#### 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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pa	rt I	Annual Report	t Identification Information					
For o	calenda	ar plan year 2012 or f	iscal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012	
<b>A</b> T	his ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
Вт	his ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		Ū	special extension (enter descr	ription)			_	
Pa	rt II	Basic Plan Info	ormation—enter all requested inf	ormation				
	Name					1b	Three-digit	
			MEDICAL IMAGING DEFINED BEN	IEFIT PLAN			plan number	
						_	(PN) <b>•</b>	003
						1C	Effective date o	•
2a	Plan sp	oonsor's name and a	ddress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identi	
NOR1	TH CO	JNTRY PRECISION	MEDICAL IMAGING, PC				(EIN) 14-17	88042
						2c	Sponsor's telep	
		Y ROUTE 25 Y 12953				24		(see instructions)
						24	62139	
3a	Plan ad	dministrator's name a	and address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
4			ne plan sponsor has changed since to umber from the last return/report.	the last return/report filed for	or this plan, enter the	4b	EIN	_
а		or's name	imbor from the last rotally open.			4c	PN	
5a	Total r	number of participants	s at the beginning of the plan year			5a		2
b	Total r	number of participants	s at the end of the plan year			5b		2
С			account balances as of the end of t	, , ,	•	5c		
6a		,	ts during the plan year invested in e					X Yes No
_			of the annual examination and repor	-				
			6? (See instructions on waiver eligib	• '				X Yes No
	If you	answered "No" to e	either line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.	
Cau	tion: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is	established.	
			ther penalties set forth in the instruc and signed by an enrolled actuary, a					
		rue, correct, and com		s well as the electronic ver	ision of this return/repon	, anu	to the best of my	knowledge and
		Filed with outborized	//valid electronic signature.	10/08/2013	MODDECHALDEHAN	N/		
SIGN			<u> </u>		MORDECHAI REHAN			
		Signature of plan		Date	Enter name of individ		ning as plan adn	ninistrator
SIGN			d/valid electronic signature.	10/08/2013	MORDECHAI REHAN			<del></del>
		Signature of emplo	oyer/plan sponsor name, if applicable) and address; in	Date	Enter name of individ			er or plan sponsor number (optional)
riep	aici S l	name (moluumg mm	name, ii applicable) allu auuless, Ill	GIGGE TOOM OF SUILE HUMBE	ο (οριιοπαι)	i-τeβ	arer a teleprione	namber (optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar		_
a	Total plan assets	7a	88745				(5) =110		47070	)	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	88745	55				12	47070	)	
	Income, Expenses, and Transfers for this Plan Year	,,,			+		(b) :		47070		
	Contributions received or receivable from:		(a) Amount				(b)	Γotal			
u	(1) Employers	8a(1)	28713	6							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	7743	81							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	64567		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							<u>0-1001</u>		
е	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f	495	2							
q	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4952	)	
	Net income (loss) (subtract line 8h from line 8c)	8i						2	59615		
	Transfers to (from) the plan (see instructions)							J	39013	)	
		8j									
Par 9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	:		
b	1A 3D  If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
Part	•										
10	During the plan year:			ı	Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-		X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	П	No
11a						11a					0
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	e date of	the let Year		ing	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
b	Enter the minimum required contribution for this plan year					12b					

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			1	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

#### 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

2012

This Form is Open to Public Inspection

							▶ File	e as an atta	cnmer	nt to Form	5500 or	5500	-SF.							
Fo	r calendar	pla	n year 201	2 or	fiscal plan	year	beginning	01/01/20	12				and en	ding	12/31/	2012	2			
•	Round o	ff ar	nounts to	nea	rest dollar															
<u> </u>	Caution:	Ар	enalty of \$	1,00	0 will be as	sess	sed for late fill	ing of this re	port u	nless reas	onable ca	ause i	s establis	hed.				Т		
A NC	Name of p	lan JNT	RY PRECI	SIOI	N MEDICA	L IM	AGING DEFI	NED BENEI	FIT PL	.AN		В	Three-c	•	r (PN)		•		003	
													p.aa		. ()					
C	Plan enon	eor's	name as	cho	wn on line '	2a of	Form 5500 c	or 5500-SE				D	Employe	r Ido	ntificatio	n Ni	ımber i	(EINI)		
							AGING, PC	JI 3300-31					-1788042		minicatio	IIINO	iiiibei	(LIIV)		
E	Type of pla	n:	X Single		Multiple-A		Multiple-B		<b>F</b> P	rior year pla	an size:	100	or fewer		101-500		More	than 500	)	
Р	art I	Bas	ic Infor	mat	tion															
1			luation da			Mor	nth <u>01</u>	Day	01	Year_	2012									
2	Assets:																			
	<b>a</b> Marke	et va	lue												2a					880865
	<b>b</b> Actua	rial	value												2b					880865
3	Funding	ı tar	get/particip	ant	count brea	kdov	vn:				<b>(1)</b> N	lumbe	er of partic	cipar	nts		(2)	Fundin	g Targe	t
	<b>a</b> For re	etire	d participa	nts a	and benefic	iarie	s receiving pa	ayment		3a					0					0
	<b>b</b> For te	ermi	nated vest	ed p	articipants.				[	3b					0					0
	<b>C</b> For a	ctive	participar	nts:					_											
	(1)	Ν	on-vested	ben	efits					3c(1)										0
	(2)	V	ested bene	efits.						3c(2)										825046
	(3)	Т	otal active							3c(3)					2					825046
	<b>d</b> Total									3d					2					825046
4	If the pl	an is	in at-risk	statu	us, check th	ne bo	ox and comple	ete lines (a)	and (b	o)										
	<b>a</b> Fund	ng t	arget disre	gard	ding prescri	ibed	at-risk assum	nptions							4a					
							otions, but dis secutive years								4b					
5										•					5					6.85 %
6	Target	norn	nal cost												6					206260
Sta	To the best of accordance	of my with a	pplicable law	e info and re	rmation supplice	ny opii	his schedule and nion, each other a nce under the pla	assumption is re												
	SIGN IERE															(	09/11/2	2013		
		·			Sian	ature	e of actuary					_	-				Date			
EM	MANUEL	в. G	ARCIA JR		- 3		,										11-01	452		
					Type or p	orint i	name of actua	arv				_			Most rec	ent e			nber	
EBO	SYSTEM	/IS,	INC.		71 1			,										66-2088		
						Firm	name					_	-	Tele	phone nu					e)
SU	25 W. PET ITE 324 ICAGOT,		SON AVE 0659-3317	,														3		-,
					Add	dress	s of the firm					_								
If the	e actuary l	าลร	not fully re	flect	ed any regi	ılatic	on or ruling pr	omulaated i	ınder	the statute	in comple	etina t	this sched	dule	check th	ne ho	x and	see		П
	uctions	iuo	iot fally 16		ca any regu	مامداد	or running pr	o.maigated t	aridoi	o olalul <del>o</del>	compi	Jung	301160	auic,	JIIOOK II		, and	500		Ш

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Balan	ces						
							(a)	Carryover balance	)	(b)	Prefundir	ng balance
7		Ū	0 , ,		cable adjustments (line 13 f	•			0			115259
8			•	•	unding requirement (line 35				0			0
9	Amount	t remainir	ng (line 7 minus lin	ie 8)					0			115259
10	Interest	on line 9	using prior year's	actual retu	urn of <u>-2.46</u> %				0			-2835
11	Prior ye	ear's exce	ess contributions to	be added	to prefunding balance:							
	<b>a</b> Prese	ent value	of excess contribu	utions (line	38a from prior year)							124
					nterest rate of							7
	<b>C</b> Total	available	at beginning of curi	rent plan ye	ar to add to prefunding balar	nce						131
	<b>d</b> Portion	on of (c)	to be added to pre	funding ba	lance							0
12	Other re	eductions	s in balances due t	o elections	or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	.)			0			112424
P	art III	Fun	ding Percenta	iges								
14	Funding	g target a	ttainment percenta	age							14	93.13 %
15	Adjuste	d funding	g target attainment	percentag	e						15	106.76 %
16					of determining whether car						16	80.00 %
17	If the cu	urrent val	ue of the assets of	f the plan is	s less than 70 percent of the	e funding tai	get, enter	such percentage			17	%
P	art IV	Con	tributions and	d Liquidi	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan ye	ear by employer(s) and emp	ployees:						
(N	(a) Dat IM-DD-Y		( <b>b)</b> Amount pa employer(		(c) Amount paid by employees	<b>(a)</b> [ (MM-DD		(b) Amount p employer		(	<b>c)</b> Amoui emplo	nt paid by oyees
01	/23/2013	3		207136	0							
03	3/05/2013	3		15000	0							
06	6/06/2013	3		15000	0							
02	2/08/2013	3		20000	0							
05	5/31/2013	3		15000	0							
07	7/08/2013	3		15000	0							
						Totals ►	18(b)		287136	18(c)		0
19	Discour	nted emp	loyer contributions	- see inst	ructions for small plan with	a valuation	date after t	he beginning of th				
	<b>a</b> Conti	ributions	allocated toward u	ınpaid mini	mum required contributions	s from prior y	/ears		19a			0
	<b>b</b> Contr	ributions	made to avoid rest	trictions ad	justed to valuation date				19b			0
	<b>C</b> Contr	ributions a	allocated toward min	nimum requ	uired contribution for current y	year adjusted	l to valuatio	n date	19c			263001
20	Quarter	ly contrib	outions and liquidity	y shortfalls	:							
	<b>a</b> Did th	he plan h	ave a "funding sho	ortfall" for th	he prior year?						X	Yes No
	<b>b</b> If line	e 20a is "	Yes," were require	d quarterly	installments for the curren	t year made	in a timely	manner?	<u>.</u>			Yes X No
	C If line	20a is "`	Yes," see instruction	ons and co	mplete the following table a	as applicable	):					
		(4)			Liquidity shortfall as of e	nd of quarte					(4) 4:1	
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	
			0			0			0			0

Pa	rt V	Assumptio	ns Used to Determine	et Normal Cost					
21		ınt rate:							
	<b>a</b> Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, full y	rield cur	ve used
	<b>b</b> App	licable month (	enter code)		1	21b			0
22	Weigh	ted average ret	irement age			. 22			62
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te		
Pa	rt VI	Miscellane	ous Items						
24		•	· ·	tuarial assumptions for the current	•			iired Ye	s X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment		Ye	s X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachment.		Ye	s X No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27			_
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years				
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28			0
29				d unpaid minimum required contrib		29			0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Targe	t normal cost a	nd excess assets (see instruct	ions):					
	<b>a</b> Targ	et normal cost	(line 6)			. 31a			206260
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a	······	. 31b			0
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Inst	allment	
	a Net	shortfall amortiz	zation installment			108882			21055
	<b>b</b> Wai	ver amortization	n installment			0			0
33				ter the date of the ruling letter gra) and the waived amount		33			
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34			227315
				Carryover balance	Prefunding bala	ince	Total	balance	Э
35			use to offset funding	(	D	0			0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36			227315
37				ontribution for current year adjuste		37			263001
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)					
	<b>a</b> Tota	I (excess, if any	y, of line 37 over line 36)			. 38a			35686
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	carryover balances	. 38b			0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39			0
40	Unpaid	d minimum requ	uired contributions for all years	S		. 40			
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)			
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:					
	a Sche	edule elected				X	2 plus 7 years	15	years
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made		2008	8 2009 2	2010 X	2011
42	Amoun	nt of acceleratio	n adjustment			42			
			celeration amount to be carrie		43				

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

_	Pension Benefit Guaranty Corporation					ln	spection
		➤ Complete all entries in ac		tions to the Form 55 <u>01</u>	FSF.		<del></del>
-		dentification Information			10	/21 /0010	
For	calendar plan year 2012 or fisca		01/01/2012	and ending	12	/31/2012	
	#C	x a single-employer plan	3	an (not multiemployer)	L	a one-particip	pant plan
В	This return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onthe) _	_	
C	Check box if filing under:	x Form 5558	automatic extension		[	DFVC progra	m
		special extension (enter desci	ription)				
2	Paris District	<del></del>	···				,
-		mation — enter all requested	information		1b	Three-digit	
ıa	Name of plan					plan number	
	North Country Precis	sion Medical Imaging D	efined Benefit Pla	ın,	_	(PN) ►	003
						Effective date o 01/01/2008	f plan 
2a	Plan sponsor's name and add	ress; include room or suite numb sion Madical Imaging,	er (employer, if for a single-	employer plan)			fication Number
	MOREN COUNTRY PIECES	SION MECHCAL IMAGING,	£.			EIN) 14-17	
						Sponsor's telepi (518) 483	
	753 County Route 25				<u> </u>		(see instructions)
						621399	(999 8190 0000-13)
	Ма1опе	NY 12953 i address X Same as Plan Sp	eners Nome C Some on I	Ing Spancos Address	3h	Administrator's	FIN
Ja	Plan administrators hame and	acoress (X) Same as Man Sp	otisos Maine [_] Same as i	rian apolison Addices	""		L4
					<u> </u>		
					3c	Administrator's	telephone number
					1		
_	At a Children		# a last return/sea est 61ad &	- this stee agency than	4b	EIN	
4	name, EIN, and the plan numb	plan aponsor has changed since	the fast territoriebout men it	a the beat, enter me	<del></del>		
	Sponsor's name	and that the tract against a family			4c	PN	
_		t the beginning of the plan year			5a		2
5a		it the beginning of the plan year			5b		2
b C		count balances as of the end of					
C					5c	<u> </u>	
6a		luring the plan year invested in e					XYes No
b		he annual examination and repor					
_		(See Instructions on waiver eligib	10. I 40. V			****	XYes No
	if you answered "No" to eith	er line 6a or line 6b, the plan o					
C		or incomplete filing of this retur					
U	nder penalties of parity approfit	or penalties set forth in the instru	ctions. I declare that I have	examined this return/re	port, in	duding, if applic	able, a Schedule
SI	B or Schedule Mill cumpleted in	d signed by an enrolled actuary.	as well as the electronic ve	rsion of this return/repor	t, and to	the best of my	knowledge and
De	elief, it is true, obract, and comp	ieta.					
Į.		•	10/07/1-	Mordechai Rehan	Y		
	Signatur of plan dige	ni trator	Date 113	Enter name of individu	al signir	ng as plan admi	nistrator
36.5		u ator				<u> </u>	
ž.	TO ALL	<del>-</del>	<del></del>				
	Standard Simployer/		Date	Enter name of individu			<u> </u>
P	reparer's name (including firm na	ame if applicable) and address; i	nçiude room of suite numbe	er (optional)	Prepa	irer's telephone	number (aptional)
		7					
					Land of the Control o	THAT CARPET A PERSON	TANKS BETTE BETTE AND THE BETTE OF THE SECOND
1							

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Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
а	Total plan assets	7a	887,4					1,247,070
b	Total plan liabilities	7b	-					
С	Net plan assets (subtract line 7b from line 7a)	7c	887,4	55				1,247,070
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from:  (1) Employers	8a(1)	287,1	36				
	(2) Participants	8a(2)	20772					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	77,4:	31				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-					364,567
d	Benefits paid (including direct rollovers and insurance premiums							
_	to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	4 01					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	4,9	04				
<u>g</u> h	Other expenses (add lines 2d, 2g, 9f, and 2g)	8g 8h						4,952
<del>"</del>	Total expenses (add lines 8d, 8e, 8f, and 8g)  Net income (loss) (subtract line 8h from line 8c)	8i						359,615
÷	Transfers to (from) the plan (see instructions)	8j						337,023
D:	art IV Plan Characteristics	<u> </u>						
$\overline{}$	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charact	arietic	Code	s in the	a instruction	ie.
Ju	1A 3D	ature cout	53 HOITH THE LIST OF FRAN OHARACT	JIIJUC	, Couc	3 111 1110	o instruction	13.
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Character	rietic (	^odes	in the	inetructions	
J	in the plan provides werrare benefits, effect the applicable werrare rea	iture codes	s nom the List of Flam Character	ISHC V	codes	III UIE	ii isti uctioi is	•
Pá	art V Compliance Questions							
10	During the plan year:				Yes	No	Α	mount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x		
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		x		
	Was the plan covered by a fidelity bond?	••••••		10c	x			50,000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth							
	insurance service or other organization that provides some or all o					77		
	instructions.)			10e		х		
f	Has the plan failed to provide any benefit when due under the plan	າ?	••••••••••	10f		x		
<u> </u>	Did the plan have any participant leane? (If "Vee " enter amount or							
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х		
r	, , , , , , , , , , , , , , , , , , ,	See instru	ctions and 29 CFR	10g 10h		x		
i	If this is an individual account plan, was there a blackout period? (	See instru	notice or one of the					
_i	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the	See instru	notice or one of the	10h				
_i	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101  IT VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	See instruction required 1-3	notice or one of the	10h 10i		x ale SB		X Yes No
11	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101  IT VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	See instru	notice or one of the	10h 10i		x ale SB		X Yes No
11	If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  IT VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  a Enter the amount from Schedule SB line 39	See instruction of the required in the require	notice or one of the  'es," see instructions and comp	10h 10i	•••••	x lle SB		
11 11	If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  IT VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  a Enter the amount from Schedule SB line 39	See instruction in the required in the requirement	rotions and 29 CFR notice or one of the  'es," see instructions and comp	10h 10i	•••••	x lle SB		0
11 11	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  IT VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Benter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding ( If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	ne required 1-3 ents? (If ") requirement as applicating amortize	notice or one of the  "es," see instructions and comp  nts of section 412 of the Code of t	10h 10i lete S	tion 30	x alle SB  11a  2 of EF	RISA?	O Yes X No
i Pa 11 11 12	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  IT VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  a Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding to (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver	ne required ents? (If ") requirement as applicating amortize	notice or one of the  "es," see instructions and comp  nts of section 412 of the Code of t	10h 10i lete S	tion 30	x alle SB  11a  2 of EF	RISA?	O Yes X No
i Pa 11 11 12	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  IT VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Benter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding ( If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	ne required ents? (If ") requirement as applicating amortize	notice or one of the  "es," see instructions and comp  nts of section 412 of the Code of t	10h 10i lete S	tion 30	x alle SB  11a  2 of EF	RISA?	O Yes X No

	Form 5500-SF 2012 Page <b>3-</b>			
		1	1	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗀	Yes [	□ No □ N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	☐ Y	es X N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?			Yes X No
С	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.)			
1	<b>13c(1)</b> Name of plan(s):	(2) EIN	(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊤	rust's EIN	l

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

#### 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

OMB No. 1210-0110

2012

This Form is Open to Public

Pension Benefit Guaranty Corporation	interna	ai Reveni	ne code (iii	e code).			1r	rspection
	File as an a			5500 or	5500-SF.			
For calendar plan year 2012 or fiscal p	olan year beginning 0	1/01/	2012		and ending	9	12/31/2	2012
▶ Round off amounts to nearest do								
Caution: A penalty of \$1,000 will b	e assessed for late filing of this	s report t	unless reas	onable ca	use is established	<u>1</u>		
A Name of plan					B Three-digit	t		
North Country Precisi	on Medical Imaging	, PC	Defined	1	plan numb	er (PN)	•	003
Benefit Plan								
0.0					5			
C Plan sponsor's name as shown on I	ine 2a of Form 5500 or 5500-5	5 <b>1</b> -			<b>D</b> Employer to	ienurica	tion Number (	EIN)
North Country Precisi	on Medical Imaging	, P.C			14-1788042	2		
5- · · · · · · · · · · · · · · · · · · ·					l г		D	
E Type of plan: X Single Multipl	e-A Muttiple-B	F F	Prior year pla	an size: [X	100 or fewer	101-5	00   More t	han 500
Part I Basic Information								
1 Enter the valuation date:	Month 01 Day	01	Year	2012				
2 Assets:	1							
a Market value						2a		880865
<b>b</b> Actuarial value	***************************************	**********				2b		880865
3 Funding target/participant count to	preakdown:			(1) N	lumber of particip	ants	(2)	Funding Target
a For retired participants and ber			3a	(7,7		0		0
<b>b</b> For terminated vested participa	• • •					0		0
C For active participants:								
			3c(1)					0
			1	-			<del>                                     </del>	825046
` '			- 1-1					825046
				<del> </del> -		2		825046
d Total			1					025040
4 If the plan is in at-risk status, che	·							
a Funding target disregarding pre	•					4a	-	<del> </del>
b Funding target reflecting at-risk	cassumptions, but disregarding five consecutive years and disa					4b		
			•			5	-	6.85%
•						6		206260
		*************	***************************************			. 0	<u>.                                    </u>	200200
Statement by Enrolled Actuary  To the best of my knowledge, the information s	unation to this pohodula and apparatus	ina sebadul	lon elalemente	and attaches	casta if any in complete		rata Each assess	had secumation was contied in
accordance with applicable law and regulations combination, offer my best estimate of anticipa	s. In my opinion, each other assumption is	is reasonab	le (taking into a	ccount the e	experience of the plan a	nd reason	able expectations)	and such other assumptions, in
	led experience diluci ino pier.				<del>                                     </del>			
	is rai.							
HERE					<u></u>		09/11/2	013
	Signature of actuary \to						Date	
Emmanuel B. Garcia Jr.							110145	52
Туре	or print name of actuary					Most r	ecent enrollm	ent number
EBG Systems, Inc.					_		773-866-	2088
	Firm name				Tel	ephone	number (inclu	iding area code)
3525 W. Peterson Ave.								
Suite 324								
Chicago IL 6	0659-3317 Address of the firm				_			
	Workers of the Billi							
f the actuary has not fully reflected any	regulation or ruling promulgate	ed under	the statute	in comple	eting this schedule	e, check	the box and	see 🗍

raye & ~ I	Page 2 -	[ ]	
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Pa	art II Be	ginning of Year C	arryov	er Prefunding Balanc	es						
						(a) (	Carryover balance		(b) f	refundi	ng balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) 0									115259		
8			,	unding requirement (line 35	I			0			0
9 Amount remaining (line 7 minus line 8)							0			115259	
10			<del></del>	urn of2.46%				0			-2835
11				I to prefunding balance:		···					
	•			38a from prior year)				ľ			124
	b Interest of	n (a) using prior year's e wise provided (see instr	effective i	nterest rate of5.90%	except						7
				ear to add to prefunding balan	i						131
	<b>d</b> Portion of	(c) to be added to prefu	ınding ba	lance							0
12	Other reduc	ions in balances due to	elections	or deemed elections				0			0
13	Balance at b	eginning of current yea	r (line 9 +	line 10 + line 11d – line 12)				0			112424
Р	art III F	unding Percentag	ges								
_14	Funding targ	et attainment percentag	ge	·····				************		14	93.13%
		ding target attainment p		<del> </del>		-				15	106.76%
	current year	s funding requirement.		of determining whether carr						16	80.00%
_17	If the curren	value of the assets of	the plan i	s less than 70 percent of the	funding targ	et, enter s	such percentage			17	%
P	art IV C	ontributions and	liquidi	ty shortfails							
18				ear by employer(s) and emp							_
(N	(a) Date 1M-DD-YYYY	(b) Amount pai employer(s	- 1	(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer(s		"		int paid by loyees
	1/23/2013		07136	0	(14,114)	,	Chipioyork	-7	+	01.110	
	2/08/2013		20000	0					1		
	3/05/2013	_	15000	0					1		
	5/31/201:		15000	0			-		+-		
	5/06/201		15000	0							
07	7/08/2013	3	15000	0					1		
									1	•	- "
	· ·										
										•	
								•		,	
					Totals ▶	18(b)	2	8713	6 18(c)	1	0
19	Discounted of	employer contributions -	– see inst	tructions for small plan with a	valuation da	ate after th	ne beginning of the	year:			
	a Contributi	ons allocated toward un	paid min	imum required contributions	from prior ye	ars		19a			0
	b Contributions made to avoid restrictions adjusted to valuation date									0	
	C Contributio	ns allocated toward mini	mum requ	uired contribution for current ye	ear adjusted to	o valuation	n date	19c			263001
20	Quarterly co	ntributions and liquidity	shortfalls	:				l			
	a Did the pl	an have a "funding shor	tfall" for t	he prior year?					.,,,,,,,,		Yes No
	<b>b</b> If 20a is "	es," were required qua	rterly inst	tallments for the current year	made in a ti	mely man	ner?			[	Yes X No
	C If 20a is "	es," see instructions a	nd comple	ete the following table as ap	olicable:						
				Liquidity shortfall as of er	d of quarter		<del></del>			440	
	(1)	1st		(2) 2nd	-	(3)	3rd	-		(4) 4t	n

	· · · · · · · · · · · · · · · · · · ·								
Pa	rt V Assumption	ns Used to Determine	Funding Target and Targe	t Normal Cost	-				
21	Discount rate:								
	a Segment rates:	1st segment: 5 . 54 %	2nd segment: 6 . 85%	3rd segment: 7 . 52%		N/A full yiek	d curve	used	
	b Applicable month (e	enter code)			21b			(	
22	Weighted average reti	irement age	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	22			6:	
23	Mortality table(s) (see	instructions) X Pre	escribed - combined Pres	scribed - separate	Substitu	te			
	rt VI Miscellaneo			<u> </u>	<del>-</del>				
			uarial assumptions for the current	olan year? If "Vec " cee	inetructions	regarding require	rt		
24								X No	
25		<del> </del>	an year? If "Yes," see instructions					X No	
26		<del> </del>	Participants? If "Yes," see instruc			=		X No	
27		<del></del>	er applicable code and see instruc				, , , ,		
21			er applicable code and see mendo		27				
Pa	rt VII Reconcilia	ation of Unpaid Minima	ım Required Contribution	s For Prior Years	_				
28			years		28			(	
29		<u> </u>	unpaid minimum required contribution		29				
					29			(	
30	Remaining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30			(	
Pa	rt VIII Minimum I	Required Contribution	For Current Year						
31		nd excess assets (see instruct							
	a Target normal cost (	line 6)			31a	20626			
			line 31a		31b				
32	Amortization installme			Outstanding Bala	nce	Installr	nent		
			.,,,,,	<u> </u>	108882		21055		
	•				0				
33			ter the date of the ruling letter gran	ting the approval					
90			) and the waived amount		33				
34			er/prefunding balances (lines 31a -		34	22731			
<del>-</del>	votar torioning to quite		Carryover balance	Prefunding bala	nce	Total ba	lance		
35	Balances elected for u	so to offset funding		<u> </u>					
33		ise to offset funding	0		o				
36	Additional cash requir	ement (line 34 minus line 35).			36			22731	
37		<del></del>	ontribution for current year adjuste		37				
			entra attorna estas att		31			26300	
38	Present value of exce	ss contributions for current ye	ar (see instructions)		,				
	a Total (excess, if any	, of line 37 over line 36)			38a			35686	
	<b>b</b> Portion included in I	ine 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				
39	Unpaid minimum requ	rired contribution for current y	ear (excess, if any, of line 36 over	ine 37)	39	39			
40	Unpaid minimum requ	ired contributions for all years			40				
Pai	rt IX Pension F	unding Relief Under F	Pension Relief Act of 2010	(See Instructions)	)				
41	If an election was mad	le to use PRA 2010 funding re	elief for this plan:						
			<u> </u>	-	IX	2 plus 7 years	15 \	/ears	
			41a was made				<u> </u>	2011	
12			<del></del>		42	2000   201	<u>- []</u>	2011	
		· · · · · · · · · · · · · · · · · · ·							
43	Excess installment acc	celeration amount to be carrie	d over to future plan years		43				

## Schedule SB, Part V Summary of Plan Provisions

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

For the plan year 1/1/2012 through 12/31/2012

Employer: North Country Precision Medical Imaging, PC

Type of Entity - C-Corporation

EIN: 14-1788042

Plan #: 003

Plan Type: Defined Benefit

<u>Dates:</u> Effective - 1/1/2008 Year end - 12/31/2012 Valuation - 1/1/2012

Top Heavy Years - 2008, 2009, 2010, 2011, 2012

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

Average Compensation: 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: \$200,000

Maximum 401(a)(17) compensation - \$250,000

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 1/1/2012 through 12/31/2012

Vesting Schedule: Years Percent 0-1 0%
0-1 0%
01 070
2 20%
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	2.07
Segment 2	6 - 20	4.45
Segment 3	> 20	5.24

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

5%

#### **Actuarial Equivalence:**

Pre-Retirement - Interest -

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 08C - 2008 Funding Target - Combined - IRC 430(h)(3)(A)

### 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 1/1/2012 through 12/31/2012

Valuation Date:

1/1/2012

**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 Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.98
Segment 2	6 - 20	5.07
Segment 3	> 20	6.19

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	5.54
Segment 2	6 - 20	6.85
Segment 3	> 20	7.52

Pre-Retirement - Mortality Table -

None

Turnover/Disability -Salary Scale -

None

Expense Load -

None

Ancillary Ben Load -

None None

Post-Retirement - Mortality Table -

12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

None

Lump Sum -

08C - 2008 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

12E - 2012 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, line 32 - Schedule of Amortization Bases

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

#### For the plan year 1/1/2012 through 12/31/2012

	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	49,351	3	17,345
	01/01/2011	62,880	Shortfall	59,531	8	3,710
Totals:			· · · · · · · · · · · · · · · · · · ·	\$108,882		\$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 1/1/2012 through 12/31/2012

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 1/1/2012 through 12/31/2012 Valuation Date: 1/1/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	1/23/2013	\$207,136					
Applied to MRC	1/1/2012	2,552	2,379	0	0	6.85	0
Applied to Quarterly Contribution	4/15/2012	51,146	46,020	0	51,146	6.85	11.85
Applied to Quarterly Contribution	7/15/2012	51,146	46,546	0	51,146	6.85	11.85
Applied to Quarterly Contribution	10/15/2012	51,146	47,084	0	51,146	6.85	11.85
Applied to Quarterly Contribution	1/15/2013	51,146	47,629	0	51,146	6.85	11.85
Deposited Contribution	2/8/2013	\$20,000					
Applied to MRC	1/1/2012	20,000	18,589	0	0	6.85	0
Deposited Contribution	3/5/2013	\$15,000					
Applied to MRC	1/1/2012	15,000	13,879	0	0	6.85	0
Deposited Contribution	5/31/2013	\$15,000					
Applied to Additional Contribution	1/1/2012	9,303	8,473	0	0	6.85	0
Applied to MRC	1/1/2012	5,697	5,189	0	0	6.85	0
Deposited Contribution	6/6/2013	\$15,000					
Applied to Additional Contribution	1/1/2012	15,000	13,646	0	0	6.85	0
Deposited Contribution	7/8/2013	\$15,000					
Applied to Additional Contribution	1/1/2012	15,000	13,567	0	0	6.85	0
Totals for Deposited Contribution		\$287,136	\$263,001	\$0	\$204,584	-	