

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2020	CHRISTOPHER WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2020	CHRISTOPHER WILLIAMSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 262
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 234 6a(2) 245 6b 0 6c 67 6d 312 6e 0 6f 312 6g 6h 17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>17923219</u>
	b Actuarial value	2b	<u>17923219</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>0</u>	<u>0</u>
	b For terminated vested participants.....	<u>58</u>	<u>1509013</u>
	c For active participants	<u>285</u>	<u>13027238</u>
	d Total.....	<u>343</u>	<u>14536251</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.54</u> %
6	Target normal cost.....	6	<u>2172539</u>

Statement by Enrolled Actuary

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

SIGN HERE	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"><u>DONALD A. SHEPARD, ASEA</u></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"><u>ACTUARIAL PENSION ANALYSTS, INC.</u></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"><u>7000 EAST GENESEE STREET</u> <u>FAYETTEVILLE, NY 13066</u></div> <div style="text-align: center;">Address of the firm</div>	<div style="text-align: right; margin-bottom: 10px;"><u>06/22/2020</u></div> <div style="text-align: center;">Date</div> <div style="text-align: right; margin-bottom: 10px;"><u>20-04104</u></div> <div style="text-align: center;">Most recent enrollment number</div> <div style="text-align: right; margin-bottom: 10px;"><u>315-445-2108</u></div> <div style="text-align: center;">Telephone number (including area code)</div>
------------------	--	---

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019 v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-1.89</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2086606
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %		115598
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		2202204
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	122.97 %
15 Adjusted funding target attainment percentage	15	122.96 %
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	140.14 %
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
04/08/2019	200000	0	09/27/2019	250000	0
04/26/2019	250000	0	10/31/2019	250000	0
05/30/2019	250000	0	11/27/2019	250000	0
06/28/2019	250000	0	12/20/2019	250000	0
07/26/2019	250000	0	02/13/2019	49868	0
08/30/2019	200000	0			
Totals ▶			18(b)	2449868	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	2364194

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:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ 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** 2172539**b** Excess assets, if applicable, but not greater than line 31a **31b** 2172539**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 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**35** Balances elected for use to offset funding requirement Carryover balance Prefunding balance Total balance**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** 2364194**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 2364194**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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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

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

UBS FIANNICAL SERVICES

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

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?
27	NONE	127008	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	420000	49868
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	54032	68680
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	622351	317168
(2) U.S. Government securities	1c(2)	4048533	5956424
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	4648839	5155539
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	7581148	10771414
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)	549685	624033
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17924588	22943126

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		157
k Total liabilities (add all amounts in lines 1g through 1j)	1k		157

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17924588	22942969
---	-----------	----------	----------

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)	2449868	
(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)		2449868
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1733	
(B) U.S. Government securities	2b(1)(B)	90783	
(C) Corporate debt instruments	2b(1)(C)	153876	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	14820	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		261212
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	176140	
(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)		176140
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	948790	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	488040	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		460750
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2536227	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2536227

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5884197

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	733410	
(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)		733410
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)	127008	
(4) Other	2i(4)	5398	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		132406
j Total expenses. Add all expense amounts in column (b) and enter total	2j		865816

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5018381
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: **BONADIO & CO., LLP**

(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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

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

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 4240571. (See instructions.)

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 2019 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>27-1228437</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>11</u>

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

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

Part III	Amendments
-----------------	-------------------

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

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

**Financial Statements as of
December 31, 2019 and 2018
Together with
Independent Auditor's Report**

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

September 22, 2020

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 ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

INDEPENDENT AUDITOR'S REPORT
(Continued)

Other Matter

The accompanying supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2019, are required by the Department of Labor's 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
ASSETS		
INVESTMENTS, at fair value:		
Money market accounts	\$ 317,168	\$ 622,351
U.S. government securities	5,956,424	4,048,533
Collateralized mortgage obligations	624,033	549,685
Corporate bonds	5,155,539	4,648,839
Common stocks	<u>10,771,414</u>	<u>7,581,148</u>
Total investments, at fair value	<u>22,824,578</u>	<u>17,450,556</u>
RECEIVABLES:		
Company contributions	49,868	420,000
Accrued interest	<u>68,680</u>	<u>54,032</u>
Total receivables	<u>118,548</u>	<u>474,032</u>
Total assets	<u>22,943,126</u>	<u>17,924,588</u>
LIABILITIES	<u>157</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 22,942,969</u>	<u>\$ 17,924,588</u>

The accompanying notes are an integral part of these statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
ADDITIONS:		
Investment income:		
Interest and dividend income	\$ 437,352	\$ 389,282
Net appreciation (depreciation) in fair value of investments	<u>2,996,977</u>	<u>(600,455)</u>
Total investment income (loss)	3,434,329	(211,173)
Company contributions	<u>2,449,868</u>	<u>2,170,000</u>
Total additions	<u>5,884,197</u>	<u>1,958,827</u>
DEDUCTIONS:		
Benefits paid to participants	733,410	1,216,965
Administrative expenses	<u>132,406</u>	<u>114,881</u>
Total deductions	<u>865,816</u>	<u>1,331,846</u>
CHANGES TO NET ASSETS AVAILABLE FOR BENEFITS	5,018,381	626,981
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>17,924,588</u>	<u>17,297,607</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 22,942,969</u>	<u>\$ 17,924,588</u>

The accompanying notes are an integral part of these statements.

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

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

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 a percentage (2.5% for 2019 and 2018) 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 years ended December 31, 2019 and 2018.

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.

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 2019 and 2018, 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 2019 and 2018 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, 2019 and 2018.

- *Money market accounts*: valued at cost plus accrued interest, which approximates fair value.
- *U.S. government securities, corporate bonds and collateralized mortgage obligations*: 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, or 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, 2019 and 2018:

Fair value measurement at December 31, 2019:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market accounts	\$ 317,168	\$ -	\$ -	\$ 317,168
U.S. government securities	-	5,956,424	-	5,956,424
Collateralized mortgage obligations	-	624,033	-	624,033
Corporate bonds	-	5,155,539	-	5,155,539
Common stocks	<u>10,771,414</u>	<u>-</u>	<u>-</u>	<u>10,771,414</u>
Total investments, at fair value	<u>\$ 11,088,582</u>	<u>\$ 11,735,996</u>	<u>\$ -</u>	<u>\$ 22,824,578</u>

3. FAIR VALUE MEASUREMENTS (Continued)

Fair value measurement at December 31, 2018:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market accounts	\$ 622,351	\$ -	\$ -	\$ 622,351
U.S. government securities	-	4,048,533	-	4,048,533
Collateralized mortgage obligations	-	549,685	-	549,685
Corporate bonds	-	4,648,839	-	4,648,839
Common stocks	<u>7,581,148</u>	<u>-</u>	<u>-</u>	<u>7,581,148</u>
Total investments, at fair value	<u>\$ 8,203,499</u>	<u>\$ 9,247,057</u>	<u>\$ -</u>	<u>\$ 17,450,556</u>

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

Significant actuarial assumptions used in the valuation are as follows:

- Assumed rate of return on investments net of expenses of 3.36% and 2.8% for 2019 and 2018, 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, 2019:

Actuarial present value of accumulated plan benefits:	
Vested benefits	\$ 17,711,079
Nonvested benefits	<u>70,391</u>
Total	<u>\$ 17,781,470</u>

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

A summary of changes in accumulated plan benefits is as follows for the period ended January 1, 2019:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 16,226,931
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains or losses	2,796,794
Benefits paid	<u>(1,242,255)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 17,781,470</u>

5. INVESTMENTS

The Plan administrator has received a certification from Matrix Trust Company, the custodian of the Plan, which states that the following information is complete and accurate as of and for the years ended December 31:

	<u>2019</u>	<u>2018</u>
Statements of net assets available for benefits:		
Investments, at fair value:		
Money market fund	<u>\$ 317,168</u>	<u>\$ 622,351</u>
U.S. government securities	<u>\$ 5,956,424</u>	<u>\$ 4,048,533</u>
Collateralized mortgage obligations	<u>\$ 624,033</u>	<u>\$ 549,685</u>
Corporate bonds	<u>\$ 5,155,539</u>	<u>\$ 4,648,839</u>
Common stocks	<u>\$ 10,771,414</u>	<u>\$ 7,581,148</u>
Accrued interest	<u>\$ 68,680</u>	<u>\$ 54,032</u>
Statements of changes in net assets available for benefits:		
Interest and dividend income	<u>\$ 437,352</u>	<u>\$ 389,282</u>
Net appreciation (depreciation) in fair value of investments	<u>\$ 2,996,977</u>	<u>\$ (600,455)</u>
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

6. PARTY-IN-INTEREST TRANSACTIONS

Plan investments were held by Matrix Trust Company, who acted as the custodian as defined by the Plan. Actuarial Pension Analysts, Inc. is the Plan's actuary and UBS Financial Services is the Plan's investment advisor. Transactions with these companies qualify as party-in-interest transactions. Fees paid to parties-in-interest totaled \$132,406 and \$114,881 for the years ended December 31, 2019 and 2018, respectively.

7. INCOME TAX STATUS

The Plan obtained its latest determination letter dated March 24, 2017 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 22, 2020, the date the financial statements were available to be issued.

The United States is presently in the midst of a national health emergency related to a virus, commonly known as Novel Coronavirus (COVID-19). The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market price of Plan assets. The potential economic impact of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

The Plan has evaluated certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act). The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

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 1/1/2019
AND ENDING 12/31/2019

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Effective Date:	January 1, 2002
Last Amended:	January 1, 2018
Eligibility:	An employee shall become a Participant on the January 1 or July 1 coincident or next following the completion of one year of service and the attainment of age 21. Past service credited for prior employees of CNY Urology, PC.
Normal Retirement Date:	January 1 nearest age 65 and the 5th anniversary of participation.
Retirement Benefit:	Cash Balance - benefit equal to actuarial equivalence of Theoretical Account Balance. Contribution Credit 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 Treasury Rate (above) Mortality: (post-retirement only) Rev. Ruling 2001-62 Mortality Table
Top Heavy Benefit:	Top Heavy minimum provided in other plan.

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

ATTACHMENT TO SCHEDULE SB

EMPLOYER IDENTIFICATION NUMBER 20-8928235
PLAN NUMBER 4
CURRENT PLAN YEAR BEGINNING 1/1/2019
AND ENDING 12/31/2019

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 2019 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

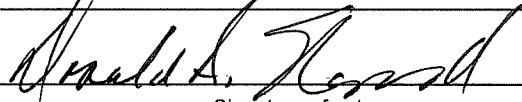
A Name of plan ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC EMPLOYEES' DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASSOCIATED MEDICAL PROFESSIONALS OF NY, PLLC	D Employer Identification Number (EIN) 20-8928235

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
---	---

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019			
2 Assets:			
a Market value	2a	17,923,219	
b Actuarial value	2b	17,923,219	
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	58	1,509,013	1,509,013
c For active participants	285	13,027,238	13,066,509
d Total	343	14,536,251	14,575,522
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	5.54 %	
6 Target normal cost	6	2,172,539	

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

SIGN HERE  Signature of actuary Donald A. Shepard, ASEA Type or print name of actuary Actuarial Pension Analysts, Inc. Firm name 7000 East Genesee Street US Fayetteville NY 13066 Address of the firm	06/22/2020 Date 20-04104 Most recent enrollment number (315) 445-2108 Telephone number (including area code)
---	---

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-1.89%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2,086,606
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %....		115,598
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		2,202,204
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	122.97 %
15 Adjusted funding target attainment percentage	15	122.96 %
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	140.14 %
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
04/08/2019	200,000		11/27/2019	250,000	
04/26/2019	250,000		12/20/2019	250,000	
05/30/2019	250,000		02/13/2019	49,868	
06/28/2019	250,000				
07/26/2019	250,000				
08/30/2019	200,000				
09/27/2019	250,000				
10/31/2019	250,000				
Totals ▶ 18(b)				2,449,868	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	2,364,194

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:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ 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**

2,172,539

b Excess assets, if applicable, but not greater than line 31a**31b**

2,172,539

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**

2,364,194

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

2,364,194

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

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 1/1/2019
AND ENDING 12/31/2019

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHOD

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

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

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

Compensation: Prior plan year compensation increased by 3%.

Projection Interest Rate: 2.80%
(Interest Crediting Rate in effect for current plan year.)

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

Assumed Optional Forms: 100% Lump Sums

Pre-Retirement Mortality: None

Pre-Retirement Turnover: None

Interest Discount: Funding Segment Rates (without Transition Rule) in effect for second month prior to valuation date. Rates unadjusted for MAP-21.

Applicable Month: November, 2018

	IRC 430	IRC 404	
1st Segment Rate:	3.74%	2.43%	Years 1 to 5
2nd Segment Rate	5.35%	3.89%	Years 6 to 20
3rd Segment Rate:	6.11%	4.49%	Years over 20

Effective Interest Rate:	Prior Year:	5.66%
	Current Year:	5.54%

ATTACHMENT TO SCHEDULE SB

PLAN NUMBER 4

AND ENDING 12/31/2019

ATTAINED AGE	YEARS OF CREDITED SERVICE									
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	1		6							
25 to 29	9		25		5					
30 to 34	2		19		11		1			
35 to 39	3		17		8					
40 to 44	1		15		13		5			
45 to 49	4		17		9		5		2	
50 to 54	2		13		21		6		2	
55 to 59	1		12		12		2		3	
60 to 64			7		11		1		2	
65 to 69			1		2		3		4	
70 & up			1		3					

[illegible]

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

Schedule I

EIN #20-8928235

PLAN #004, FORM 5500

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

DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Money Market Accounts</u>			
*	UBS	Money Market Fund	\$ 304,313	\$ 304,313
*	UBS	Cash Account	6,740	6,740
*	UBS	Cash	6,115	6,115
	<u>U.S. Government Securities</u>			
	Discover Card Execution Note T	U.S. Gov't, 07/15/2024, 3.04%	30,701	30,716
	Fannie Mae 257281	U.S. Gov't, 07/01/2028, 5.00%	4,416	4,246
	Fannie Mae 890607	U.S. Gov't, 08/01/2043, 5.00%	42,555	42,215
	Fannie Mae AB 5511	U.S. Gov't, 07/01/2042, 3.50%	12,244	12,262
	Fannie Mae AE 0725	U.S. Gov't, 01/01/2041, 4.50%	1,317	1,309
	Fannie Mae AE 9754	U.S. Gov't, 12/01/2040, 3.50%	28,788	28,805
	Fannie Mae AJ 1415	U.S. Gov't, 09/01/2041, 4.50%	29,789	29,607
	Fannie Mae AP 6379	U.S. Gov't, 09/01/2042, 3.00%	33,585	33,781
	Fannie Mae AS 1131	U.S. Gov't, 11/01/2043, 4.50%	15,296	15,168
	Fannie Mae AS 5475	U.S. Gov't, 07/01/2045, 4.00%	27,411	27,414
	Fannie Mae AT 7306	U.S. Gov't, 06/01/2043, 3.00%	5,181	5,209
	Fannie Mae AV 8832	U.S. Gov't, 08/01/2044, 4.50%	7,592	7,482
	Fannie Mae AX 7677	U.S. Gov't, 01/01/2045, 3.50%	45,260	45,294
	Fannie Mae MA 3729	U.S. Gov't, 07/01/2034, 2.50%	192,272	192,693
	Fannie Mae MA 3864	U.S. Gov't, 12/01/2034, 2.50%	260,511	260,607
	Freddie Mac A9 3951	U.S. Gov't, 09/01/2040, 4.00%	14,073	14,087
	Freddie Mac A9 6105	U.S. Gov't, 01/01/2041, 4.00%	3,424	3,431
	Freddie Mac C0 3565	U.S. Gov't, 12/01/2040, 4.00%	251	251
	Freddie Mac C9 1244	U.S. Gov't, 04/01/2029, 4.50%	120	117
	Freddie Mac G0 4804	U.S. Gov't, 05/01/2037, 4.50%	33,469	33,335
	Freddie Mac G0 5447	U.S. Gov't, 05/01/2039, 4.50%	2,759	2,753
	Freddie Mac G0 8558	U.S. Gov't, 11/01/2043, 4.00%	42,492	42,285
	Freddie Mac Q0 1396	U.S. Gov't, 06/01/2041, 4.50%	7,949	7,954
	Freddie Mac Q0 5883	U.S. Gov't, 01/01/2042, 4.00%	47,387	47,507
	Freddie Mac Q2 4273	U.S. Gov't, 01/01/2044, 4.00%	21,691	21,565
	U.S. Treasury Note/Bond	U.S. Gov't, 08/15/2026, 1.50%	559,074	585,456
	U.S. Treasury Note/Bond	U.S. Gov't, 08/15/2027, 2.25%	231,992	232,453
	U.S. Treasury Note/Bond	U.S. Gov't, 09/30/2022, 1.88%	503,052	503,550
	U.S. Treasury Note/Bond	U.S. Gov't, 02/15/2028, 2.75%	107,061	116,209
	U.S. Treasury Note/Bond	U.S. Gov't, 02/15/2029, 2.63%	688,718	695,719
	U.S. Treasury Note/Bond	U.S. Gov't, 02/15/2025, 2.00%	872,678	889,675
	U.S. Treasury Note/Bond	U.S. Gov't, 10/31/2021, 1.25%	739,377	749,464
	U.S. Treasury Note/Bond	U.S. Gov't, 05/15/2023, 1.75%	536,593	546,788
	U.S. Treasury Note/Bond	U.S. Gov't, 08/15/2023, 2.50%	45,083	44,288
	U.S. Treasury When Issued Note/Bond	U.S. Gov't, 06/30/2024, 2.00%	664,461	682,729

(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, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Collateralized Mortgage Obligations</u>			
	AEP Texas Central	06/01/2021, 1.98%	1,737	1,751
	Appalachian Consumer Rate	02/01/2024, 2.01%	116,196	116,646
	Capital One Multi-Asset	06/17/2024, 1.66%	47,283	47,851
	Centerpoint Energy Transition	02/01/2023, 5.23%	7,343	7,173
	Centerpoint Energy Transition	08/15/2023, 4.24%	65,939	66,032
	Centerpoint Energy Transition	10/15/2021, 2.16%	34,475	34,554
	Centerpoint Energy Transition	10/15/2025, 3.03%	39,544	40,936
	Chase Issuance Trust	03/15/2023, 2.77%	15,141	15,164
	Citibank Credit Card Issuance	01/23/2023, 2.88%	224,932	220,228
	Discover Credit Card Execution Note	07/15/2024, 2.39%	73,643	73,698
	<u>Corporate Bonds</u>			
	Alabama Power Co	Bond, 10/01/2020, 3.38%	19,174	19,167
	American Express Co	Bond, 11/06/2025, 4.20%	190,579	203,761
	American Express Co	Bond, 07/30/2024, 2.50%	4,062	4,047
	BB&T Corporation	Bond, 05/10/2021, 2.05%	130,562	133,280
	BB&T Corporation	Bond, 04/01/2022, 2.75%	63,728	64,116
	BB&T Corporation	Bond, 02/01/2021, 2.15%	8,823	9,026
	Berkshire Hathaway	Bond, 03/15/2023, 2.75%	167,040	174,322
	Branch Banking & Trust	Bond, 01/15/2022, 2.63%	22,976	23,309
	Cons Edison Co Of Ny	Bond, 06/15/2020, 4.45%	78,064	75,860
	Costco Wholesale Corp	Bond, 02/15/2020, 1.75%	18,993	19,004
	Duke Energy Carolinas	Bond, 06/15/2020, 4.30%	13,259	13,134
	Duke Energy Carolinas	Bond, 06/15/2021, 3.90%	6,280	6,143
	Duke Energy FI Proj Fin	Bond, 09/01/2024, 1.73%	49,268	49,710
	Duke Energy Florida LLC	Bond, 01/15/2020, 1.85%	4,905	5,000
	Duke Energy Indiana Inc	Bond, 07/15/2020, 3.75%	7,078	7,072
	Exxon Mobil Corporation	Bond, 03/06/2022, 2.40%	160,839	162,755
	Exxon Mobil Corporation	Bond, 03/01/2023, 2.73%	14,361	14,324
	Exxon Mobil Corporation	Bond, 03/01/2021, 2.22%	12,925	13,077
	Florida Power & Light Co	Bond, 06/01/2024, 3.25%	193,621	197,832
	Florida Power & Light Co	Bond, 12/01/2025, 3.13%	38,610	38,839
	Florida Power Corp	Bond, 08/15/2021, 3.10%	173,816	169,819
	Honeywell International	Bond, 03/01/2021, 4.25%	171,451	161,812
	Honeywell International	Bond, 11/01/2021, 1.85%	43,200	44,078
	Johnson & Johnson SR NT	Bond, 03/01/2026, 2.45%	202,199	204,130
	JPMorgan Chase & Co	Bond, 03/01/2021, 2.55%	32,140	32,248
	JPMorgan Chase & Co	Bond, 09/23/2022, 3.25%	101,313	103,465
	Kentucky Utilities Co	Bond, 11/01/2020, 3.25%	125,700	125,916
	Kimberly-Clark	Bond, 08/01/2020, 3.63%	13,163	13,118
	Kimberly-Clark Corp	Bond, 03/01/2021, 3.88%	26,063	25,571

(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, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Corporate Bonds (Cont'd)</u>			
	Kimberly-Clark Corp	Bond, 03/01/2022, 2.40%	10,929	11,121
	Kimberly-Clark Corp	Bond, 03/01/2020, 1.85%	117,939	115,910
	Kimberly-Clark Corp	Bond, 08/15/2020, 2.15%	34,633	35,050
	Metlife Inc.	Bond, 09/15/2023, 4.37%	124,814	123,618
	Metlife Inc.	Bond, 12/15/2022, 3.05%	52,501	53,727
	Metlife Inc.	Bond, 04/10/2024, 3.60%	14,615	14,918
	National Rural Util Corp	Bond, 06/15/2020, 2.35%	8,888	9,013
	National Rural Util Corp	Bond, 11/15/2023, 3.40%	101,842	102,044
	National Rural Util Corp	Bond, 11/01/2020, 2.30%	65,515	64,228
	National Rural Util Corp	Bond, 02/15/2023, 2.70%	9,145	9,165
	National Rural Utilities Corp	Bond, 04/25/2022, 2.40%	9,084	9,099
	Northern States Pwr-Minn.	Bond, 08/15/2022, 2.15%	120,154	121,826
	Northern States Pwr-Minn.	Bond, 05/15/2023, 2.60%	45,059	45,635
	Northern Trust Corp	Bond, 11/04/2020, 3.45%	90,894	88,099
	Northern Trust Corp	Bond, 08/23/2021, 3.36%	29,803	29,702
	Peco Energy Co.	Bond, 10/15/2025, 3.15%	20,387	21,930
	PepsiCo Inc.	Bond, 03/01/2023, 2.75%	9,303	9,250
	PepsiCo Inc.	Bond, 03/01/2024, 3.60%	169,037	177,612
	PNC Bank NA	Bond, 11/01/2022, 2.70%	10,768	11,211
	PNC Bank NA	Bond, 07/25/2023, 3.80%	24,744	25,199
	PNC Bank NA	Bond, 04/29/2021, 2.15%	26,848	27,083
	PNC Bank NA	Bond, 02/17/2022, 2.63%	126,020	126,711
	PNC Funding Corp	Bond, 03/08/2022, 3.30%	14,539	14,384
	Potomac Electric Power	Bond, 03/15/2024, 3.60%	31,348	31,591
	Proctor & Gamble Co.	Bond, 02/06/2022, 2.30%	136,961	136,829
	Proctor & Gamble Co.	Bond, 08/15/2023, 3.10%	18,754	18,793
	Proctor & Gamble Co.	Bond, 11/03/2021, 1.70%	18,611	19,059
	Proctor & Gamble Co.	Bond, 08/11/2022, 2.15%	15,155	15,173
	Progress Energy Carolina	Bond, 09/15/2021, 3.00%	11,197	11,201
	Prudential Financial Inc.	Bond, 05/15/2024, 3.50%	226,096	237,323
	Public Service Colorado	Bond, 09/15/2022, 2.25%	30,083	31,266
	Public Service Colorado	Bond, 03/15/2023, 2.50%	7,857	8,096
	Public Service Electric	Bond, 08/15/2024, 3.15%	43,121	43,637
	Public Service Electric	Bond, 11/11/2024, 3.05%	2,947	3,112
	Public Service Electric	Bond, 05/15/2025, 3.00%	128,680	132,974
	State Street Corp	Bond, 11/20/2023, 3.70%	197,177	199,301
	State Street Corp	Bond, 12/16/2024, 3.30%	8,376	8,432

(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, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Corporate Bonds (Cont'd)</u>			
	Suntrust Banks Inc.	Bond, 05/15/2025, 3.30%	108,566	117,605
	Target Corp	Bond, 07/15/2020, 3.89%	178,471	167,868
	United Parcel Service	Bond, 03/15/2029, 3.40%	196,970	207,344
	United Technologies Corp	Bond, 11/01/2021, 1.95%	112,328	114,249
	United Technologies Corp	Bond, 08/16/2023, 3.65%	91,916	91,648
	Walt Disney Company	Bond, 02/13/2026, 3.00%	158,338	174,812
	Walt Disney Company	Bond, 07/30/2026, 1.85%	3,947	3,931
	Walt Disney Company	Bond, 06/15/2027, 2.95%	9,637	10,551
	Wisconsin Public Service	Bond, 11/21/2021, 3.35%	10,295	10,274
	<u>Common Stock</u>			
	Accenture PLC	Common stock - 1,935 shares	276,184	407,453
	Adobe Inc.	Common stock - 710 shares	114,469	234,165
	Alphabet Inc. - Class A	Common stock - 341 shares	350,901	456,732
	Amazon Com Inc	Common stock - 176 shares	308,289	325,220
	American Electric Power Co	Common stock - 888 shares	81,127	83,925
	American Tower Reit Inc	Common stock - 393 shares	53,381	90,319
	Ameriprise Financial Inc	Common stock - 544 shares	60,468	90,620
	BlackRock Inc	Common stock - 231 shares	89,899	116,124
	Boeing Company	Common stock - 540 shares	186,560	175,910
	Chevron Corp	Common stock - 943 shares	108,084	113,641
	Chubb Ltd	Common stock - 871 shares	119,015	135,580
	Coca Cola Com	Common stock - 4,282 shares	197,829	237,009
	Comcast Corp - Class A	Common stock - 9,154 shares	332,808	411,655
	Costco Wholesale Corp	Common stock - 483 shares	118,383	141,963
	Crane Co	Common stock - 1,043 shares	94,352	90,094
	Danaher Corp Del	Common stock - 974 shares	100,741	149,490
	Diageo Plc Sponsored Adr	Common stock - 909 shares	132,520	153,094
	Disney Walt Co	Common stock - 989 shares	107,904	143,039
	Estee Lauder Cos - Class A	Common stock - 616 shares	94,031	127,229
	Facebook Inc - Class A	Common stock - 1,411 shares	229,393	289,608
	Fidelity National Information	Common stock - 756 shares	101,110	105,152
	Home Depot Incorporated	Common stock - 2,098 shares	363,049	458,161
	Honeywell International	Common stock - 824 shares	107,848	145,848
	Inter Corporation	Common stock - 5,137 shares	263,765	307,449
	Intercontinental Exchange Inc	Common stock - 1,211 shares	80,443	112,078
	Johnson & Johnson	Common stock - 1,665 shares	219,578	242,874

(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, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Common Stock (Cont'd)</u>			
	JPMorgan Chase & Co.	Common stock - 1,658 shares	186,511	231,125
	Linde PLC	Common stock - 562 shares	88,017	119,650
	Lockheed Martin Corp	Common stock - 658 shares	214,186	256,212
	Lowes Co Inc	Common stock - 1,074 shares	86,976	128,622
	Marsh & McLennan Inc	Common stock - 1,722 shares	146,581	191,848
	McDonalds Corp	Common stock - 996 shares	168,553	196,820
	Medtronic Plc	Common stock - 3,823 shares	343,451	433,719
	Microsoft Corporation	Common stock - 6,556 shares	688,018	1,033,881
	Mondelez International Inc.	Common stock - 1,691 shares	74,588	93,140
	Nextera Energy Inc	Common stock - 858 shares	156,910	207,773
	Novartis Ag Sponsored Adr	Common stock - 2,101 shares	160,176	198,944
	O Reilly Automotive Corp	Common stock - 274 shares	74,627	120,083
	Parker Hannifin Corp	Common stock - 396 shares	67,971	81,505
	Proctor & Gamble Co	Common stock - 1,931 shares	206,799	241,182
	Republic Svcs Inc	Common stock - 1,286 shares	93,266	115,264
	Rockwell International	Common stock - 977 shares	150,769	198,009
	Suncor Energy Inc	Common stock - 3,773 shares	133,947	123,754
	Texas Instruments Inc	Common stock - 1,052 shares	112,494	134,961
	Thermo Fisher Scientific Inc.	Common stock - 519 shares	95,782	168,608
	TJX Companies	Common stock - 1,861 shares	75,322	113,633
	Truist Financial Corp	Common stock - 2,596 shares	134,815	146,207
	Union Pacific Corp	Common stock - 507 shares	71,914	91,661
	United Technologies Corp	Common stock - 1,053 shares	132,711	157,697
	Unitedhealth Group Inc	Common stock - 829 shares	200,567	243,709
	V.F. Corp	Common stock - 1,492 shares	118,303	148,693
	Visa Inc. Class A Shares	Common stock - 1,332 shares	148,996	250,282
			<u>\$ 20,304,888</u>	<u>\$ 22,824,578</u>

* denotes a party-in-interest

The accompanying notes are an integral part of these schedules.

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

Schedule II

EIN #20-8928235
PLAN #004, FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2019

(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 Money Market Account (47 purchases of 1,663,989 shares) (22 sales of 1,359,676 shares)	\$ 1,663,989	-	-	-	\$ 1,663,989	\$ 1,663,989	-
		-	\$ 1,359,676	-	-	\$ 1,359,676	\$ 1,359,676	-

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