53,522	53,141
	Fannie Mae AP 6379	U.S. Gov't, 9/1/2042, 3.00%	51,453	50,383
	U.S. Treasury Note/Bond	U.S. Gov't, 4/30/2018, 0.63%	49,203	49,359
	Fannie Mae AE 9754	U.S. Gov't, 12/1/2040, 3.50%	47,100	46,242
	Freddie Mac Q2 4273	U.S. Gov't, 1/1/2044, 4.00%	46,328	45,796
	Fannie Mae AS 1131	U.S. Gov't, 11/1/2043, 4.50%	44,135	43,849

(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, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
<u>U.S. Government Securities (Cont'd)</u>				
	Fannie Mae AV 8832	U.S. Gov't, 8/1/2044, 4.50%	31,621	31,410
	Freddie Mac A9 3951	U.S. Gov't, 9/1/2040, 4.00%	28,853	28,517
	Fannie Mae AB 5511	U.S. Gov't, 7/1/2042, 3.50%	21,333	20,962
	Freddie Mac Q0 1396	U.S. Gov't, 6/1/2041, 4.50%	18,297	18,186
	Fannie Mae 257281	U.S. Gov't, 7/1/2028, 5.00%	12,377	12,252
	Fannie Mae AT 7306	U.S. Gov't, 6/1/2043, 3.00%	9,358	9,162
	Freddie Mac A9 6105	U.S. Gov't, 1/1/2041, 4.00%	8,277	8,190
	Freddie Mac G0 5447	U.S. Gov't, 5/1/2039, 4.50%	7,155	7,082
	Fannie Mae AE 0725	U.S. Gov't, 1/1/2041, 4.50%	2,618	2,594
	U.S. Treasury Note/Bond	U.S. Gov't, 8/31/2020, 1.38%	993	985
	Freddie Mac C0 3565	U.S. Gov't, 12/1/2040, 4.00%	595	588
	Freddie Mac C9 1244	U.S. Gov't, 4/1/2029, 4.50%	297	297
<u>Corporate Bonds</u>				
	JPMorgan Chase & Co.	Bond, 2/1/2024, 3.88%	116,118	113,089
	Microsoft Corp	Bond, 2/12/2045, 3.75%	93,659	87,535
	General Elec Cap Corp	Bond, 1/14/2038, 5.88%	88,745	83,312
	Wal-Mart Stores Inc	Bond, 4/11/2018, 1.13%	81,663	81,658
	Astrazeneca Plc	Bond, 9/15/2017, 5.90%	81,586	78,348
	Canadian National Resources	Bond, 5/15/2017, 5.70%	78,090	73,538
	John Deere Capital Corp	Bond, 4/17/2019, 2.25%	68,121	67,290
	Verizon Communications	Bond, 9/15/2043, 6.55%	65,867	59,193
	CVS Health Corp	Bond, 7/20/20, 2.80%	65,195	64,604
	Wells Fargo & Company	Bond, 9/9/2024, 3.30%	60,958	58,694
	Citigroup Inc	Bond, 4/27/2025, 3.30%	58,828	59,019
	Morgan Stanley	Bond, 10/23/2024, 3.70%	58,219	56,269
	Oracle Corp	Bond, 5/15/2025, 2.95%	57,917	58,451
	Walt Disney Company	Bond, 12/1/2022, 2.35%	56,795	56,268
	Novartis Capital Group	Bond, 5/6/2024, 3.40%	56,278	54,717
	Visa Inc	Bond, 12/14/2045, 4.30%	55,397	55,801
	Goldman Sachs Group Inc	Bond, 3/15/2020, 5.38%	55,326	53,949
	Cisco Systems Inc	Bond, 2/15/2019, 4.95%	55,040	53,598
	Lockheed Martin Corp	Bond, 11/23/2020, 2.50%	54,943	54,674
	Berkshire Hathaway	Bond, 5/15/2017, 1.60%	54,707	54,335
	Shell International Fin	Bond, 8/10/2018, 1.90%	54,663	54,010

(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, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Corporate Bonds (Cont'd)</u>			
	Morgan Stanley	Bond, 3/22/2017, 4.75%	54,330	52,788
	Apache Corp	Bond, 1/15/2023, 2.63%	54,257	51,657
	Directv Hldg/Fin Inc	Bond, 3/1/2021, 5.00%	54,123	52,426
	Toyota Motor Credit Corp	Bond, 10/5/2017, 1.25%	54,082	53,755
	Enterprise Products Oper	Bond, 9/1/2020, 5.20%	53,932	50,343
	Caterpillar Financial Se	Bond, 2/15/2019, 7.15%	53,880	51,566
	Conoco Phillips	Bond, 2/1/2019, 5.75%	53,853	50,328
	United Parcel	Bond, 1/15/2018, 5.50%	53,682	51,951
	Comcast Corp	Bond, 11/15/2017, 6.30%	53,200	51,135
	Wachovia Corp	Bond, 6/15/2017, 5.75%	52,847	50,704
	<u>Common Stock</u>			
	Altria Group Inc	Common stock - 5,218 shares	285,334	303,741
	Berkshire Hathaway Inc	Common stock - 1,777 shares	261,639	234,635
	Carmax Inc	Common stock - 3,992 shares	256,579	215,448
	General Dynamics Corp	Common stock - 1,709 shares	235,452	234,748
	Visa Inc	Common stock - 3,464 shares	233,237	268,633
	Carnival Corp Paired	Common stock - 4,995 shares	222,026	272,128
	Wells Fargo & Co New Del	Common stock - 4,078 shares	220,541	221,680
	Newmarket Corp	Common stock - 472 shares	212,963	179,705
	Bristol-Myers Squibb Co	Common stock - 3,496 shares	210,726	240,490
	Lowe's Companies Inc	Common stock - 2,857 shares	202,898	217,246
	Blackrock Inc	Common stock - 554 shares	198,895	188,648
	Dollar Tree Inc	Common stock - 2,960 shares	198,837	228,571
	Eli Lilly & Company	Common stock - 2,617 shares	193,792	220,508
	Deere & Co.	Common stock - 1,829 shares	166,282	139,498
	Alleghany Corp	Common stock - 351 shares	164,960	167,753
	O Reilly Automotive Corp	Common stock - 645 shares	160,882	163,456
	EMC Corp (Mass) Com	Common stock - 5,588 shares	150,034	143,500
	Norfolk Southern Co.	Common stock - 1,860 shares	148,214	157,337
	Bank of America Corp	Common stock - 8,784 shares	142,743	147,835
	The Mosaic Company	Common stock - 2,874 shares	137,374	79,294
	Chevron Corp	Common stock - 1,285 shares	136,103	115,599
	Edgewell Personal Care Co	Common stock - 1,393 shares	135,056	109,169

(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, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Common Stock (Cont'd)</u>			
	Cisco Systems Inc Com	Common stock - 4,920 shares	132,858	133,603
	Conocophillips	Common stock - 1,883 shares	120,595	87,917
	Federal Express Corp	Common stock - 651 shares	110,617	96,992
	Coca Cola Com	Common stock - 2,691 shares	110,519	115,605
	Pfizer Inc	Common stock - 3,276 shares	108,879	105,749
	Verizon Communications	Common stock - 2,091 shares	101,669	96,646
	Intl Business Machines	Common stock - 631 shares	98,265	86,838
	Microsoft Corp	Common stock - 1,799 shares	76,981	99,809
			<u>\$ 11,130,853</u>	<u>\$ 10,953,867</u>

* denotes a party-in-interest

Schedule H, line 4j
Schedule of Reportable Transactions.

[illegible]