Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210 1210)-0110)-0089			
	rtment of the Treasury mal Revenue Service	This form is required to be filed		065 of the Employee R	etirement	2016				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Employee Benefits Security Administration Revenue Code (the Code). This Fo Page ion Recently Comparison Public Public Public										
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 5	500-SF.					
For calenda	Annual Report Id ar plan year 2016 or fisc	dentification Information	16	and ending 12	2/31/2016					
		X a single-employer plan				king this box must attach	a			
A This ret	turn/report is for:	a one-participant plan				vith the form instructions.				
R This rate	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check I	box if filing under:	× Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descrip	tion)		_					
Part II	Basic Plan Infor	mation—enter all requested infor	rmation				-			
1a Name EASTERN N		& NUCLEAR MEDICINE ASSOCIA	ATES, P.C. 401(K) PLAN		1b Thre plan (PN)	number				
					1c Effect	tive date of plan 01/01/1998				
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. j			2b Emp (EIN)	oyer Identification Numb	er			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EASTERN NIAGARA RADIOLOGY & NUCLEAR MEDICINE ASSOCIATES, P.C.					2c Sponsor's telephone number 716-855-2866					
WESTERN N	NEW YORK WOMEN'S	IMAGING			2d Business code (see instructions)					
222 GENESE BUFFALO, N						621111	,			
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spons	or.		3b Adm	inistrator's EIN				
					3c Adm	inistrator's telephone nur	nber			
		plan sponsor has changed since th ber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN					
a Spons	or's name	·			4c PN					
5a Total r	number of participants a	at the beginning of the plan year			5a		83			
		at the end of the plan year			5b		79			
		ccount balances as of the end of th		•	5c		79			
d(1) Tota	al number of active part	icipants at the beginning of the plar	n year		5d(1)		65			
		ticipants at the end of the plan year			5d(2)		66			
		erminated employment during the p			5e		C			
Caution: A	A penalty for the late or	r incomplete filing of this return/r	report will be assessed	unless reasonable ca						
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and compl	er penalties set forth in the instruction d signed by an enrolled actuary, as lete.	ons, I declare that I have well as the electronic ver	examined this return/re sion of this return/repor	port, includi t, and to the	ing, if applicable, a Scher best of my knowledge a	dule and			
SIGN	Filed with authorized/va	alid electronic signature.	09/01/2017	ROBERT E. LUTNICK						
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN HERE										
	Signature of employ name (including firm na	rer/plan sponsor Ime, if applicable) and address (incl	Date lude room or suite numbe			as employer or plan spor s telephone number	nsor			

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accountant tions.) orm 5500-SF and must instead	(IQPA) Yes No use Form 5500.
	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<u>.</u> a	Total plan assets	7a	7843937	9253874
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	7843937	9253874
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	144723	
	(2) Participants	8a(2)	403933	
	(3) Others (including rollovers)	8a(3)	212725	
b	Other income (loss)	8b	715722	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1477103
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	61964	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	5202	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		67166
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		1409937
j	Transfers to (from) the plan (see instructions)	8i		

Part IV Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2R 2T 3D 9a

8j

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

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			126010
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-	
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Form 5500-SF	Short Form Annu	al Return/Report of Small Emp Benefit Plan	loyee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be file	Potiromont	2016				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		This Form is Open to				
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instructions to the Form	5500-SF.	Public Inspection			
Part Annual Report I	dentification Information						
For calendar plan year 2016 or fis	cal plan year beginning 01/01/20	16 and ending 12	31/2016				
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a					
		a foreign plan					
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 r	nonths)				
C Check box if filing under:	X Form 5558	automatic extension	DFVC pi	rogram			
	special extension (enter desci	ription)					
Part II Basic Plan Infor	mation—enter all requested in	formation					
1a Name of plan EASTERN NIAGARA RADIOLOGY	& NUCLEAR MEDICINE ASSOC	CIATES, P.C. 401(K) PLAN		number			
				tive date of plan			
2a Plan sponsor's name (employ	er, if for a single-employer plan)			1/1998 oyer Identification Number			
Mailing address (include room	, apt., suite no. and street, or P.C	D. Box) al code (if foreign, see instructions)	(EIN)	16-1538169			
EASTERN NIAGARA RADIOLOGY	& NUCLEAR MEDICINE ASSOC	CIATES, P.C.	2c Sponsor's telephone number (716) 855-2866				
WESTERN NEW YORK WOMEN'S 222 GENESEE STREET	IMAGING		2d Busin 62111	ess code (see instructions)			
BUFFALO, NY 14203 3a Plan administrator's name and	address K Same as Plan Spor	nsor.	3b Admir	nistrator's EIN			
			3C Admir	nistrator's telephone number			
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report filed for this plan, enter the	4b EIN				
· · ·	ber from the last return/report.						
a Sponsor's name	Athe beginning of the plan year		4c PN 5a	83			
	••••		·· +	79			
c Number of participants with a	ccount balances as of the end of	the plan year (only defined contribution plans	5c	79			
•		an year	5d(1)	65			
	• • • •	ar	5d(2)	66			
e Number of participants that to	erminated employment during the	plan year with accrued benefits that were less	5e	0			
Caution: A penalty for the late o	r incomplete filing of this return	n/report will be assessed unless reasonable ca	ause is estat	lished.			
Under penalties of perjury and other	er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I have examined this return/reports well as the electronic version of the ele	eport, includir	ng, if applicable, a Schedule			
SIGN		Robert E. Lutrick					
HERE Signature of plan ad	ministrator	Date 1/1/1 Z Enter name of individ	dual signing a	as plan administrator			
SIGN				· · · · ·			
HERE Signature of employ	er/plan sponsor	Date Enter name of individ		as employer or plan sponsor			
Preparer's name (including firm na	me, ir applicable) and address (ir	iciude room of suite number)	Preparers	telephone number			

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	Were all of the plan's assets during the plan year invested in eligit								X	res 🗌 No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								× N	res ∏ No
	If you answered "No" to either line 6a or line 6b, the plan can		•							
с	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	_	□ Not o	letermined
	rt III Financial Information				,	L				
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End	of Year	
a	Total plan assets	. 7a		78439				. /		3874
b	Total plan liabilities	. 7b			0					0
c	Net plan assets (subtract line 7b from line 7a)	. 7c		78439	37				925	3874
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:									
	(1) Employers	. 8a(1)		1447:	3					
~~	(2) Participants	. 8a(2)		4039						
	(3) Others (including rollovers)	. 8a(3)		2127	10					
<u>b</u>	Other income (loss)	8b		7157	22					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					IN THE OWNER OF THE		147	7103
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		6196	64					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			Sport of Sports					
f	Administrative service providers (salaries, fees, commissions)	8f		5202						
g	Other expenses	8g			or a straight of the					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				67166				7166
i	Net income (loss) (subtract line 8h from line 8c)	8i				1409937				9937
j	Transfers to (from) the plan (see instructions)	8j								
Pal	t IV Plan Characteristics		•		E.a					
and the second second second	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acteris	tic Co	des in t	he instru	uctions:	
Par	Compliance Questions			· · ·.						
10	During the plan year:		· · · · · · · · · · · · · · · · · · ·		Yes	No	N/A		Amou	
a		utions with	in the time period						Anou	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	-iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х					126010
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part VI Pension Funding (Compliance					
-	subject to minimum funding requirements? (If "Yes," see instruction ow)				Ye	s 🗙 No
_11a Enter the unpaid minimum red	quired contributions for all years from Schedule SB (Form 5500) lin	e 40	11a			
	plan subject to the minimum funding requirements of section 412 o				∏ Ye	s 🛛 No
	or lines 12b, 12c, 12d, and 12e below, as applicable.)	••••••				
a If a waiver of the minimum fur	nding standard for a prior year is being amortized in this plan year,		and enter Da		of the letter i Year	uling
If you completed line 12a, com	plete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	o line 13.				
b Enter the minimum required co	ontribution for this plan year		12b			
c Enter the amount contributed b	by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12	2c from the amount in line 12b. Enter the result (enter a minus sign	to the left of a	12d			
e Will the minimum funding amo	ount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part VII Plan Terminations	and Transfers of Assets					
13a Has a resolution to terminate the	e plan been adopted in any plan year?			Yes	X No	
If "Yes," enter the amount of a	any plan assets that reverted to the employer this year		13a			
	ibuted to participants or beneficiaries, transferred to another plan, o				Yes X	No
	assets or liabilities were transferred from this plan to another plan(s) e transferred. (See instructions.)	, identify the pla	ın(s) to			
13c(1) Name of plan(s):		13	c(2) EIN(s)		13c(3)	PN(s)
Part VIII Trust Information		I				
14a Name of trust	· · · · · · · · · · · · · · · · · · ·		14b	Trust's E	IN .	······
	· · · · · · · · · · · · · · · · · · ·					
14c Name of trustee or custodian			14d		or custodia e number	n's
				reiebuou	e number	
Part IX IRS Compliance	Questions					
at it	Questions		es	Γ	No	<u>,</u>
15a Is the plan a 401(k) plan? If "N	lo," skip b	······		L		
	ondiscrimination requirements for employee deferrals under section neck all that apply:	Ll sa	esign-base afe harbor		Prior yea test	r" ADP
			Current year DP test		N/A	
•	d to satisfy the coverage requirements under section 410(b) for the	p	tatio ercentage est		erage nefit test	N/A
16b Did the plan satisfy the covera for the plan year by combining	ge and nondiscrimination requirements of sections 410(b) and 401 this plan with any other plan under the permissive aggregation rule	(a)(4)	es	[] No	
	totype plan (M&P) or volume submitter plan that received a favorab and the serial number		etter or adv	isory lette	er, enter the	date of
	esigned plan that received a favorable determination letter from the	IRS, enter the d	ate of the r	nost rece	nt determina	ition
	/ Purchase Pension Plan Only: luring the plan year to an employee who attained age 62 and had n		m Te	s] No	