Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2002

2a Plan sponsor's name (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)
ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC

1226 EAST WATER STREET
SYRACUSE, NY 13210

2b Employer Identification Number (EIN)
20-8928235

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

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2017	CHRISTOPHER WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2017	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	265
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	217
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	207
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	47
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	254
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	254
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1C

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

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

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC

D Employer Identification Number (EIN)
20-8928235

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	11540984
b Actuarial value	**2b**	11540984

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	48	752918	752918
c For active participants	224	7281050	7313886
d Total	272	8033968	8066804

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**	6.08 %
6 Target normal cost	**6**	1742937

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

	03/10/2017
Signature of actuary	Date
DONALD A. SHEPARD	14-04104
Type or print name of actuary	Most recent enrollment number
ACTUARIAL PENSION ANALYSTS, INC.	315-445-2108
Firm name	Telephone number (including area code)
7000 EAST GENESEE ST. FAYETTEVILLE, NY 13066	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.50%	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)		1733871
	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 6.27%		108714
	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		1842585
	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	143.07%
15	Adjusted funding target attainment percentage	15	143.06%
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	153.08%
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
04/14/2016	225000	0	10/14/2016	225000	0
05/13/2016	225000	0	11/14/2016	225000	0
06/17/2016	225000	0	12/14/2016	225000	0
07/14/2016	225000	0	01/13/2017	200000	0
08/12/2016	225000	0	02/21/2017	244523	0
09/16/2016	150000	0			
			Totals ► 18(b)	2394523	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2297214

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ 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**	1742937
b Excess assets, if applicable, but not greater than line 31a	**31b**	1742937

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2297214
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2297214
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**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
20-8928235

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	75111	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
20-8928235

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1967	1459
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	552000	444523
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	37636	44400
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	316390	206950
(2) U.S. Government securities	1c(2)	3669691	3244764
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1895005	3399066
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5072781	6290886
(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)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11545470	13632048
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		4194
k	Total liabilities (add all amounts in lines 1g through1j)	1k		4194
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11545470	13627854

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)	2394523	
	(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)		2394523
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	312	
	(B) U.S. Government securities	2b(1)(B)	71368	
	(C) Corporate debt instruments	2b(1)(C)	91393	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	316	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		163389
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	92852	
	(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)		92852
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	29305378	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29284095	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		21283
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	309974	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		309974

		(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		316
d Total income. Add all **income** amounts in column (b) and enter total	2d		2982337
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	823317	
(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)		823317
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)	75111	
(4) Other	2i(4)	1525	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		76636
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		899953
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2082384
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3997562. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
20-8928235

Part I Distributions

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

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

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): 27-1228437

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** 20

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

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

Financial Statements as of December 31, 2016 and 2015 Together with Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

September 15, 2017

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, 2016 and 2015, 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, 2016, and that Bank of America, N.A. held the Plan's investment assets and executed investment transactions for the period January 1, 2015 to February 9, 2015. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2016 and 2015, 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
p (315) 476-4004
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, 2016 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2016, 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, 2016 AND 2015

	2016	2015
ASSETS		
CASH, non-interest bearing	$ 1,459	$ 1,967
INVESTMENTS, at fair value:		
Money market accounts	206,950	316,390
U.S. government securities	3,244,764	3,669,691
Corporate bonds	3,399,066	1,895,005
Common stocks	6,290,886	5,072,781
Total investments, at fair value	13,141,666	10,953,867
RECEIVABLES:		
Company contributions	444,523	552,000
Accrued interest	44,400	37,636
Total receivables	488,923	589,636
Total assets	13,632,048	11,545,470
LIABILITIES		
OTHER LIABILITIES	4,194	-
Total liabilities	4,194	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,627,854	$ 11,545,470

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, 2016 AND 2015

	2016	2015
ADDITIONS:		
Investment income (loss):		
Interest and dividend income	$ 256,557	$ 252,475
Net appreciation (depreciation) in fair value of investments	331,257	(300,012)
Total investment income (loss)	587,814	(47,537)
Company contributions	2,394,523	1,812,000
Total additions	2,982,337	1,764,463
DEDUCTIONS:		
Benefits paid to participants	823,317	1,303,234
Administrative expenses	76,636	67,635
Total deductions	899,953	1,370,869
CHANGES TO NET ASSETS AVAILABLE FOR BENEFITS	2,082,384	393,594
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	11,545,470	11,151,876
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 13,627,854	$ 11,545,470

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the Associated Medical Professionals of NY, PLLC Employees' Defined Benefit Pension Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan 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 2.5% and 3.5% for the years ended December 31, 2016 and 2015, respectively, of annual compensation as defined by the Plan. The compensation credit for licensed physicians/partners is individualized by physician based on the terms of the Plan Document for the year ended December 31, 2016. The compensation credit was $75,000 for licensed physicians/partners born prior to January 1, 1975 and $50,000 for licensed physicians/partners born after December 31, 1974 for the year ended December 31, 2015.

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.

The Plan allows in-service withdrawals of all or any portion of the participant's accrued benefit upon attainment of age sixty-five.

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.

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 2016 and 2015, 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 2016 and 2015 complied with the minimum funding requirements of ERISA.

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:

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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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, 2016 and 2015.

- *Money market accounts:* valued at cost plus accrued interest, which approximates fair value.
- *U.S. government securities & corporate bonds:* 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.

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, 2016 and 2015:

Fair value measurement at December 31, 2016:

	Level 1	Level 2	Level 3	Total
Money market accounts	$ 206,950	$ -	$ -	$ 206,950
U.S. government securities	-	3,244,764	-	3,244,764
Corporate bonds	-	3,399,066	-	3,399,066
Common stocks	6,290,886	-	-	6,290,886
Total investments, at fair value	$ 6,497,836	$ 6,643,830	$ -	$ 13,141,666

Fair value measurement at December 31, 2015:

	Level 1	Level 2	Level 3	Total
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	5,072,781	-	-	5,072,781
Total investments, at fair value	$ 5,389,171	$ 5,564,696	$ -	$ 10,953,867

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 3.03% and 3.04% for 2016 and 2015, 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:

	2016	2015
Actuarial present value of accumulated plan benefits:		
Vested benefits	$ 11,218,322	$ 10,089,417
Nonvested benefits	322,662	1,061,765
Total	$ 11,540,984	$ 11,151,182

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

	2016	2015
Actuarial present value of accumulated plan benefits at beginning of year	$ 11,151,182	$ 8,319,133
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	1,693,036	2,932,099
Benefits paid	(1,303,234)	(100,050)
Actuarial present value of accumulated plan benefits at end of year	$ 11,540,984	$ 11,151,182

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, 2016 and 2015:

	2016	2015
Matrix Trust Company (February 9, 2015 to December 31, 2016)		
Statements of net assets available for benefits:		
Cash	$ 1,459	$ 1,967
Investments, at fair value:		
Money market fund	$ 206,950	$ 316,390
U.S. government securities	$ 3,244,764	$ 3,669,691
Corporate bonds	$ 3,399,066	$ 1,895,005
Common stocks	$ 6,290,886	$ 5,072,781
Accrued interest	$ 44,400	$ 37,636
Statements of changes in net assets available for benefits:		
Interest and dividend income	$ 256,557	$ 266,140
Net appreciation (depreciation) in fair value of investments	$ 331,257	$ (306,816)
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

	2016	2015
Bank of America, N.A (January 1, 2015 to February 9, 2015)		
Statements of changes in net assets available for benefits:		
Interest and dividend income	$ -	$ (13,665)
Net appreciation in fair value of investments	$ -	$ 6,804

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 $76,636 and $67,635 for the years ended December 31, 2016 and 2015, 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

Subsequent events have been evaluated through September 15, 2017, 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, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Money Market Accounts			
*	UBS	Bank USA Deposit Account	$ 206,950	$ 206,950
	U.S. Government Securities			
	Fannie Mae 257281	U.S. Gov't, 7/1/2028, 5.00%	9,136	8,961
	Fannie Mae 890607	U.S. Gov't, 12/31/2099, 5.00%	80,696	79,120
	Fannie Mae AB 5511	U.S. Gov't, 7/1/2042, 3.50%	18,089	17,730
	Fannie Mae AE 0725	U.S. Gov't, 1/1/2041, 4.50%	2,115	2,091
	Fannie Mae AE 9754	U.S. Gov't, 12/1/2040, 3.50%	41,889	41,006
	Fannie Mae AJ 1415	U.S. Gov't, 9/1/2041, 4.50%	53,127	52,429
	Fannie Mae AP 6379	U.S. Gov't, 9/1/2042, 3.00%	44,662	43,596
	Fannie Mae AS 1131	U.S. Gov't, 11/1/2043, 4.50%	30,586	30,262
	Fannie Mae AS 5475	U.S. Gov't, 7/1/2045, 4.00%	48,038	47,693
	Fannie Mae AT 7306	U.S. Gov't, 6/1/2043, 3.00%	7,783	7,601
	Fannie Mae AV 8832	U.S. Gov't, 8/1/2044, 4.50%	17,200	16,972
	Fannie Mae AX 7677	U.S. Gov't, 1/1/2045, 3.50%	70,198	68,648
	Freddie Mac A9 3951	U.S. Gov't, 9/1/2040, 4.00%	23,164	22,808
	Freddie Mac A9 6105	U.S. Gov't, 1/1/2041, 4.00%	6,119	6,010
	Freddie Mac C0 3565	U.S. Gov't, 12/1/2040, 4.00%	443	436
	Freddie Mac C9 1244	U.S. Gov't, 4/1/2029, 4.50%	232	229
	Freddie Mac G0 4804	U.S. Gov't, 5/1/2037, 4.50%	62,045	61,314
	Freddie Mac G0 5447	U.S. Gov't, 5/1/2039, 4.50%	5,409	5,356
	Freddie Mac G0 8558	U.S. Gov't, 11/1/2043, 4.00%	74,873	73,483
	Freddie Mac Q0 1396	U.S. Gov't, 6/1/2041, 4.50%	13,683	13,596
	Freddie Mac Q0 5883	U.S. Gov't, 1/1/2042, 4.00%	72,997	71,761
	Freddie Mac Q2 4273	U.S. Gov't, 1/1/2044, 4.00%	36,104	35,433
	Freddie Mac Q2 8369	U.S. Gov't, 9/1/2044, 4.00%	44,240	43,427
	Nelnet Student Loan Trust 2008	U.S. Gov't, 4/25/2024, 4.10%	183,422	182,525
	U.S. Treasury Note/Bond	U.S. Gov't, 10/31/2021, 1.25%	515,715	511,025
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2026, 1.50%	347,398	340,972
	U.S. Treasury Note/Bond	U.S. Gov't, 9/30/2018, 0.75%	310,538	309,989
	U.S. Treasury Note/Bond	U.S. Gov't, 5/15/2023, 1.75%	298,712	291,245
	U.S. Treasury Note/Bond	U.S. Gov't, 11/15/2022, 1.63%	246,142	243,359
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2023, 2.50%	109,038	105,853
	U.S. Treasury When Issued Note/Bond	U.S. Gov't, 2/15/2025, 2.00%	526,922	509,834

(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, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Corporate Bonds			
	Allstate Corp	Bond, 5/16/2019, 7.45%	6,857	6,698
	American Express Co.	Bond, 5/20/2019, 8.13%	103,354	101,158
	American Express Co.	Bond, 3/19/2018, 7.00%	29,213	28,651
	AT&T Corp	Bond, 2/1/2018, 5.50%	114,367	111,191
	Bank of New York Mellon	Bond, 5/15/2019, 2.20%	93,407	93,561
	Bank of New York Mellon	Bond, 3/6/2018, 1.35%	3,011	2,993
	BB&T Corporation	Bond, 2/1/2019, 2.25%	116,025	117,045
	BB&T Corporation	Bond, 6/19/2018, 2.05%	10,133	10,045
	Berkshire Hathaway	Bond, 5/15/2017, 1.60%	54,707	54,101
	Berkshire Hathaway	Bond, 8/14/2019, 2.10%	43,133	42,357
	Citibank Credit Card Issurance	Bond, 1/23/2023, 2.88%	214,841	213,367
	Comerica Bank	Bond, 6/2/2020, 2.50%	124,144	124,954
	Exxon Mobil Corporation	Bond, 3/6/2022, 2.40%	109,243	109,019
	Florida Power Corp	Bond, 5/15/2021, 3.10%	125,254	123,057
	General Elec Cap Corp	Bond, 10/17/2021, 4.65%	86,201	83,367
	Goldman Sachs Group Inc	Bond, 4/1/2018, 6.15%	47,881	47,292
	Honeywell International	Bond, 3/1/2021, 4.25%	108,726	105,975
	Johnson & Johnson	Bond, 5/15/2017, 5.55%	114,779	112,431
	JPMorgan Chase & Co.	Bond, 5/15/2017, 2.00%	81,757	81,313
	Kentucky Utilities Co.	Bond, 11/1/2020, 3.25%	10,585	10,328
	Kimberly-Clark Corp	Bond, 3/1/2020, 1.85%	107,118	104,793
	Metlife Inc.	Bond, 8/15/2018, 6.82%	108,923	105,957
	Metlife Inc.	Bond, 2/15/2019, 7.72%	4,608	4,472
	National Rural Util Corp	Bond, 11/1/2020, 2.30%	65,515	63,617
	Northern States Pwr-Minn.	Bond, 8/15/2020, 2.20%	111,656	109,168
	Northern States Pwr-Wisc.	Bond, 10/1/2018, 5.25%	10,747	10,621
	Northern Trust Corp	Bond, 11/4/2020, 3.45%	61,112	60,559
	PepsiCo Inc.	Bond, 1/7/2019, 2.25%	106,437	106,315
	PepsiCo Inc.	Bond, 4/30/2020, 1.85%	11,194	10,904
	PNC Bank NA	Bond, 2/23/2018, 1.50%	100,619	100,784
	Proctor & Gamble Co.	Bond, 2/6/2022, 2.30%	106,324	104,744
	Prudential Financial Inc.	Bond, 8/15/2018, 2.30%	116,994	115,728
	Prudential Financial Inc.	Bond, 8/15/2019, 2.35%	13,291	13,123
	Public Service Electric	Bond, 6/1/2019, 1.80%	110,058	108,879

(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, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Corporate Bonds (Cont'd)			
	South Carolina Elec & Gas	Bond, 11/1/2018, 6.50%	125,409	121,386
	State Street Corp	Bond, 4/30/2017, 5.38%	47,855	46,612
	Suntrust Banks Inc.	Bond, 11/1/2018, 2.35%	60,758	60,473
	Target Corp	Bond, 7/15/2020, 3.88%	131,488	127,370
	Travelers Cos Inc.	Bond, 11/1/2020, 3.90%	53,158	51,714
	United Parcel	Bond, 10/1/2022, 2.45%	109,629	105,562
	United Parcel	Bond, 1/15/2018, 5.50%	53,682	50,026
	US Bank NA Cincinnati	Bond, 10/28/2019, 2.13%	126,704	126,455
	Walt Disney Company	Bond, 12/1/2022, 2.35%	56,795	56,622
	Walt Disney Company	Bond, 5/30/2019, 1.85%	54,969	54,279
	Common Stock			
	Accenture PLC	Common stock - 709 shares	74,109	83,045
	Adobe Sysyems Inc.	Common stock - 798 shares	69,697	82,154
	Alleghany Corp	Common stock - 235 shares	112,282	142,908
	Alphabet Inc.	Common stock - 103 shares	75,435	81,622
	Altria Group Inc	Common stock - 2,260 shares	126,907	152,821
	Ameriprise Financial Inc.	Common stock - 748 shares	67,739	82,983
	AmerisourceBergen Corp	Common stock - 1,074 shares	83,815	83,976
	Apple Inc.	Common stock - 1,406 shares	139,130	162,843
	Bank of America Corp	Common stock - 2,667 shares	42,266	58,941
	Becton Dickinson & Co.	Common stock - 504 shares	77,213	83,437
	Berkshire Hathaway Inc	Common stock - 1,644 shares	239,863	267,939
	Blackrock Inc	Common stock - 586 shares	215,652	222,996
	Bristol-Myers Squibb Co.	Common stock - 1,579 shares	95,630	92,277
	Carmax Inc	Common stock - 2,614 shares	164,919	168,315
	Carnival Corp Paired	Common stock - 3,147 shares	141,505	163,833
	Chevron Corp	Common stock - 839 shares	87,974	98,750
	Cisco Systems Inc Com	Common stock - 3,088 shares	84,495	93,319
	Coca Cola Com	Common stock - 1,786 shares	74,199	74,048
	Colgate-Palmolive	Common stock - 1,259 shares	85,922	82,389
	Comcast Corp	Common stock - 1,177 shares	70,871	81,272
	CVS Health Corp	Common stock - 1,061 shares	99,685	83,724
	Danaher Corp	Common stock - 1,067 shares	77,491	83,055
	Deere & Co.	Common stock - 1,168 shares	104,669	120,351
	Disney Walt Co.	Common stock - 790 shares	78,423	82,334
	Dollar Tree Inc	Common stock - 2,148 shares	151,250	165,783

(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, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Common Stock (Cont'd)			
	Ecolab Inc.	Common stock - 705 shares	77,028	82,640
	Edgewell Personal Care Co.	Common stock - 2,194 shares	187,779	160,140
	Eli Lilly & Company	Common stock - 1,769 shares	131,616	130,110
	Facebook Inc.	Common stock - 712 shares	78,429	81,916
	Federal Express Corp	Common stock - 432 shares	72,831	80,438
	General Dynamics Corp	Common stock - 897 shares	125,374	154,876
	General Electric Co.	Common stock - 3,346 shares	95,073	105,734
	Home Depot Inc.	Common stock - 617 shares	78,671	82,727
	Honeywell International	Common stock - 715 shares	78,131	82,833
	Intercontinental Exchange Inc.	Common stock - 1,454 shares	76,231	82,035
	Invesco Ltd	Common stock - 2,683 shares	77,952	81,402
	Lowe's Companies Inc	Common stock - 2,345 shares	167,528	166,776
	Medtronic Plc	Common stock - 1,161 shares	87,920	82,698
	Mylan NV SHS Euro	Common stock - 2,232 shares	95,802	85,151
	Newmarket Corp	Common stock - 320 shares	142,104	135,629
	Nike Inc.	Common stock - 2,064 shares	120,714	104,913
	Norfolk Southern Co.	Common stock - 1,204 shares	97,791	130,116
	O Reilly Automotive Corp	Common stock - 715 shares	184,199	199,063
	Parexel Intl Corp	Common stock - 1,304 shares	80,577	85,699
	Progressive Corp	Common stock - 3,885 shares	133,197	137,918
	Red Hat Inc.	Common stock - 1,212 shares	82,586	84,476
	Rockwell Collins Industries Inc.	Common stock - 889 shares	78,844	82,464
	Rockwell International	Common stock - 614 shares	67,312	82,522
	Starbucks Corp	Common stock - 1,458 shares	84,152	80,948
	The Mosaic Company	Common stock - 1,482 shares	63,101	43,467
	Thermo Fisher Scientific Inc.	Common stock - 593 shares	84,288	83,672
	Time Warner Inc.	Common stock - 863 shares	60,178	83,305
	TJX Companies	Common stock - 1,090 shares	83,010	81,892
	United Technologies Corp	Common stock - 754 shares	74,091	82,653
	Verizon Communications	Common stock - 1,370 shares	67,279	73,131
	Visa Inc	Common stock - 2,756 shares	200,328	215,023
	Wells Fargo & Co New Del	Common stock - 2,711 shares	143,119	149,404
			$ 12,878,702	$ 13,141,666

* 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, 2016

(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:								
*	UBS Bank USA Deposit Account (purchases of 5,764,158 shares)	$ 5,764,158	-	-	-	$ 5,764,158	$ 5,764,158	-
	(sales of 5,916,323 shares)	-	$ 5,916,323	-	-	$ 5,916,323	$ 5,916,323	-
*	UBS RMA Retirement Money Market (purchases of 296,478 shares)	$ 296,478	-	-	-	$ 296,478	$ 296,478	-
	(sales of 433,337 shares)	-	$ 433,337	-	-	$ 433,337	$ 433,337	-
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							

The accompanying notes are an integral part of these schedules.

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 1/1/2016
AND ENDING 12/31/2016

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.	
For Prior Year:	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.	
For Current Year:	Contribution Credit as stated in Plan for licensed physicians/partners Contribution Credit equal to 2.5% 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 Treaury 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 1/1/2016
AND ENDING 12/31/2016

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 Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

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

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC

D Employer Identification Number (EIN)
20-8928235

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	2a	11,540,984
b Actuarial value	2b	11,540,984

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	48	752,918	752,918
c For active participants	224	7,281,050	7,313,886
d Total	272	8,033,968	8,066,804

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	6.08 %
6 Target normal cost	6	1,742,937

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 presribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Donald A. Shepard
Signature of actuary

03/10/2017
Date

Donald A. Shepard
Type or print name of actuary

14-04104
Most recent enrollment number

Actuarial Pension Analysts, Inc.
Firm name

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

7000 East Genesee St.

US Fayetteville NY 13066
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.50%	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)		1,733,871
	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 6.27 %		108,714
	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		1,842,585
	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	143.07 %
15	Adjusted funding target attainment percentage	15	143.06 %
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	153.08 %
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
04/14/2016	225,000		12/14/2016	225,000	
05/13/2016	225,000		01/13/2017	200,000	
06/17/2016	225,000		02/21/2017	244,523	
07/14/2016	225,000				
08/12/2016	225,000				
09/16/2016	150,000				
10/14/2016	225,000				
11/14/2016	225,000				
			Totals ▶ 18(b)	2,394,523	18(c) 0

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,297,214

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.43 %	5.91 %	6.65 %	☐ 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**	1,742,937
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,742,937

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**	2,297,214
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,297,214
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 1/1/2016
AND ENDING 12/31/2016

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%

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 1/1/2016
AND ENDING 12/31/2016

SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

	YEARS OF CREDITED SERVICE									
ATTAINED	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
AGE	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	3		4							
25 to 29	6		12		2					
30 to 34	5		15		6					
35 to 39	7		13		7					
40 to 44	8		11		12					
45 to 49	3		13		7		6			
50 to 54	5		16		10		3			
55 to 59	4		13		7		3			
60 to 64	4		16		7		4			
65 to 69			3		4		6			
70 & up			1		1					

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

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

Schedule II

EIN #20-8928235
PLAN #004, FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2016

(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:								
*	UBS Bank USA Deposit Account (purchases of 5,764,158 shares)	$ 5,764,158	-	-	-	$ 5,764,158	$ 5,764,158	-
	(sales of 5,916,323 shares)	-	$ 5,916,323	-	-	$ 5,916,323	$ 5,916,323	-
*	UBS RMA Retirement Money Market (purchases of 296,478 shares)	$ 296,478	-	-	-	$ 296,478	$ 296,478	-
	(sales of 433,337 shares)	-	$ 433,337	-	-	$ 433,337	$ 433,337	-
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							

The accompanying notes are an integral part of these schedules.

ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC Schedule I
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, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Money Market Accounts			
*	UBS	Bank USA Deposit Account	$ 206,950	$ 206,950
	U.S. Government Securities			
	Fannie Mae 257281	U.S. Gov't, 7/1/2028, 5.00%	9,136	8,961
	Fannie Mae 890607	U.S. Gov't, 12/31/2099, 5.00%	80,696	79,120
	Fannie Mae AB 5511	U.S. Gov't, 7/1/2042, 3.50%	18,089	17,730
	Fannie Mae AE 0725	U.S. Gov't, 1/1/2041, 4.50%	2,115	2,091
	Fannie Mae AE 9754	U.S. Gov't, 12/1/2040, 3.50%	41,889	41,006
	Fannie Mae AJ 1415	U.S. Gov't, 9/1/2041, 4.50%	53,127	52,429
	Fannie Mae AP 6379	U.S. Gov't, 9/1/2042, 3.00%	44,662	43,596
	Fannie Mae AS 1131	U.S. Gov't, 11/1/2043, 4.50%	30,586	30,262
	Fannie Mae AS 5475	U.S. Gov't, 7/1/2045, 4.00%	48,038	47,693
	Fannie Mae AT 7306	U.S. Gov't, 6/1/2043, 3.00%	7,783	7,601
	Fannie Mae AV 8832	U.S. Gov't, 8/1/2044, 4.50%	17,200	16,972
	Fannie Mae AX 7677	U.S. Gov't, 1/1/2045, 3.50%	70,198	68,648
	Freddie Mac A9 3951	U.S. Gov't, 9/1/2040, 4.00%	23,164	22,808
	Freddie Mac A9 6105	U.S. Gov't, 1/1/2041, 4.00%	6,119	6,010
	Freddie Mac C0 3565	U.S. Gov't, 12/1/2040, 4.00%	443	436
	Freddie Mac C9 1244	U.S. Gov't, 4/1/2029, 4.50%	232	229
	Freddie Mac G0 4804	U.S. Gov't, 5/1/2037, 4.50%	62,045	61,314
	Freddie Mac G0 5447	U.S. Gov't, 5/1/2039, 4.50%	5,409	5,356
	Freddie Mac G0 8558	U.S. Gov't, 11/1/2043, 4.00%	74,873	73,483
	Freddie Mac Q0 1396	U.S. Gov't, 6/1/2041, 4.50%	13,683	13,596
	Freddie Mac Q0 5883	U.S. Gov't, 1/1/2042, 4.00%	72,997	71,761
	Freddie Mac Q2 4273	U.S. Gov't, 1/1/2044, 4.00%	36,104	35,433
	Freddie Mac Q2 8369	U.S. Gov't, 9/1/2044, 4.00%	44,240	43,427
	Nelnet Student Loan Trust 2008	U.S. Gov't, 4/25/2024, 4.10%	183,422	182,525
	U.S. Treasury Note/Bond	U.S. Gov't, 10/31/2021, 1.25%	515,715	511,025
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2026, 1.50%	347,398	340,972
	U.S. Treasury Note/Bond	U.S. Gov't, 9/30/2018, 0.75%	310,538	309,989
	U.S. Treasury Note/Bond	U.S. Gov't, 5/15/2023, 1.75%	298,712	291,245
	U.S. Treasury Note/Bond	U.S. Gov't, 11/15/2022, 1.63%	246,142	243,359
	U.S. Treasury Note/Bond	U.S. Gov't, 8/15/2023, 2.50%	109,038	105,853
	U.S. Treasury When Issued Note/Bond	U.S. Gov't, 2/15/2025, 2.00%	526,922	509,834

(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, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Corporate Bonds			
	Allstate Corp	Bond, 5/16/2019, 7.45%	6,857	6,698
	American Express Co.	Bond, 5/20/2019, 8.13%	103,354	101,158
	American Express Co.	Bond, 3/19/2018, 7.00%	29,213	28,651
	AT&T Corp	Bond, 2/1/2018, 5.50%	114,367	111,191
	Bank of New York Mellon	Bond, 5/15/2019, 2.20%	93,407	93,561
	Bank of New York Mellon	Bond, 3/6/2018, 1.35%	3,011	2,993
	BB&T Corporation	Bond, 2/1/2019, 2.25%	116,025	117,045
	BB&T Corporation	Bond, 6/19/2018, 2.05%	10,133	10,045
	Berkshire Hathaway	Bond, 5/15/2017, 1.60%	54,707	54,101
	Berkshire Hathaway	Bond, 8/14/2019, 2.10%	43,133	42,357
	Citibank Credit Card Issurance	Bond, 1/23/2023, 2.88%	214,841	213,367
	Comerica Bank	Bond, 6/2/2020, 2.50%	124,144	124,954
	Exxon Mobil Corporation	Bond, 3/6/2022, 2.40%	109,243	109,019
	Florida Power Corp	Bond, 5/15/2021, 3.10%	125,254	123,057
	General Elec Cap Corp	Bond, 10/17/2021, 4.65%	86,201	83,367
	Goldman Sachs Group Inc	Bond, 4/1/2018, 6.15%	47,881	47,292
	Honeywell International	Bond, 3/1/2021, 4.25%	108,726	105,975
	Johnson & Johnson	Bond, 5/15/2017, 5.55%	114,779	112,431
	JPMorgan Chase & Co.	Bond, 5/15/2017, 2.00%	81,757	81,313
	Kentucky Utilities Co.	Bond, 11/1/2020, 3.25%	10,585	10,328
	Kimberly-Clark Corp	Bond, 3/1/2020, 1.85%	107,118	104,793
	Metlife Inc.	Bond, 8/15/2018, 6.82%	108,923	105,957
	Metlife Inc.	Bond, 2/15/2019, 7.72%	4,608	4,472
	National Rural Util Corp	Bond, 11/1/2020, 2.30%	65,515	63,617
	Northern States Pwr-Minn.	Bond, 8/15/2020, 2.20%	111,656	109,168
	Northern States Pwr-Wisc.	Bond, 10/1/2018, 5.25%	10,747	10,621
	Northern Trust Corp	Bond, 11/4/2020, 3.45%	61,112	60,559
	PepsiCo Inc.	Bond, 1/7/2019, 2.25%	106,437	106,315
	PepsiCo Inc.	Bond, 4/30/2020, 1.85%	11,194	10,904
	PNC Bank NA	Bond, 2/23/2018, 1.50%	100,619	100,784
	Proctor & Gamble Co.	Bond, 2/6/2022, 2.30%	106,324	104,744
	Prudential Financial Inc.	Bond, 8/15/2018, 2.30%	116,994	115,728
	Prudential Financial Inc.	Bond, 8/15/2019, 2.35%	13,291	13,123
	Public Service Electric	Bond, 6/1/2019, 1.80%	110,058	108,879

(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, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Corporate Bonds (Cont'd)			
	South Carolina Elec & Gas	Bond, 11/1/2018, 6.50%	125,409	121,386
	State Street Corp	Bond, 4/30/2017, 5.38%	47,855	46,612
	Suntrust Banks Inc.	Bond, 11/1/2018, 2.35%	60,758	60,473
	Target Corp	Bond, 7/15/2020, 3.88%	131,488	127,370
	Travelers Cos Inc.	Bond, 11/1/2020, 3.90%	53,158	51,714
	United Parcel	Bond, 10/1/2022, 2.45%	109,629	105,562
	United Parcel	Bond, 1/15/2018, 5.50%	53,682	50,026
	US Bank NA Cincinnati	Bond, 10/28/2019, 2.13%	126,704	126,455
	Walt Disney Company	Bond, 12/1/2022, 2.35%	56,795	56,622
	Walt Disney Company	Bond, 5/30/2019, 1.85%	54,969	54,279
	Common Stock			
	Accenture PLC	Common stock - 709 shares	74,109	83,045
	Adobe Sysyems Inc.	Common stock - 798 shares	69,697	82,154
	Alleghany Corp	Common stock - 235 shares	112,282	142,908
	Alphabet Inc.	Common stock - 103 shares	75,435	81,622
	Altria Group Inc	Common stock - 2,260 shares	126,907	152,821
	Ameriprise Financial Inc.	Common stock - 748 shares	67,739	82,983
	AmerisourceBergen Corp	Common stock - 1,074 shares	83,815	83,976
	Apple Inc.	Common stock - 1,406 shares	139,130	162,843
	Bank of America Corp	Common stock - 2,667 shares	42,266	58,941
	Becton Dickinson & Co.	Common stock - 504 shares	77,213	83,437
	Berkshire Hathaway Inc	Common stock - 1,644 shares	239,863	267,939
	Blackrock Inc	Common stock - 586 shares	215,652	222,996
	Bristol-Myers Squibb Co.	Common stock - 1,579 shares	95,630	92,277
	Carmax Inc	Common stock - 2,614 shares	164,919	168,315
	Carnival Corp Paired	Common stock - 3,147 shares	141,505	163,833
	Chevron Corp	Common stock - 839 shares	87,974	98,750
	Cisco Systems Inc Com	Common stock - 3,088 shares	84,495	93,319
	Coca Cola Com	Common stock - 1,786 shares	74,199	74,048
	Colgate-Palmolive	Common stock - 1,259 shares	85,922	82,389
	Comcast Corp	Common stock - 1,177 shares	70,871	81,272
	CVS Health Corp	Common stock - 1,061 shares	99,685	83,724
	Danaher Corp	Common stock - 1,067 shares	77,491	83,055
	Deere & Co.	Common stock - 1,168 shares	104,669	120,351
	Disney Walt Co.	Common stock - 790 shares	78,423	82,334
	Dollar Tree Inc	Common stock - 2,148 shares	151,250	165,783

(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, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Common Stock (Cont'd)			
	Ecolab Inc.	Common stock - 705 shares	77,028	82,640
	Edgewell Personal Care Co.	Common stock - 2,194 shares	187,779	160,140
	Eli Lilly & Company	Common stock - 1,769 shares	131,616	130,110
	Facebook Inc.	Common stock - 712 shares	78,429	81,916
	Federal Express Corp	Common stock - 432 shares	72,831	80,438
	General Dynamics Corp	Common stock - 897 shares	125,374	154,876
	General Electric Co.	Common stock - 3,346 shares	95,073	105,734
	Home Depot Inc.	Common stock - 617 shares	78,671	82,727
	Honeywell International	Common stock - 715 shares	78,131	82,833
	Intercontinental Exchange Inc.	Common stock - 1,454 shares	76,231	82,035
	Invesco Ltd	Common stock - 2,683 shares	77,952	81,402
	Lowe's Companies Inc	Common stock - 2,345 shares	167,528	166,776
	Medtronic Plc	Common stock - 1,161 shares	87,920	82,698
	Mylan NV SHS Euro	Common stock - 2,232 shares	95,802	85,151
	Newmarket Corp	Common stock - 320 shares	142,104	135,629
	Nike Inc.	Common stock - 2,064 shares	120,714	104,913
	Norfolk Southern Co.	Common stock - 1,204 shares	97,791	130,116
	O Reilly Automotive Corp	Common stock - 715 shares	184,199	199,063
	Parexel Intl Corp	Common stock - 1,304 shares	80,577	85,699
	Progressive Corp	Common stock - 3,885 shares	133,197	137,918
	Red Hat Inc.	Common stock - 1,212 shares	82,586	84,476
	Rockwell Collins Industries Inc.	Common stock - 889 shares	78,844	82,464
	Rockwell International	Common stock - 614 shares	67,312	82,522
	Starbucks Corp	Common stock - 1,458 shares	84,152	80,948
	The Mosaic Company	Common stock - 1,482 shares	63,101	43,467
	Thermo Fisher Scientific Inc.	Common stock - 593 shares	84,288	83,672
	Time Warner Inc.	Common stock - 863 shares	60,178	83,305
	TJX Companies	Common stock - 1,090 shares	83,010	81,892
	United Technologies Corp	Common stock - 754 shares	74,091	82,653
	Verizon Communications	Common stock - 1,370 shares	67,279	73,131
	Visa Inc	Common stock - 2,756 shares	200,328	215,023
	Wells Fargo & Co New Del	Common stock - 2,711 shares	143,119	149,404
			$ 12,878,702	$ 13,141,666

* denotes a party-in-interest

The accompanying notes are an integral part of these schedules.