Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	the instructions to the Form 55	00-SF.		
Pá	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В .	This return/report is:	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12 n	nonths)		
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m
	special extension (enter descriptio	n)				
Pa	irt II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan			1b	Three-digit	
NOR'	TH COUNTRY PRECISION MEDICAL IMAGING DEFINED BENEFI	T PLAN			plan number	
					(PN) •	003
				10	Effective date of 01/01/	•
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	
NOR	TH COUNTRY PRECISION MEDICAL IMAGING, PC			((EIN) 14-178	38042
				2c	Sponsor's telepl	
	COUNTY RTE 25			0-1	518-483	
MAL	DNE, NY 12953			2a	3) Business code 62139	see instructions)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's E	
	TH COUNTRY PRECISION MEDICAL IMAGING, PC 753 COUNTY MALONE, NY	RTE 25	,		14-17	88042
	MALONE, NY	12933		3c	Administrator's t 518-483	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/ı	report filed for this plan, enter the	4b		
	name, EIN, and the plan number from the last return/report.					
	Sponsor's name			_	PN	
5a	Total number of participants at the beginning of the plan year		5a			
b	Total number of participants at the end of the plan year		- 5b			
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,			X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor
a	Total plan assets	7a	637685		(b) Liid	887455
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	637685			887455
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		263181			
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-13411			240770
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				249770
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	0			
g	Other expenses	8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line 8h from line 8c)	8i				249770
j	Transfers to (from) the plan (see instructions)	8j	0			

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Form	EENN	CE	2011	

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Part IV	Plan	Charac	teristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art \	Compliance Questions						
0	During the plan year:		Yes	No		Amount	
	, , , , , , , , , , , , , , , , , , , ,	10a		X			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				5000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
i	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Χ			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X			
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art V	/I Pension Funding Compliance	'		•			
Ι 1 ι	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (5500))					X Yes	s \prod N
a (Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monthou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ions,	and e	enter th Day	ne date of		
	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art V							
	Has a resolution to terminate the plan been adopted in any plan year?				res XI	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur			ontrol		Yes	s X N
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plai	n(s) to			Ц	ш
	c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3	3) PN(s
`a.r4! -	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable		!-		iaha-l		

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	10/15/2012	MORDECHAI REHANY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	MORDECHAI REHANY
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

								File as	an attachm	ent to Form	5500 or	5500-	SF.							
Fc	r caler	ndar p	lan yea	r 2011	or fis	cal plan ye	ear be	eginning 0	1/01/2011				and end	ing	12/31/2	011				
						st dollar. will be asse	essed	d for late filing o	of this repor	t unless reas	onable ca	ause is	s establish	ied.						
	Name ORTH			RECIS	ION I	MEDICAL	IMAG	GING DEFINED	BENEFIT	PLAN		В	Three-diplan num	•	(PN)	•		003	3	
						on line 2a MEDICAL		orm 5500 or 55 BING, PC	00-SF				Employer -1788042	Iden	tification	Numb	er (E	IN)		
Е	Туре с	of plan	: X S	ingle	M	lultiple-A	М	lultiple-B	F	Prior year pl	an size: >	100	or fewer	∏ 1	101-500	М	ore th	an 500		
D	art I	B	asic I		natio	'n		•			<u>_</u>									
1			valuati				/onth	01 [Day01	Year_	2011									
2		ets:	valuati	on date	· · ·		101141					_								
	а	Mark	et valu	e											2a					631884
	b	Actu	arial va	lue											2b				(631884
3	Fun	nding t	arget/p	articipa	ant co	unt breakd	down:				(1) N	lumbe	r of partic	ipant	S		(2) F	unding T	arget	
	а	For	retired	particip	ants	and benefi	ciarie	es receiving pay	ment	3a					0					0
	b	For	termina	ted ves	sted p	articipants	š			3b					0					0
	С	For	active p	articipa	ants:															
		(1)	Non-v	ested b	enefi	ts					ļ									0
		(2)								. ,					0					645781
	_1	(3)													2					645781 645781
	d											$\overline{}$								043761
4								and complete li							4-					
	a		•	_	Ū	0.		at-risk assump						-	4a					
	b							otions, but disre cutive years and							4b					
5	Effe								•						5				5.	.90 %
6	Tar	get no	rmal co	ost											6				2	215261
	To the laccorda	best of i ance wit ation, o	h applical	edge, the ble law ar	informa nd regu	lations. In my	opinio	schedule and accon n, each other assum e under the plan.												
	SIGN HERI											_				10/	10/20	12		
EM	MANU	JEL B.	GARC	IA JR.		Signat	ure o	of actuary								Da 11	ite -0145	52		
EB	3 SYS	STEMS	S, INC.		٦	Гуре or pri	nt na	me of actuary				_		М	lost rece			nt numbe -2088	er	
SU	TE 32	4	RSON / 60659-			F	irm n	ame				_	Т	eleph	none nur	mber (i	includ	ling area	code)	
						Addr	ess c	of the firm				_								
If th	e actua	ary ha	s not fu	ılly refle	ected	any regula	ation	or ruling promu	Igated unde	er the statute	in comple	eting t	his sched	ule, c	heck the	box a	and s	ee	Γ	1
	uction	-				, 5		51 - 1	J			J -		, -					L	_

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Schedule SB (Form 5500) 2011

Pa	ırt II Begii	nning of year carryove	er and prefunding ba	lances									
					(a) C	arryover balance		(b) l	Prefundin	g balance			
		nning of prior year after appli		-			0			144223			
8		for use to offset prior year's f					0			0			
9	Amount remaini	ing (line 7 minus line 8)					0			144223			
10	Interest on line	9 using prior year's actual ret	urn of1.49%				0			2149			
11	Prior year's exc	ess contributions to be added	to prefunding balance:										
	a Present valu	ue of excess contributions (lin	e 38 from prior year)					7161					
		a) using prior year's effective rovided (see instructions)						478					
	C Total availab	le at beginning of current plan	year to add to prefunding bala	ance						7639			
	d Portion of (c) to be added to prefunding balance												
12	Other reduction	s in balances due to elections	s or deemed elections				0			31113			
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)													
Pa	art III Fun	iding percentages											
14	Funding target	attainment percentage							14	80.00 %			
15	Adjusted fundin	g target attainment percentaç	je						15	80.00 %			
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										69.95 %			
17	If the current va	lue of the assets of the plan i	s less than 70 percent of the	e funding targ	et, enter si	uch percentage			17	%			
Pá	art IV Cor	ntributions and liquidi	ty shortfalls										
18	Contributions m	ade to the plan for the plan y	ear by employer(s) and emp	oloyees:									
(M	(a) Date IM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount paid employer(s)	by	(0	Amoun) emplo				
02	/06/2012	25000	0	05/01/201	12	3	30000			0			
04	/03/2012	25000	0	06/28/201	12	2	25000			0			
06	/01/2012	30000	0	09/05/201	12	2	25000			0			
08	/01/2012	25000	0										
	/15/2012	53181	0										
03	/05/2012	25000	0						T				
				Totals ►	18(b)	26	3181	18(c)		0			
19	Discounted emp	oloyer contributions – see ins	ructions for small plan with	a valuation da	ate after th								
		allocated toward unpaid min					9a			0			
		made to avoid restrictions ac					9b			0			
		allocated toward minimum requ	•	ear adjusted t	o valuation	date 1	9с			236440			
20	•	butions and liquidity shortfalls											
	•	have a "funding shortfall" for t							X	Yes No			
		," were required quarterly ins	-		imely manr	ner?				Yes X No			
	U If 20a is "Yes	," see instructions and compl	ete the following table as ap Liquidity shortfall as of e	•	of this plan	n vear							
	(1) 1	st	(2) 2nd	I quarter		•			(4) 4th				
	(., .	1	(Z) ZIIU		(3)	3rd			(4) 4111				
	(., .	0	(2) 2110	0	(3)	0 0			(4) 411	0			

Pa	rt V	Assumptio	ns used to determ	nine f	iunding target and ta	rget r	normal cost		
21	Disco	unt rate:							
	a Se	egment rates:	1st segment: 3.14%		2nd segment: 5.90%		3rd segment: 6.45 %	,	N/A, full yield curve used
	b Ap	oplicable month	(enter code)					21b	1
22	Weigh	nted average ret	tirement age					22	62
23	Morta	lity table(s) (see	e instructions)	Pre	escribed - combined	Pre	scribed - separate	Substitu	te
Pa	rt VI	Miscellane	ous items						
24		•	·		tuarial assumptions for the o				· · · · · ·
					an year? If "Yes," see instr				
26					Participants? If "Yes," see			attachment	Yes X No
27					nding rules, enter applicable			27	
Pa			•		ım required contribu				
28					years			28	0
29					d unpaid minimum required			29	0
30	Rema	nining amount of	f unpaid minimum requir	ed cor	ntributions (line 28 minus lin	e 29)		30	0
Pa	rt VIII	Minimum	required contribu	tion 1	for current year				
31	Targe	et normal cost a	nd excess assets (see in	nstruct	tions):				
	a Tar	get normal cost	(line 6)					31a	215261
	b Ex	cess assets, if a	31b	0					
32	Amor	tization installme	ents:	Outstanding Bala	nce	Installment			
	a Ne	t shortfall amort	tization installment					129156	21055
	b Wa	aiver amortizatio	on installment					0	0
33					iter the date of the ruling let			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34	236316
					Carryover balance		Prefunding balar	nce	Total balance
35			use to offset funding						
36	Additi	onal cash requir	rement (line 34 minus lir	ne 35).				36	236316
37	Contr	ibutions allocate	ed toward minimum requ	ired co	ontribution for current year a	adjuste	d to valuation date	37	236440
38	•		ess contributions for curi						
								38a	124
		•	•		prefunding and funding sta			38b	0
39					ear (excess, if any, of line 3			39	0
40					S		·	40	
Pa	rt IX				ension Relief Act of 2				
41	If a sh	ortfall amortizat	tion base is being amorti	zed pu	ursuant to an alternative am	ortizati	on schedule:		
	a Sch	edule elected						X	2 plus 7 years 15 years
	b Elig	ible plan year(s) for which the election i	n line	41a was made			200	8 2009 2010 X 2011
42	Amou	nt of acceleratio	on adjustment					42	
43	Exces	s installment ac	celeration amount to be	carrie	d over to future plan years.			43	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Empiryee Benefits Security Administration Pension Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the Instructions to the Form 5500-8F

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Annual Report Identification Infor		anco with	trio motracti	nie to the i olini bo	oo ar .	
*****	the calendar plan year 2011 or fiscal plan year beginning	TIGUIOTI	01/01	/2011	and ending	12	/31/2011
	This return/report is for: x a single-employer plan	П	a multiple-c	employer plan (not multiemployer)	Г	a one-participant plan
	This return/report is:		the final ret	• • • •	, , , , , ,		personalit plan
_		\vdash		·			
_	☐ an amended return/rep	님		•	port (less than 12 mo	vitus} ⊏	1
C	Check box if filing under: X Form 5558	∐ •	eutomatic e	extension		L	DFVC program
	special extension (ente	r description)					
P	Basic Plan Information enter all rec	uested inform	ation				
1a	Name of plan						Three-digit
	North Country Precision Medical Imagin	g Defined	Benefi	t Plan			olan number PN) ► 003
							Effective date of plan
	CYNYWHAR.					(01/01/2008
2a	Plan sponsor's name and address; include room or suite r North Country Precision Medical Imagin		oyer, if for s	single-employer	· plan)		Employer Identification Number
	MOLEN COMMENT STREETS ON MEGICAL IMPAIN	4, EC					EIN) 14-1788042
							Plan sponsor's telephone number
	753 County Rte 25						(518) 483-3000
***	Malana (Wat Appen)						Business code (see Instructions) 521399
<u>us</u> 3a	Malone NY 12953 Plan administrator's name and address (If same as plan s	nonsor enter	"Same")				Administrator's EIN
	Same	Jones, Biller	Gaine /			"	
						20	Administratoro tel-bene a umbos
					ii.	30 /	Administrator's telephone number
_	THE RESERVE OF THE PERSON OF T				- Alice	L	
4	If the name and/or EIN of the plan appnsor has changed a name, EIN, and the plan number from the last return/report		eturn/repor	t filed for this pl	an, enter the	4b E	EIN
â	Sponsor's Name	1.				4c F	N
5a	Total number of participants at the beginning of the plan y	eer				5a	2
b	Total number of participants at the end of the plan year .					5b	2
C	Number of participants with account balances as of the er complete this item)					5c	
6a	Were all of the plan's assets during the plan year invested						x Yes No
b	, , , , , , , , , , , , , , , , , , , ,	•	-				
	under 29 CFR 2520.104-46? (See instructions on waiver of If you answered "No" to either 6a or 5b, the plan cann				dues Farm ##00		Yes No
100	Financial Information	JI USB POINTS	3300-37 81	ta must mister	d tise Pottil 3300.		
11105 7	Plan Assets and Liabilities			(a) Bo	ginning of Year	т-	(b) End of Year
a			- Lange Commons	(4) 50			
b	Total plan assets Total plan liabilities		7a 7b		637,685	_	987,455
C	Wind regions and an arrangement of the second		7c		637,685	-1-	887,455
8	Income, Expenses, and Transfers for this Plan Year	• • • • •		ls) Amount	-	(b) Total
а	Contributions received or receivable from:	1					
	(1) Employers		8a(1)		263,181		
	(2) Participants , ,		8a(2)		0		
	(3) Others (including rollovers)		8a(3)		0		
b	Other income (loss)		86	CHICKES IN STATE OF STREET	(13,411)		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				249,770
d	Benefits paid (including direct rollovers and insurance pre- to provide benefits)	ninus	8d		0		
e	Certain deemed and/or corrective distributions (see instru	etions)	80		0		
f	Administrative service providers (salaries, fees, commission	22 00	8f		0		
9	Other expenses		8g		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h			9	0
i	Net income (loss) (subtract line 8h from line 8c)		8i				249,770
j	Transfers to (from) the plan (see instructions)		8)	YARREST TRUMPES	Ó		

	Form 5500-SF 2011 Page 2-				
Pay					- · · · · · · · · · · · · · · · · · · ·
9a	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteri	istic Co	odes in th	e instructions	
-	1A 3D the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteris				
Par	Compliance Questions			-	
10	During the plan year:	_	Yes N	<u> </u>	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in				Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	- 1	к	
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	401	,	ĸ	
C		10b	_	-	
ď	Was the plan covered by a fidelity bond?". Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud.	10c	ж		50,
	or dishonesty?	10d	1	c	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,				
	insurance services or other organization that provides some or all of the benefits under the plan? (See	10e	١,	,	4
f	instructions.) Has the plan failed to provide any benefit when due under the plan?		2		×
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f	_		· · · · · · · · · · · · · · · · · · ·
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g	3	ANNI PARAMETERS	DESCRIPTION AND COMPANY
	2520.101-3.)	10h	7		
Ĩ	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	\Box			
	exceptions to providing the notice applied under 29 CFR 2520.101-3	101			
1	s this a defined benefit plan subject to minimum funding requirements? (If "Yea," see instructions and complete	Sebr	dula CD	/Earm	
_	5500))		4 6 9		
2	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or si	ection	302 of EF	RISA?	. Yes XN
_	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	a, and	enter the	date of the le	etter ruling
lf y	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5600), and skip to line 13.			.н.у	Tear
þ	Enter the minimum required contribution for this plan year	* :•:	. 121	b	
C	Enter the amount contributed by the employer to the plan for this plan year		. 120		
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a		120	4	
	regative amount)		•	Yes	The Chi
	Mill the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	• •			∐No ∐N/
200					FTV Felli
Ja	las a resolution to terminate the plan been adopted in any plan year? f "Yes," enter the amount of any plan assets that reverted to the employer this year		•		Yes X N
b	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under	(*I) *	- 138	<u> </u>	
	of the PBGC?				Yes XN
Ç	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred, (See instructions.)	an(s) to)		
4	:(1) Name of plan(s):				
	(1) Name of plants):		13c(2)	EIN(B)	13c(3) PN(s)
	Δ penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	Be is (randara	ea.	
uitlo	The state of the s				
nder	enalties of perjury and other penalties selderth in the instructions. I declare that I have examined this return/rec	ort. ind	cluding, if	applicable, a	Schedule
nder 3 or 8		ort. ind	cluding, if the best	applicable, a of my knowle	Schedule edge and
nder 3 or 8 Nief, i	enalties of perjury and other penalties set with in the instructions, I declare that I have examined this return/report, shedule MB completed and signed by in circlied actuary, as well as the electronic version of this return/report, is true, correct side impage.	ort, ind and to	cluding, if the best	applicable, a t of my knowle	Schedule edge and
nder 3 or 8	enalties of perjury and other populties satisfith in the instructions, I declare that I have examined this return/report, the dule MB completed and sined by a strolled actuary, as well as the electronic version of this return/report, is true, correct and implies. Mordechai Rei	ort, inc and to hany	o the best	of my knowle	edge and
ider Jors lief, i	enalties of perjury and other penalties set with in the instructions, I declare that I have examined this return/report, shedule MB completed and signed by in circlied actuary, as well as the electronic version of this return/report, is true, correct side impage.	ort, inc and to hany	o the best	of my knowle	edge and
ider Jors lief, i	enalties of perjury and other populties satisfith in the instructions, I declare that I have examined this return/report, the dule MB completed and sined by a strolled actuary, as well as the electronic version of this return/report, is true, correct and implies. Mordechai Rei	end to	signing a	t of my knowle	edge and

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

North Country Precision Medical Imaging, PC Defined Benefit Plan 14-1788042 / 003

For the plan year 1/1/2011 through 12/31/2011

Valuation Date: 1/1/2011

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and

the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

or

11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Schedule SB, Part V Summary of Plan Provisions

North Country Precision Medical Imaging, PC Defined Benefit Plan 14-1788042 / 003

For the plan year 1/1/2011 through 12/31/2011

Employer: North Country Precision Medical Imaging, Pc

Type of Entity - C-Corporation

EIN: 14-1788042 TIN: Plan #: 003

Dates: Effective - 1/1/2008 Year end - 12/31/2011 Valuation - 1/1/2011

Top Heavy Years - 2008, 2009, 2010, 2011

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62

Early - Not provided

<u>Average Compensation:</u> Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the graded benefit formula below rounded to the nearest dollar:

Employee Classification Benefit Formula

6% of average monthly compensation per year of service after

1/1/2007 beginning year 1 limited to 1 year(s)

plus 8% of average monthly compensation per year of service

after 1/1/2007 beginning year 2 limited to 11 year(s)

Accrued Benefit - Unit credit based on service. Service prior to 1/1/2007 is excluded

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms:

Lump Sum Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Schedule SB, Part V Summary of Plan Provisions

North Country Precision Medical Imaging, PC Defined Benefit Plan 14-1788042 / 003

For the plan year 1/1/2011 through 12/31/2011

Vesting Schedule:	Years	Percent
	0-1	0%
	2	20%
	•	400/

3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.16
Segment 2	6 - 20	4.77
Segment 3	> 20	6.05

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Schedule SB, line 32 - Schedule of Amortization Bases

North Country Precision Medical Imaging, PC Defined Benefit Plan 14-1788042 / 003

For the plan year 1/1/2011 through 12/31/2011

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2008	103,729	Shortfall	66,276	4	17,345
	01/01/2011	62,880	Shortfall	62,880	9	3,710
Totals:				\$129,156		\$21,055

Schedule SB, line 22 - Description of Weighted Average Retirement Age

North Country Precision Medical Imaging, PC Defined Benefit Plan 14-1788042 / 003

For the plan year 1/1/2011 through 12/31/2011

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

North Country Precision Medical Imaging, PC Defined Benefit Plan 14-1788042 / 003

For the plan year 1/1/2011 through 12/31/2011 Valuation Date: 1/1/2011

	Date	Amount	Adjusted	Adjusted Prior Year	Adjusted	Effective	
	Date	Amount	Contribution	Contribution	Quarterly	Rate	Rate
Deposited Contribution	2/6/2012	\$25,000					
Applied to Quarterly Contribution	4/15/2011	25,000	22,610	0	25,000	5.9	10.9
Deposited Contribution	3/5/2012	\$25,000					
Applied to Quarterly Contribution	4/15/2011	24,761	22,217	0	24,761	5.9	10.9
Applied to Quarterly Contribution	7/15/2011	239	217	0	239	5.9	10.9
Deposited Contribution	4/3/2012	\$25,000					
Applied to Quarterly Contribution	7/15/2011	25,000	22,506	0	25,000	5.9	10.9
Deposited Contribution	5/1/2012	\$30,000					
Applied to Quarterly Contribution	7/15/2011	24,522	21,902	0	24,522	5.9	10.9
Applied to Quarterly Contribution	10/15/2011	5,478	4,950	0	5,478	5.9	10.9
Deposited Contribution	6/1/2012	\$30,000					
Applied to Quarterly Contribution	10/15/2011	30,000	26,871	0	30,000	5.9	10.9
Deposited Contribution	6/28/2012	\$25,000					
Applied to Quarterly Contribution	10/15/2011	14,283	12,696	0	14,283	5.9	10.9
Applied to Quarterly Contribution	1/15/2012	10,717	9,638	0	10,717	5.9	10.9
Deposited Contribution	8/1/2012	\$25,000					
Applied to Quarterly Contribution	1/15/2012	25,000	22,267	0	25,000	5.9	10.9
Deposited Contribution	9/5/2012	\$25,000					
Applied to MRC	1/1/2011	10,956	9,951	0	0	5.9	0
Applied to Quarterly Contribution	1/15/2012	14,044	12,386	0	14,044	5.9	10.9
Deposited Contribution	9/15/2012	\$53,181					
Applied to Additional Contribution	1/1/2011	137	124	0	0	5.9	0
Applied to MRC	1/1/2011	53,044	48,105	0	0	5.9	0
Totals for Deposited Contribution		\$263,181	\$236,440	\$0	\$199,044		

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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

v.012611

▶ File as an attachment to Form 5500 or 5500-SF.							
For calendar plan year 2011 or fiscal plan year beginning $01/01/$	2011	and ending	12/31/	2011			
Round off amounts to nearest dollar.							
Caution: A penalty of \$1,000 will be assessed for late filing of this report A Name of plan	uniess reasc						
North Country Precision Medical Imaging, PC	Defined	B Three-digit	(DNI)	003			
Benefit Plan	plan number	(FIN)					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Iden	tification Number	(EIN)			
North Country Precision Medical Imaging, P.C	Z.	14-1788042					
E Type of plan: X Single Multiple-A Multiple-B	Prior year pla	an size: X 100 or fewer	01-500 More	than 500			
Part I Basic Information				-			
1 Enter the valuation date: Month 01 Day 01	Year_	2011					
2 Assets:							
a Market value			2a	631884			
b Actuarial value			2b	631884			
3 Funding target/participant count breakdown:		(1) Number of participant	s (2)	Funding Target			
a For retired participants and beneficiaries receiving payment	. 3a		0	0			
b For terminated vested participants	. 3b		0	0			
c For active participants:							
(1) Non-vested benefits	. 3c(1)			0			
(2) Vested benefits	. 3c(2)			645781			
(3) Total active	3c(3)		2	645781			
d Total	. 3d		2	645781			
4 If the plan is in at-risk status, check the box and complete lines (a) and	(b)		73000				
a Funding target disregarding prescribed at-risk assumptions			4a				
b Funding target reflecting at-risk assumptions, but disregarding trans	sition rule fo	r plans that have been in	4b	<u> </u>			
at-risk status for fewer than five consecutive years and disregardin	g loading fa	ctor	5.05				
5 Effective interest rate			5	5.90%			
6 Target normal cost			6	215261			
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedu	laa atatamaata	and attachments if any is complete as	d aggurate. Each proce	rihad assumption was applied in			
accordance with applicable law and regulations. In my opinion, each other assumption is reasonat combination, offer my best estimate of anticipated experience under the plan.							
SIGN HERE CAW CAW.			10/10/2	2012			
Signature of actualy		<u> </u>	Date				
Emmanuel B. Garcia Jr.			11014	52			
Type or print name of actuary			ost recent enrollr				
EBG Systems, Inc.			773-866				
Firm name		Telepi	none number (inc	luding area code)			
3525 W. Peterson Ave.							
Suite 324							
Chicago IL 60659-3317 Address of the firm							
If the actuary has not fully reflected any regulation or ruling promulgated under	the statute	in completing this schedule, c	heck the box and	see			
instructions For Panaryork Reduction Act Nation and OMR Control Numbers, see the	inotruoti	o for Form FEOO or FEOO OF	Cahad	ulo SB (Form 5500) 2011			



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Page	4	-

Pa	rt II Be	ginning of year	carryove	er and prefunding ba	lances						
1 4	iitii Bo	giiiiiig or yeur	ourryove	or and prefamaning ba	idiloco	(a)	Carryover balance		(b) F	Prefundi	ng balance
7				cable adjustments (line 13 f				0			144223
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 0										0
9	Amount rem	aining (line 7 minus li	ne 8)			-		0			144223
10	Interest on I	ne 9 using prior year	s actual ret	turn of1.49%				0			2149
11	Prior year's	excess contributions	to be added	d to prefunding balance:							
	a Present	value of excess contr	ibutions (lin	ne 38 from prior year)		-					7161
				rate of 6.67% excep							478
	C Total ava	ilable at beginning of c	urrent plan	year to add to prefunding bala	ance	-					7639
	d Portion of	of (c) to be added to p	refunding b	palance							0
12	Other reduc	tions in balances due	to election:	s or deemed elections				0			31113
13	Balance at b	eginning of current y	ear (line 9 +	+ line 10 + line 11d – line 12	?)			0			115259
Pa	art III F	unding percent	ages								
14	Funding tar	jet attainment percen	tage							14	80.00%
15	Adjusted fur	iding target attainmer	nt percentaç	ge						15	80.00%
16				of determining whether car						16	69.95%
17	If the curren	t value of the assets	of the plan i	is less than 70 percent of th	e funding ta	arget, enter	such percentage			17	%
Pa	art IV C	ontributions an	d liquidi	ty shortfalls							
18	Contribution	s made to the plan fo	r the plan y	rear by employer(s) and em	ployees:						
/N/	(a) Date M-DD-YYYY	(b) Amount p employer		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(s		(0	•	nt paid by oyees
<u>`</u>	2/06/2012		25000	0	<u> </u>	D-1111)	employer(s	')		empi	oyees
	/05/2012		25000	0							
	/03/2012		25000	0							
	5/01/2012		30000	0							
	5/01/2012		30000	0							
	5/28/2012		25000	0							
	3/01/2012		25000	0							
	0/05/2012		25000	0							
0.9	/15/2012	2	53181	0							
					Totals	18(b)	2	63181	18(c)		0
19				tructions for small plan with							
	a Contributions allocated toward unpaid minimum required contributions from prior years										
	, and the second							0			
				uired contribution for current y	ear adjuste	d to valuatio	n date	19c			236440
20	•	ntributions and liquidi	•							F	.
		_		the prior year?						<u> </u>	<u> </u>
			-	stallments for the current year		a timely ma	nner?			······ <u> </u>	Yes X No
	C If 20a is "	Yes," see instructions	and compl	ete the following table as ap		or of this cl	an voor				
	(1)	1st	I	Liquidity shortfall as of e (2) 2nd	ina or quart	er of this pla				(4) 4th	1
	\'.	• • •	†	\-/ -		(5)		-		\ ·/ III	

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get r	normal cost			
21	Disco	ount rate:								
	a S	egment rates:	1st segment: 3.14%		2nd segment: 5.90%		3rd segment: 6.45%		N/A, full yield curve used	
	b A	pplicable month	(enter code)					21b	1	
22	Weig	hted average ret	tirement age					22	62	
23	Morta	ality table(s) (see	e instructions)	Pre	escribed - combined	Pre	scribed - separate	Substitut	e	
	rt VI	Miscellane	_		<u> </u>		·			
24	4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment									
25	Has a	a method change	e been made for the curr	ent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment		
26					Participants? If "Yes," see i					
27			, -,		nding rules, enter applicable			27		
	rt VII				ım required contribut					
28					years			28	0	
29					d unpaid minimum required o			29	0	
30	Rema	aining amount of	f unpaid minimum require	ed cor	ntributions (line 28 minus line	e 29)		30	0	
Pa	rt VIII	Minimum	required contribut	ion f	for current year					
31	Targe	et normal cost a	nd excess assets (see in	struct	tions):					
	a Tai	rget normal cost	(line 6)					31a	215261	
	b Ex	cess assets, if a	applicable, but not greate	r than	ı 31a			31b	0	
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment	
	a Ne	et shortfall amort	tization installment					129156	21055	
	b W	aiver amortizatio	on installment					0	0	
33					ter the date of the ruling lette	-		33		
34	Total	funding requirer	ment before reflecting ca	rryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	236316	
					Carryover balance		Prefunding balar	nce	Total balance	
35	Balar	nces elected for a	use to offset funding							
	requii	rement							0	
36	Addit	ional cash requir	rement (line 34 minus lin	e 35).				36	236316	
37	37							236440		
38	Prese	ent value of exce	ess contributions for curre	ent ye	ar (see instructions)					
	a To	tal (excess, if an	ny, of line 37 over line 36)				38a	124	
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b									
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							39	0	
40	Unpa	id minimum requ	uired contributions for all	years	3			40	0	
Pa	rt IX	Pension f	funding relief unde	er Pe	ension Relief Act of 20	010 (see instructions)			
41	If a sh	nortfall amortizati	ion base is being amortiz	zed pu	ursuant to an alternative amo	ortizatio	on schedule:			
	a Sch	nedule elected		······				X	2 plus 7 years 15 years	
	b Elig	gible plan year(s) for which the election in	n line 4	41a was made			2008	3 2009 2010 X 2011	
42	Amou	ınt of acceleratio	on adjustment					42		
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43		