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

2013

This Form is Open to Public Inspection

Part		t Identification Information								
For cale	endar plan year 2013 or	fiscal plan year beginning 01/01/2013	3	and ending 1	2/31/	2013				
A This	return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan			
B 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	onths)				
C Che	ck box if filing under:	X Form 5558	automatic extension			DFVC progra	am			
		special extension (enter description	n)			_				
Part	I Basic Plan Inf	formation—enter all requested information	ation							
	me of plan				1b	Three-digit				
NORTH (COUNTRY PRECISION	MEDICAL IMAGING DEFINED BENEFI	T PLAN			plan number (PN) ▶	003			
					10	Effective date o				
					. •	01/01	•			
		address; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi	fication Number			
NORTH	COUNTRY PRECISION	I MEDICAL IMAGING, PC				(=)	88042			
					2c	Sponsor's telep				
	INTY ROUTE 25 E, NY 12953		24	Business code (
	•		24	62139						
3a Pla	n administrator's name	n Sponsor Address	3b	Administrator's	EIN					
		-	_		20	A dual in laterata wile				
					30	Administrators	telephone number			
A 16.4					41.					
		the plan sponsor has changed since the lands are the lands	ast return/report filed to	or this plan, enter the	4b EIN					
	onsor's name	· · · · · · · · · · · · · · · · · · ·			4c PN					
5a To	tal number of participan	ts at the beginning of the plan year			5a	5a				
b To	tal number of participan	ts at the end of the plan year			5b		1			
		h account balances as of the end of the p	• '	-	5c					
	'	ets during the plan year invested in eligible					X Yes No			
b Ar	e you claiming a waiver	of the annual examination and report of a	an independent qualifie	ed public accountant (IQ	PA)					
		6? (See instructions on waiver eligibility a either line 6a or line 6b, the plan cannot be seen that the second se					X Yes No			
		efit plan, is it covered under the PBGC in					Not determined			
— III	le plair is a delined ben	ent plan, is it covered under the FBGC in	surance program (see	ERISA SECTION 4021)?	····· L	Tes NINO	Not determined			
		e or incomplete filing of this return/rep								
		other penalties set forth in the instructions and signed by an enrolled actuary, as we								
	is true, correct, and co		on do tric cicotrorno ver		t, and	to the best of my	Miowicage and			
SIGN	Filed with authorize	d/valid electronic signature.								
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan administrator					
SIGN	J I I I I I I I I I I I I I I I I I I I					0 F - F - F - F - F - F - F - F - F - F				
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual sid	aning as employe	er or plan sponsor			
Prepare		name, if applicable) and address; includ					number (optional)			

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Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year			
	Total plan assets	7a	(a) Beginning of Yea				733126			
	Total plan liabilities	7b	.2				700120			
	Net plan assets (subtract line 7b from line 7a)	7 C	124707	0			733126			
	Income, Expenses, and Transfers for this Plan Year	70			1					
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)	12000	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4265	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					162650			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	67285	1						
е	Certain deemed and/or corrective distributions (see instructions)	eemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions) 8f									
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					676594			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-513944			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а		tions withi	n the time period described in rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		50000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
_	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
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						
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)									
11a	Enter the unpaid minimum required contribution for current year fr					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,			. 01 30	- J. (OII)	JUL 01				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	ı cui			
	Enter the minimum required contribution for this plan year		,			12b				

Page	3	- [1
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С	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 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	C 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	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

				File as	an attachme	nt to Form	5500 or	5500-SF.					
F	or calendar	plan year 201:	3 or fiscal plan y	ear beginning (01/01/2013			and end	ling 12/3	31/20	13		
			nearest dollar.										
,	Caution:	A penalty of \$	1,000 will be as:	sessed for late filing	of this report ι	unless reas	onable ca	ause is establish	ned.				
	Name of pl ORTH COU		SION MEDICAL	. IMAGING DEFINED	D BENEFIT PI	LAN		B Three-di	git nber (PN)		•	003	
С	Plan spons	sor's name as	shown on line 2	a of Form 5500 or 55	500-SF			D Employer	Identifica	tion N	lumber	(EIN)	
			SION MEDICAL						14-178	8042		. ,	
Ε	Type of plai	n: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size:	100 or fewer	101-5	00	More	than 500	
F	Part I E	Basic Infori	— mation								_		
1		e valuation da		Month	Day01	Year _	2013						
2	Assets:												
	a Marke	t value							2a				1244611
	b Actua	rial value							2b				1244611
3	Funding	target/particip	ant count break	down:			(1) N	lumber of partic	ipants		(2)	Funding Target	
	a For re	tired participa	nts and benefici	aries receiving paym	ent	3a			0				C
	b For te	rminated vest	ed participants			3b			1				615937
	C For ac	tive participan	nts:			I -							
	(1)	Non-vested	benefits										C
	(2)	Vested bene	efits										594758
	(3)	Total active.							1				594758
	d Total.					3d			2				1210695
4	If the pla	an is in at-risk	status, check the	e box and complete	lines (a) and (b)							
	a Fundii	ng target disre	garding prescrib	oed at-risk assumptio	ons				4a				
				umptions, but disrega consecutive years an					4b				
5		interest rate .							5				6.15 %
6	Target n	ormal cost							6				118951
	To the best of accordance w	ith applicable law	e information supplied and regulations. In my	d in this schedule and acco y opinion, each other assun perience under the plan.									
	HERE										09/02/2	2014	
			Signa	ature of actuary				<u> </u>			Date		
ΕN	MANUEL E	B. GARCIA JR	_	•							14-01	452	
			Type or pi	rint name of actuary					Most r	ecent		nent number	
ΕB	G SYSTEM	IS, INC.		·							773-86	66-2088	
			F	irm name				T	elephone	numl		uding area code)	
SL	JITE 324	ERSON AVE L 60659-3317											
			Add	ress of the firm				_					
lf th	ne actuary h	as not fully ref	flected any requ	lation or ruling promu	ulgated under	the statute	in comple	eting this sched	ule, check	the b	oox and	see	
	ructions				J			J . 2 22.700	.,			-	Ш

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Pa	rt II	Begin	ning of Year Carryov	er and Prefunding Ba	alances						
						(a)	Carryover balance		(b) F	² refundi	ng balance
7		•	nning of prior year after applic	,	•			0			112424
8	<u>, , , , , , , , , , , , , , , , , , , </u>		or use to offset prior year's for								
								0			0
9	Amount	remainir	ng (line 7 minus line 8)					0			112424
10	Interest	on line 9	using prior year's actual ret	urn of <u>9.44</u> %				0			10613
11	Prior ye	ar's exce	ess contributions to be added	added to prefunding balance:							
	a Prese	ent value	of excess contributions (line	38a from prior year)							35686
			using prior year's effective in provided (see instructions)								2444
	C Total available at beginning of current plan year to add to prefunding balance						38130				
	d Portion of (c) to be added to prefunding balance									0	
12	Other re	eductions	in balances due to elections	or deemed elections			()			0
13	Balance	at begir	nning of current year (line 9 +	line 10 + line 11d – line 12)		()			123037
Pá	art III	Fun	ding Percentages								
14	Funding	g target a	ttainment percentage							14	92.63 %
15	Adjuste	d funding	g target attainment percentag	e						15	102.80 %
16			ing percentage for purposes nding requirement							16	93.13 %
17	If the cu	ırrent val	ue of the assets of the plan is	s less than 70 percent of the	e funding ta	rget, enter	such percentage			17	%
Pa	art IV	Con	tributions and Liquid	ity Shortfalls							
18	Contribu	utions ma	ade to the plan for the plan ye	ear by employer(s) and emp	oloyees:						
(M	(a) Date M-DD-Y		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) [(MM-DE)		(b) Amount paid by employer(s)	у	(0		int paid by oyees
08	/12/2013	3	15000	0	04/24/2	014	10	0000			0
10	/08/2013	3	10000	0	06/02/2	014	10	000			0
11	/27/2013	8	10000	0	07/01/2	014	15	000			0
01	/07/2014	1	15000	0	08/04/2	014	10	000			0
02	/03/2014	ļ	10000	0							
03	/04/2014	ļ	15000	0							
					Totals ►	18(b)	120	000	18(c)		0
19	Discoun	nted emp	loyer contributions – see inst	ructions for small plan with	a valuation	date after	the beginning of the yea	ır:			
	a Contr	ributions	allocated toward unpaid mini	imum required contributions	from prior	years	19	а			0
	b Contr	ibutions	made to avoid restrictions ad	ljusted to valuation date			19	b			0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date										109671	
20	Quarter	ly contrib	outions and liquidity shortfalls	:							
	a Did the plan have a "funding shortfall" for the prior year?										
	b If line	20a is "	Yes," were required quarterly	installments for the current	t year made	in a timely	/ manner?			<u></u>	Yes X No
	C If line	20a is "	Yes," see instructions and co	mplete the following table a	s applicable	e:					
				Liquidity shortfall as of e	nd of quarte						
		(1) 1s		(2) 2nd		(3)	3rd			(4) 4th	
			0		0		0				0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou	nt rate:									
	a Segi	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, full y	/ield cur\	e used		
	b Appl	icable month (enter code)			21b			0		
22	Weight	ed average ret	irement age			22			62		
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te				
Pa	rt VI	Miscellane	ous Items								
24				uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding requ	uired			
		-							s 🛚 No		
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	s X No		
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	s X No		
27	If the p	lan is subject t	o alternative funding rules, ent	er applicable code and see instruc	ctions regarding	27					
	attachn										
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid	minimum requ	uired contributions for all prior	years		28			0		
29			contributions allocated toward		29			0			
30	Remair	ning amount of	30			0					
Pa	Part VIII Minimum Required Contribution For Current Year										
31	Target	normal cost a	nd excess assets (see instruct	ions):							
	a Targe	et normal cost	(line 6)			31a			118951		
	_		·	line 31a		31b			0		
32		zation installme	<u> </u>		Outstanding Bala	ance	Inst	allment			
	a Net s	shortfall amortiz	zation installment			89121	1 2656				
	b Waiv	er amortization	n installment			0					
33				ter the date of the ruling letter grai		33					
34	Total fu	ınding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34			145516		
-		<u> </u>	<u> </u>	Carryover balance	Prefunding bala	nce	Tota	l balance	;		
35			use to offset funding	(35845			35845		
26						36			400074		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>			30			109671		
37 	(line 19	c)	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37			109671		
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)							
						38a			0		
	b Portion	on included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	38b			0		
39	Unpaid	minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39	(
40	Unpaid			······		40					
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)					
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:							
	a Sche	dule elected				X	2 plus 7 years	15	years		
	b Eligib	ole plan year(s) for which the election in line	41a was made		2008	3 2009 2	2010 X	2011		
42	Amount	t of acceleratio	n adjustment			42	<u> </u>		ı		
				d over to future plan years		43					

Form	5500)-SF
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Department of the Treasury Internal Revenue Sarvice 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).

OMB Nos. 1210-0110 1210-0089

2013

	Department of Labor iployee Benefits Security Administration Pension Benefit Guaranty Corporation	the Complete all entries in a	Internal Revenue Code (the	Code).	LINIS	Form is Open to Public (napaction
		Identification Information	n			-
For	calendar plan year 2013 or fis	cal plan year beginning	01/01/2013	and ending	12/31/2	013
A	This return/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one	-participant plan
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C	Check box If filing under:	x Form 5558	automatic extension		DFVC	program
		special extension (enter desc	criptian)			
p	Basic Plan Info	rmation enter all requested	d Information			
-	Name of plan			1/	1b Three-d	
	North Country Prec	ision Medical Imaging D	Defined Benefit Pla	an	plan nur (PN)	003
		, , , , , , , , , , , , , , , , , , , ,				date of plan
_		MONEY IV			01/01	/2008
2a	Plan sponsor's name and ac North Country Prac	ddress; include room or suite num ision Medical Imaqing,	ber (empłoyer, if for a single PC	-employer plan)		er Identification Number 14-1788042
						r's telephone number
	753 County Route 2	5				483-3000 s code (see instructions)
T T/T	Mal ana	VW 10000			62139	
	Malone Plan administrator's name a	NY 12953 nd address X Same as Plan S	ponsor Name Same as	Plan Sponsor Address	3b Adminis	trator's EIN
4		e plan sponsor has changed since mber from the last return/report.	e the last return/report filed t	or this plan, enter the	4b EIN	
_a	Sponsor's name				4c PN	
5a		at the beginning of the plan year			5a 5b	1
D		at the end of the plan year account balances as of the end o			30	
		doctoul parances as of the end of			5c	
6a		s during the plan year invested in				Yes ⊡No
Ь	under 29 CFR 2520,104-46	f the annual examination and repo ? (See instructions on waiver eligi	ibility and conditions.)			Yes No
	If you answered "No" to a	ither line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form 5500.	TE NA TO NAME AND ADDRESS OF A
C		fit plan, is it covered under the PE				
Ū	nder penalties of penils and	or incomplete filing of this retailed penalties set forth in the inst and signed by an enrolled actuary	ructions, I declare that I hav	e examined this return/re	eport, including,	if applicable, a Schedule
be	ellef, it is true, con an cor		, as well as the electronic v			
			10114119	Mordechai Reham		***
	Signature of play add	ministrator	Date	Enter name of Individu	ial signing as pi	lan administrator
12	HON VIII					a) = 0
	ERE setup of amploye	er/plan aponaor	Date			mployer or plan sponsor
P	reparer I name (including firm	name, if applicable) and address	; include room or suite numl	er (optional)	Preparer's te	lephone number (optional)
				294		**************************************

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Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	f Year
a	Total plan assets	. 7a	1,247,0				(,	733,126
<u>b</u>	Total plan liabilities	7b						7007==0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,247,0	70				733,126
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) To	
a	Contributions received or receivable from:		(4)				(,	
	(1) Employers	8a(1)	120,00	00				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	42,65	50				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						162,650
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	672,8	51				
<u>е</u>		† _	0,2,0					
f	, , , , , , , , , , , , , , , , , , , ,		3,74	1.2				
	Administrative service providers (salaries, fees, commissions)	8f	3,7					
<u>g</u>	Other expenses	8g						676 F04
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-			676,594
÷	Net income (loss) (subtract line 8h from line 8c)	8i			-			(513,944)
_	Transfers to (from) the plan (see instructions)	. 8j						
$\overline{}$	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension for 1A 3D	eature code	es from the List of Plan Characte	eristic	: Code	s in th	e instructio	ns:
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
D	aut V Compliance Questions							
	art V Compliance Questions				Ī.,			
<u>10</u>	During the plan year:	C 20-1-	the Care and decayle at the		Yes	No	, , , , , , , , , , , , , , , , , , ,	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		х		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
	Was the plan covered by a fidelity bond?	•••••	***************************************	10c	х			50,000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		x		
-	Were any fees or commissions paid to any brokers, agents, or oth	er persons	by an insurance carrier,					
	insurance service, or other organization that provides some or all			40-		x		
	instructions.)			10e				
f	Has the plan failed to provide any benefit when due under the plan	n?	•••••••••••••••••••••••••••••••••••••••	10f		X		
ç	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х		
ł	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i				
Pa	irt VI Pension Funding Compliance			<u> </u>	<u> </u>	<u> </u>		
11								X Yes No
11	a Enter the unpaid minimum required contribution for current year fr			••••••	T	11a		0
12							RISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)					
a	•	ng amortize	ed in this plan year, see instructi					
	you completed line 12a, complete lines 3, 9, and 10 of Schedule						-	
	Joa completed into 124, complete into 3, 3, and 10 of contedute	, (1 OII)	. coop, and any to line 13.					
J.	Enter the minimum required contribution for this plan year				- 1	12b		

	Form 5500-SF 2013 Page 3-				
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?	□ Ye	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 con of 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	3c(1) Name of plan(s): 13c(2) EIN((s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
		440			
14a	Name of trust	14b Trust's EIN			

Schedule SB, Part V **Summary of Plan Provisions**

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

For the plan year 01/01/2013 through 12/31/2013

Employer:

North Country Precision Medical Imaging, PC

Type of Entity -C-Corporation

EIN: 14-1788042

TIN:

Plan #: 003

Plan Type: Defined Benefit

Dates:

Effective - 01/01/2008

Minimum age - 21

Year end - 12/31/2013

Valuation - 01/01/2013

Top Heavy Years - 2008, 2009, 2010, 2011, 2012, 2013

Eligibility:

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

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Months of service - 12

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

01/01/2007 beginning year 1 limited to 1 year(s)

plus 8% of average monthly compensation per year of service

after 01/01/2007 beginning year 2 limited to 11 year(s)

Accrued Benefit - Unit credit based on service. Service prior to 01/01/2007 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:

Percent: 100

Dollar: \$205,000

Maximum 401(a)(17) compensation - \$255,000

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 pian year 01/01/2013 through 12/31/2013

Vesting Schedule:	Years 0-1 2	Percent 0% 20%
	3	40%
	4	60%
	5 6	80% 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	1.00
Segment 2	6 - 20	3.57
Segment 3	> 20	4.77

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

5% None

Mortality Table -

,

Post-Retirement - Interest -

5%

Mortality Table -

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

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 Internal Revenue Code (the Code).

OMB No. 1210-0110

2013

This Form is Open to Public

Part Basic Information	Pension Benefit Guaranty Corporation	h File on an etterbore	nt to Form	EEOO OF EEOO-SE		F
Round off amounts to nearest dollar.	For calendar plan year 2013 or fiscal s				1.	2/31/2013
A Name of plan North Country Precision Medical Imaging, PC Defined C Pan sponsor's name as snown on line 2a of Form 5500 or 5500-SF North Country Precision Medical Imaging, PC Defined C Pan sponsor's name as snown on line 2a of Form 5500 or 5500-SF North Country Precision Medical Imaging, P.C. E Type of plan: Single Multiple A Multiple B F Prior year plan size: 11 10 10 or tweer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2013 2 Asset: 2a 1244611 3 Funding target/participant count treakdown: 2a 1244611 3 Funding target/participant out treakdown: 3a C(1) Single To terminate vested participants G For active participants: 3b 1 Soc(2) Single To terminate vested participants (1) Non-vested benefits Soc(3) 1 Systys Of Type of Plan active participants: 3c(3) 1 Systys Of Type of Plan active participants: 3c(3) 1 Systys Of Type of Plan active participants: 3c(3) 1 Systys Of Type of Plan active participants: 3c(3) 1 Systys Of Type of Plan active participants: 3c(3) 1 Systys Of Type of Type of Plan active participants: 3c(3) 1 Systys Of Type of Type of Type of Type of Type of Type of Plan active participants: 3c(3) 1 Systys Of Type of T		7		und chang		
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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF North Country Precision Medical Imaging, P.C. E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 14-1788042 E Type of plan: Month Ol Day Ol Year 2013 2 Assets:		on Medical Imaging, PC	Defined			003
North Country Precision Medical Imaging, P.C. E Type of plant: 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 2013 2 Assets: 2 2 Assets: 2 2 1244611 3 Advanted value 2 2 1244611 3 Funding larget/participant count breakdown: 2 101 Number of participants (2) Funding Target of For retried participants and beneficiaries receiving payment. 3a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3 3,		pian name	7 (1.14)	
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Part Basic Information	C Plan sponsor's name as shown on t	ine 2a of Form 5500 or 5500-SF		D Employer Id	entification I	Number (EIN)
Part Basic Information	North Country Precisi	on Medical Imaging P C		14-1788042		
Part Sasic Information	North Country Frecisi					
Part File	E Type of plan: X Single Multiple	e-A Multiple-B	Prior year pla	an size: X 100 or fewer	101-500	More than 500
Part File	Part I Basic Information					
Assets: a Market value b Actuarial value b Actuarial value c Actuaria c Actuarial value c Actuarial value c Actuarial value c Actuaria c Actuarial value c Actuarial value c Actuarial value c Actuaria c Actuarial value c Actuarial value c Actuarial value c Actuaria c Actuarial value c Actuaria c Actuarial value c Actuarial value c Actuarial value c Actuaria c Actuarial value c Actuaria c Actuarial value c Actuarial c Actuarial value c Actuarial value c Actua		Month 01 Day 01	Year	2013		
a Market value		Michael 2017				
Section Sect					2a	1244611
Second Punding larget/participant and beneficiaries receiving payment 3a 3a 3a 3a 3a 3a 3a 3					2b	1244611
a For retired participants and beneficiaries receiving payment. b For terminated vested participants. (1) Non-vested benefits (2) Vested benefits (3) Total active. (3) Total active. (3) Total active. (4) Total active. (5) Active participants. (6) Total active. (7) Active participants. (8) Vested benefits (9) Vested benefits (10) Non-vested benefits (11) Non-vested benefits (12) Vested benefits (3) Total active. (3) Total active. (4) Total active. (5) Active. (6) Total active. (7) Active. (8) Active. (9) Active. (10) Active. (11) Active. (12) Active. (13) Total active. (14) Active. (15) Active. (15) Active. (16) Active. (17) Active. (18) Active. (19) Active. (19) Active. (10) Active. (11) Active. (12) Active. (13) Active. (14) Active. (15) Active. (16) Active. (17) Active. (18) Active. (18) Active. (18) Active. (19) Active. (19) Active. (19) Active. (19) Active. (19) Active. (10) Active. (ints	(2) Funding Target
b For terminated vested participants. C For active participants: (1) Non-vested benefits			3a	(1) Italiabol of paraopt	O	0
C For active participants: (1) Non-vested benefits 3c(1) 3c(2) 594758 (3) Total active. 3c(3) 1 594758 (3) Total active. 3c(3) 1 594758 (4) If the plan is in at-risk status, check the box and complete lines (a) and (b). 4 If the plan is in at-risk status, check the box and complete lines (a) and (b). 5 Funding target disregarding prescribed at-risk assumptions. 4a b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 4b 5 Effective interest rate 5 6 11895 5 Target normal cost 5 6 11895 5 Statement by Enrolled Actuary To the best of my knowledge, line information supplied in the schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presented assumption was applied in combination, offer my best estimate of anticipated experience under the plan. SIGN Firm name 5 Telephone number (including area code) Type or print name of actuary Firm name Telephone number (including area code) Address of the firm Telephone number (including area code)		1			1	615937
(1) Non-vested benefits 3c(2) Vested benefits 3c(2) 594758 (3) Total active 3c(3) 1 594758 (4) Total 2 3c(3) 1 594758 (5) Total active 3c(3) 1 594758 (6) Total 2 3c(3) 1 594758 (7) Total 3c(3) 1 594758 (8) Total active 3c(3) 1 594758 (9) Total 3c(3) 1 594758 (1) Total 3c(3) 1 594758 (2) Vested benefits 3c(3) 1 594758 (3) Total active 3c(3) 1 594758 (4) Total 3c(3) 1 594758 (5) Total 3c(3) 1 594758 (6) Total 3c(3) 1 594758 (7) Total 3c(3) 1 594758 (8) Total 3c(3) 1 594758 (9) Total 3c(3) 1 594758 (1) Total 3c(3) 1 59		1113				
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4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			0.4		2	1210695
a Funding target disregarding prescribed at-risk assumptions. 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. 5 Effective interest rate. 5 6 11895 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 reisonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Type or print name of actuary Type or print name of actuary Firm name Telephone number (including area code) 3525 W. Peterson Ave. Suite 324 Chicago IL 60659-3317 Address of the firm	The second secon		1			
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at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate						
5 Effective interest rate	b Funding target reflecting at-risk status for fewer than	c assumptions, but disregarding transition five consecutive years and disregarding	on rule for p	olans that have been in ictor	4b	
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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 reiisonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 1401452 Type or print name of actuary Most recent enrollment number 2BG Systems, Inc. Firm name Telephone number (including area code) 3525 W. Peterson Ave. Suite 324 Chicago IL 60659-3317 Address of the firm					6	11895
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 reisonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 1401452 Type or print name of actuary Most recent enrollment number 773 - 866 - 2088 Firm name Telephone number (including area code) 3525 W. Peterson Ave. Suite 324 Chicago IL 60659 - 3317 Address of the firm						
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HERE Signature of actuary Date 1401452 Type or print name of actuary BBG Systems, Inc. Firm name Firm name Telephone number (including area code) 3525 W. Peterson Ave. Suite 324 Chicago Address of the firm	accordance with applicable law and regulation combination, offer my best estimate of anticipa	 In my opinion, each other assumption is reasonab ited experience under the plan. 	ole (taking into a	account the experience of the plan a	nd relisonable e	expectations) and such other assumptions, in
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Signature of actuary Emmanuel B. Garcia Jr. Type or print name of actuary BBG Systems, Inc. Firm name Firm name Telephone number (including area code) 3525 W. Peterson Ave. Suite 324 Chicago Address of the firm		Tiel Crest			0:	9/02/2014
Type or print name of actuary Type or print name of actuary EBG Systems, Inc. Firm name Firm name Telephone number (including area code) 3525 W. Peterson Ave. Suite 324 Chicago Address of the firm		Signature of actual				
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Suite 324 Chicago IL 60659-3317 Address of the firm		rimi name		16	epitorie nuti	moor (morading area code)
Chicago IL 60659-3317 Address of the firm	3525 W. Peterson Ave.					
Address of the firm		30659-3317				
		Address of the firm				
if the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	If the actuary has not fully reflected any	regulation or ruling promulgated under	r the statute	in completing this schedul	e, check the	box and see

_	-		_
rage	_	•	

Pa	art II	Begir	ning of Year Carryov	er Prefunding Balan	ces							
_						(a)	Carryover balance		(b)	Prefundi	ng bala	nce
7			nning of prior year after appl					0			1	L12424
8			for use to offset prior year's					0				0
9			ng (line 7 minus line 8)					0				112424
10			using prior year's actual re					0				10613
11	Prior ye	ear's exce	ess contributions to be adde	d to prefunding balance:								
	a Prese	ent value	of excess contributions (line	38a from prior year)								35686
) using prior year's effective provided (see instructions).									2444
	C Total	available	at beginning of current plan y	ear to add to prefunding balar	nce							38130
	d Porti	on of (c)	to be added to prefunding ba	alance								0
			s in balances due to election					0				0
13	Balance	e at begir	nning of current year (line 9	+ line 10 + line 11d – line 12	!}			0				123037
P	art III	Fun	ding Percentages									
			ttainment percentage							14	92	.63%
			target attainment percenta				the set of the first the first through the second section and the second			15	102	2.80%
16	Prior ye current	ar's fund year's fu	ing percentage for purposes nding requirement	of determining whether car	ryover/prefun	iding bala	nces may be used t	to reduce	·····	16	93	3.13%
_17	if the cu	urrent val	ue of the assets of the plan	s less than 70 percent of the	e funding targ	et, enter	such percentage			17		%
Pa	art IV	Con	tributions and liquidi	ty shortfalls								
18	Contrib	utions ma	ade to the plan for the plan y	ear by employer(s) and emp	ployees:							
(M	(a) Dat IM-DD-Y		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pa employer(s		(c) Amou empl	nt paid oyees	by
	3/12/2		15000	0								
	0/08/2		10000	0								
	/27/2		10000	0								
	/07/2		15000	0								
	2/03/2		10000	0								
	/04/2		15000	0								
	/24/2 5/02/2		10000	0								
-	/02/2		10000	0								
	/01/2		10000	0								
	701/2	.011	10000	0								
						-	 					
					Totals ▶	18(b)	1	20000	18(c)			0
19	Discoun	ited empl	oyer contributions - see ins	ructions for small plan with	a valuation da	ate after t	he beginning of the	year:				
	a Contr	ibutions a	allocated toward unpaid min	imum required contributions	from prior ye	ears		19a				0
	b Contr	ibutions r	made to avoid restrictions a	djusted to valuation date				19b				0
			llocated toward minimum requ		ear adjusted t	o valuatio	n date	19c			1	.09671
			utions and liquidity shortfalls									
			ave a "funding shortfall" for t							_	Yes	No
			were required quarterly ins			imely mar	ner?				Yes	X No
	C If 20a	is "Yes,"	see instructions and comple				TO 19 19 19 19 19 19 19 19 19 19 19 19 19					
		(1) 1st	ı T	Liquidity shortfall as of ea (2) 2nd	nd of quarter		an year 3rd			(4) 4th		
				,		(0)	-, u			Y 401		

Pa	rt V Assumption	ons Used to Determine Fu	Inding Target and Target	Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4 . 94 %	2nd segment: 6.15%	3rd segment: 6.76%		N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	etirement age			22	62
23	Mortality table(s) (se	ee instructions) X Presi	cribed - combined Pres	cribed - separate	Substitute	
Pa	rt VI Miscellane	eous Items				
	Has a change been	made in the non-prescribed actua				
25		ge been made for the current plan				
26	Is the plan required	to provide a Schedule of Active P	articipants? If "Yes," see instruct	ions regarding required	attachment.	Yes 🗓 No
27		to alternative funding rules, enter			27	
Pa	rt VII Reconcil	iation of Unpaid Minimun	n Required Contributions	For Prior Years		
28	Unpaid minimum red	quired contributions for all prior ye	ears		28	0
29		er contributions allocated toward u			29	0
30	Remaining amount	of unpaid minimum required contr	ibutions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum	Required Contribution F	or Current Year			
31	Target normal cost	and excess assets (see instructio	ns):			
	a Target normal cos	t (line 6)			31a	118951
	b Excess assets, if	applicable, but not greater than lir	ne 31a	•••	31b	0
32	Amortization installn	nents:		Outstanding Bala	nce	Installment
	a Net shortfall amor	tization installment			89121	26565
	b Waiver amortizati	on installment			0	C
33	If a waiver has been (Month	approved for this plan year, ente Day Year			33	
34	Total funding require	ement before reflecting carryover	prefunding balances (lines 31a -	31b + 32a + 32b - 33),	34	145516
			Carryover balance	Prefunding balar	nce	Total balance
35	Balances elected fo	r use to offset funding				
	requirement		0		35845	35845
36	Additional cash requ	uirement (line 34 minus line 35)			36	109671
37		ited toward minimum required cor			37	109671
38	Present value of ex	cess contributions for current year	r (see instructions)			
		ny, of line 37 over line 36)			38a	0
		n line 38a attributable to use of pr			38b	(
39		quired contribution for current year			39	(
40	(4.534,40,40)	quired contributions for all years.			40	
Pa	rt IX Pension	Funding Relief Under Pe	ension Relief Act of 2010	(See Instructions))	
41	If an election was m	ade to use PRA 2010 funding reli	ef for this plan:			
	a Schedule elected				X	2 plus 7 years 15 years
	b Eligible plan year	(s) for which the election in line 4	1a was made		200	3 2009 2010 🗓 2011
42	Amount of accelerat	tion adjustment			42	
43	Excess installment	acceleration amount to be carried	over to future plan years		43	

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 01/01/2013 through 12/31/2013

Valuation Date:

01/01/2013

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	1.62
Segment 2	6 - 20	4.40
Segment 3	> 20	5.45

Segment rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment#	Year	Rate %
Segment 1	0 - 5	4.94
Segment 2	6 - 20	6,15
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table -

None

Turnover/Disability -

None

Salary Scale -

None

Expense Load -

None None

Ancillary Ben Load -

Post-Retirement - Mortality Table -

13C - 2013 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%

13E - 2013 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 01/01/2013 through 12/31/2013

	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	33,873	2	17,345
	01/01/2011	62,880	Shortfall	60,584	7	10,111
	01/01/2013	-5,336	Shortfall	-5,336	7	-891
Totals:				\$89,121		\$26,565

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 01/01/2013 through 12/31/2013

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 01/01/2013 through 12/31/2013 Valuation Date: 01/01/2013

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Applied Carryover Or Prefunding Bal	08/21/2014	\$39,818	00.470	•		0.45	0
PFB Applied to MRC	01/01/2013	28,854	26,170	0	0	6.15	
PFB Applied to Quarterly Contribution	01/15/2014	10,964	9,675	0	10,964	6.15	11.15
Totals for Applied Carryover or Prefunding Bal	ance	\$39,818	\$35,845	\$0	\$10,964		
Deposited Contribution	08/12/2013	\$15,000					
Applied to Quarterly Contribution	04/15/2013	15,000	14,247	0	15,000	6.15	11.15
Deposited Contribution	10/08/2013	\$10,000					
Applied to Quarterly Contribution	04/15/2013	10,000	9,343	0	10,000	6.15	11.15
Deposited Contribution	11/27/2013	\$10,000					
Applied to Quarterly Contribution	04/15/2013	7,741	7,128	0	7,741	6.15	11.15
Applied to Quarterly Contribution	07/15/2013	2,259	2,104	0	2,259	6,15	11.15
Deposited Contribution	01/07/2014	\$15,000					
Applied to Quarterly Contribution	07/15/2013	15,000	13,807	0	15,000	6.15	11.15
Deposited Contribution	02/03/2014	\$10,000					
Applied to Quarterly Contribution	07/15/2013	10,000	9,133	0	10,000	6.15	11.15
Deposited Contribution	03/04/2014	\$15,000					
Applied to Quarterly Contribution	07/15/2013	5,482	4,965	0	5,482	6.15	11.15
Applied to Quarterly Contribution	10/15/2013	9,518	8,721	0	9,518	6.15	11.15
Deposited Contribution	04/24/2014	\$10,000					
Applied to Quarterly Contribution	10/15/2013	10,000	9,028	0	10,000	6.15	11.15
Deposited Contribution	06/02/2014	\$10,000					
Applied to Quarterly Contribution	10/15/2013	10,000	8,927	0	10,000	6,15	11.15
Deposited Contribution	07/01/2014	\$15,000					
Applied to Quarterly Contribution	10/15/2013	3,223	2,853	0	3,223	6.15	
Applied to Quarterly Contribution	01/15/2014	11,777	10,547	0	11,777	6.15	11.15
Deposited Contribution	08/04/2014	\$10,000					
Applied to Quarterly Contribution	01/15/2014	10,000	8,868	0	10,000	6.15	11,15
Totals for Deposited Contribution		\$120,000	\$109,671	\$0	\$120,000		