Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NUMED, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NUMED, INC.

PO BOX 1098
DENTON, TX 76202

2b Employer Identification Number (EIN)
74-1827631

2c Plan Sponsor's telephone number
940-365-9777

2d Business code (see instructions)
541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/20/2016	DARLA SCOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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

5	Total number of participants at the beginning of the plan year	**5**	125
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	116
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	119
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	131
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	131
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	93
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
NUMED, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NUMED, INC.

D Employer Identification Number (EIN)
74-1827631

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ALERUS FINANCIAL

45-6062081

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
NUMED, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NUMED, INC.

D Employer Identification Number (EIN)
74-1827631

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): FEDERATED CAPITAL

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-2712853-001	C	488918

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
NUMED, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NUMED, INC.

D Employer Identification Number (EIN)
74-1827631

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	248640	261497
(9) Value of interest in common/collective trusts	1c(9)	277320	488918
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6051958	6516586
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6577918	7267001
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6577918	7267001

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	239396	
	(B) Participants	2a(1)(B)	510629	
	(C) Others (including rollovers)	2a(1)(C)	48137	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		798162
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	11133	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11133
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	403091	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		403091
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3185
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-522425
c Other income	2c		1000
d Total income. Add all **income** amounts in column (b) and enter total	2d		694146
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3888	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3888
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1175	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1175
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5063
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		689083
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FARMER, FUQUA & HUFF P.C. **(2)** EIN: 75-2599166

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			240000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
NUMED, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NUMED, INC.

D Employer Identification Number (EIN)
74-1827631

Part I Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-6062081

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

NUMED, INC. 401(k) PLAN

Financial Statements
and Supplemental Schedule
(Modified Cash Basis)
and Independent Auditors' Report

December 31, 2015

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FARMER, FUQUA & HUFF P.C.
Accountants and Consultants

2435 N. Central Expy, Suite 700
Richardson, Texas 75080

P. 214.473.8000
F. 214.473.8007

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Numed, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Numed, Inc. 401(k) Plan, which comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2015, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis of accounting for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Alerus Financial, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015, and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Other Matter

The supplemental schedule of assets (held at end of year) (modified cash basis) as of December 31, 2015 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Compiled 2014 Financial Statement

We have compiled the accompanying statement of net assets available for benefits of Numed, Inc. 401(k) Plan as of December 31, 2014. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or provide any assurance about whether the financial statement is in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statement in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statement.

Our responsibility is to conduct the compilation in accordance Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist plan management in presenting financial information in the form of a financial statement without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statement.

Farmer, Fuqua & Huff, P.C.

Richardson, Texas
December 9, 2016

NUMED, INC. 401(k) PLAN
Statements of Net Assets Available for Benefits
(Modified Cash Basis)
December 31,

ASSETS

	2015	Unaudited 2014
INVESTMENTS at fair value		
Mutual Funds	$ 6,516,586	$ 6,051,958
Common/collective trust	488,918	277,320
PARTICIPANT NOTES RECEIVABLE	261,497	248,640
Total assets	7,267,001	6,577,918

LIABILITIES

LIABILITIES	---	---
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,267,001	$ 6,577,918

The accompanying notes are an integral part of this financial statement.

NUMED, INC. 401(k) PLAN
Statement of Changes in Net Assets Available
for Benefits
(Modified Cash Basis)
for the year ended December 31, 2015

ADDITIONS	
Investment income	
Dividend and interest income	$ 406,275
Interest income from participant loans	11,133
Contributions	
Participants	510,629
Employer	239,396
Rollovers	48,137
	798,162
Other	1,000
Total additions	1,216,570
DEDUCTIONS	
Net depreciation in fair value of mutual funds	522,316
Benefit payment	3,888
Realized loss on investments	108
Administrative and other expenses	1,175
Total deductions	527,487
Net increase	689,083
Net assets available for benefits, beginning of period	6,577,918
Net assets available for benefits, end of period	$ 7,267,001

The accompanying notes are an integral part of this financial statement.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Numed, Inc. ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan document and the Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

General

The Plan was adopted July 1, 1991, and is a defined contribution retirement savings plan intended to provide retirement benefits to eligible employees of Numed, Inc. (Company). To participate, employees must have reached the age of 21 and completed three months of service with the Company. Once eligible, participants may begin contributing to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Participant Contributions

Each year Participants may contribute a percentage of their pre-tax annual compensation not to exceed the limitation ($18,000 in 2015) set forth in Section 402(g) of the Internal Revenue Code ("IRC"). Participants may make after-tax Roth contributions. Participants who are (or will be) age 50 or older by the end of the calendar year may make pre-tax catch-up contributions that exceed the annual elective deferral limit. Participants' total catch-up contributions during 2015 cannot exceed $6,000.

Employer Contributions

The Company is required to make a qualified matching contribution to the Plan. The safe harbor matching contribution will be 100% (dollar-for-dollar) matching contribution on salary deferrals up to 3% of compensation plus a 50% matching contribution on salary deferrals between 3% and 5% of compensation. The Company made safe harbor contributions of $239,396 in 2015.

The Company may contribute a discretionary matching contribution not to exceed 4% of participant compensation. During 2015, the Company made no discretionary matching contributions.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Investment Options

The Plan is participant-directed and, as such, participants are able to direct all contributions into various investment options offered by the Plan. Investment options of the Plan, which are determined by the plan trustee and the Company's board of directors, currently consist of several mutual funds, common/collective trust and individual brokerage accounts. Participants may change their investment option election daily.

Participant Accounts

Each participant's account is credited with their contributions, any Company contributions and an allocation of the Plan's investment earnings (including realized and unrealized gains on investments). Each participant's account is reduced for distributions and an allocation of the Plan's investment losses. The Plan's investment earnings and losses in each investment option are allocated daily and in proportion to the participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions plus investment earnings and losses thereon. Vesting in the Company's discretionary contributions portion of their accounts plus investment earnings and losses thereon is based on years of continuous service. Vesting begins after one year of credited service and 100% vesting occurs after five years of credited service. Notwithstanding the preceding description of vesting, the participant or their designated beneficiary is 100% vested in the participant's entire account balance upon retirement at normal retirement age, disability as defined by the Plan or death of the participant.

Participant Loans

Plan participants may obtain loans from the Plan under certain limitations and restrictions. Loans must exceed $1,000 and be the lesser of 50% of the vested account balance or $50,000. All loans to participants bear interest at a fixed rate of 1% above the prime rate as published in the Wall Street Journal Money Rate Sections on the loan origination date. At December 31, 2015, the interest rate on outstanding loans was 4.25%. Loan repayment terms cannot exceed five years, except when the loan is for the purchase of a primary residence, the repayment terms cannot exceed fifteen years. Loans are secured by the participant's account. In the event of default, amounts are withheld from any future distribution in the form of deemed distributions. As a result, management does not believe an allowance is necessary.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Distributions

On retirement, disability or other termination of employment, participants may receive the vested value of their account as soon as administratively feasible. Vested benefits are payable to participants in a lump sum. For vested account balances of $5,000 or less at termination, distributions are made to participants as soon as administratively feasible regardless of consent being given. The Plan also allows participants to make in-service withdrawals after reaching age 59½ or under hardship circumstances.

Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants are 100% vested in their accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICES

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting. Under the modified cash basis of accounting, revenues are recognized when collected rather than when earned, and expenses are recognized when paid rather than incurred. This approach is modified to record investments at their fair value.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results may differ from those estimates.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investment transactions are recorded on a trade-date basis. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded when received. Dividends are recorded on the ex-dividend date.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICES - Continued

Valuation of Investments and Income Recognition (cont.)

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made, plus earnings, less participant withdrawals and administrative expenses. The Plan invests in an investment contract through a common/collective trust fund. The fair value is estimated based on the fair value of the underlying investment contracts in the fund as reported by the issuer of the fund. The Statement of Net Asset of Available for Benefits (modified cash basis) presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits (modified cash basis) is prepared on a contract value basis. For the year ending December 31, 2015, contract value approximated fair value.

The common/collective trust holds an investment in the *Federated Capital Preservation Fund* (FCP Fund) which is a stable value fund with an intended purpose of providing stable principal and high current income. Investments in this fund include guaranteed investment contracts (GICs), separate account guaranteed investment contracts (SGIC's), synthetic guaranteed investment contracts (SIC's), money market funds and other stable value products that can be carried at contract value.

A participant's ownership in the FCP Fund is represented by units which may be purchased daily on an established unit value of $10. Certain events may limit the ability of the FCP Fund to transact at the established unit value of $10, such as mergers, mass layoffs, plan terminations, implementation of early retirement programs or other events within the control of the FCP Fund. Plan management believes that occurrence of these events and circumstances that would cause the FCP Fund to transact at less than contract value is not probable. The FCP Fund's weighted average gross crediting interest rate was 1.77% and 1.76% as of December 31, 2015 and 2014, respectively. The average yields of the FCP Fund for the years ended December 31, 2015 were as follows:

Ratio of year end market value yield to investments at fair value	1.23%
Ratio of year end crediting rate investments at fair value	1.21%

There were no reserves against contract value for credit risk of the contract issuers or otherwise at December 31, 2015 or 2014.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICES - Continued

Forfeited Accounts

All employer contributions credited to a Participant's account, but not vested, are forfeited by the Participant upon his/her termination from the Plan. Per the Plan document forfeitures may be used to first reduce the Company's contributions and then to offset future employer contributions.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

NOTE C – INVESTMENTS

The following investments represent 5% or more of the Plan's net assets at December 31, 2015 and 2014:

	2015	Unaudited 2014
Vanguard Target Retirement 2025	$ 636,576	$ 632,255
Vanguard Target Retirement 2035	609,396	528,738
Vanguard Selected Value	448,497	447,457
Federated Capital Preservation	488,918	277,320
Fidelity Contrafund	376,113	326,791
Goldman Sachs Small Cap Value	374,267	360,395
	$ 2,933,767	$ 2,572,956

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated by $522,424 all for mutual funds.

NOTE D - INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Statements of Net Assets Available for Benefits as of December 31, 2015, the investment activities included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee, Alerus Financial, N.A., in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of $7,005,504 at December 31, 2015 and the related investment loss of $(116,149) for the year ended December 31, 2015.

NOTE E – PARTY-IN INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The Plan invests in mutual funds managed by the Plan's trustee. The Company provides certain administrative services at no cost to the Plan.

The Plan incurred audit fees in the amounts of $10,000 for the year ending December 31, 2015. The audit fees are paid by Numed, Inc.

NOTE F – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits (modified cash basis).

NOTE G – TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualifications.

The Plan obtained its latest determination letter on March 31, 2014 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan administrators believe the Plan is no longer subject to income tax examinations for years prior to 2012.

NOTE H – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits (modified cash basis). The methods used to measure fair value may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value As of December 31, 2015	*Fair Value Measurements Using:*		
		(Level 1)	*(Level 2)*	*(Level 3)*
Mutual funds:				
Growth funds	$ 3,440,466	$ 3,440,466	---	---
Target date funds	1,545,108	1,545,108	---	---
Blended funds	542,114	542,114	---	---
Other funds	601,017	601, 017	---	---
Bond funds	387,881	387,881	---	---
	6,516,586	6,516,586		---
Common/ Collective trust:				
Stable value fund	488,918	---	488,918	---
Total	$ 7,005,504	$ 6,516,586	488,918	$ ---

NOTE H – FAIR VALUE MEASUREMENTS - Continued

		UNAUDITED		
UNAUDITED	*Fair Value As of December 31, 2014*	*Fair Value Measurements Using:*		
		(Level 1)	*(Level 2)*	*(Level 3)*
Mutual funds:				
Growth funds	$ 3,112,303	$ 3,112,303	---	---
Target date funds	1,426,067	1,426,067	---	---
Blended funds	504,777	504,777	---	---
Other Funds	588,502	588,502	---	---
Bond funds	420,309	420,309	---	---
	6,051,958	6,051,958	---	---
Common/ Collective trust:				
Stable value fund	277,320	---	277,320	---
Total	$ 6,329,278	$ 6,051,958	277,320	$ ---

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of quoted prices for identical or similar assets or liabilities in active or inactive markets, observable inputs other than quoted prices or inputs derived from or corroborated by observable market data by correlation or other means and Level 3 inputs are unobservable. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Level 1 Fair Value Measurements

The fair values of the investments in the mutual funds are based on quoted prices in active markets for the assets held by the Plan at year end.

NOTE H – FAIR VALUE MEASUREMENTS – Continued

Level 2 Fair Value Measurements

Common/collective trust fund is valued based on the NAV reported by the investment advisor in the financial statements of the common/collective trust fund at year end.

The common/collective trust fund provides for daily participation redemption at reported NAV per share with no advance notice.

NOTE I – DATE TO WHICH SUBSEQUENT EVENTS EVALUATED

The date to which events occurring after December 31, 2015 have been evaluated for possible adjustment to the financial statements or disclosure is December 9, 2016, which is the date on which the financial statements were available to be issued.

NUMED, INC. 401(k) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2015

EIN: 74-1827631
PLAN NUMBER: 001

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Value
*	Alerus Financial, N.A.	Vanguard Target Retirement 2025	$ 636,576
*	Alerus Financial, N.A.	Vanguard Target Retirement 2035	609,396
*	Alerus Financial, N.A.	Federated Capital Preservation	488,918
*	Alerus Financial, N.A.	Vanguard Selected Value	448,497
*	Alerus Financial, N.A.	Fidelity Contrafund	376,113
*	Alerus Financial, N.A.	Goldman Sachs Small Cap Value	374,267
*	Alerus Financial, N.A.	Vanguard Small Cap Growth Index Adm	362,274
*	Alerus Financial, N.A.	American Fds Growth Fd Amer R6	271,848
*	Participant Loans	Various plan participants, interest at 4.25% , maturing at various dates from 2016 - 2020	261,497
*	Alerus Financial, N.A.	DFA US Large Cap Value I	248,059
*	Alerus Financial, N.A.	Vanguard Health Care Adm	247,230
*	Alerus Financial, N.A.	Vanguard 500 Index Adml	236,598
*	Alerus Financial, N.A.	Vanguard Windsor II Adm	209,383
*	Alerus Financial, N.A.	Parnassus Fund	208,768
*	Alerus Financial, N.A.	Vanguard Target Retirement 2045	207,509
*	Alerus Financial, N.A.	Vanguard Interm Term Bd Idx Adm	198,239
*	Alerus Financial, N.A.	PIMCO Total Return Instl	189,642
*	Alerus Financial, N.A.	Vanguard Energy Admiral	170,757
*	Alerus Financial, N.A.	Vanguard Ttl Intl Stk Ind Adm	165,588
*	Alerus Financial, N.A.	Janus Aspen Overseas Instl	155,393
*	Alerus Financial, N.A.	Columbia Acorn Fund Z	139,107
*	Alerus Financial, N.A.	T Rowe Price Capital Apprec	127,573
*	Alerus Financial, N.A.	Vanguard REIT Index Adml	119,842
*	Alerus Financial, N.A.	Vanguard Wellington Admiral	118,907
*	Alerus Financial, N.A.	T. Rowe Price Financial Serv	110,592
*	Alerus Financial, N.A.	Vanguard Wellesley Inc Adm	99,127
*	Alerus Financial, N.A.	Buffalo Mid Cap	98,809
*	Alerus Financial, N.A.	DFA US Target Value I	86,575
*	Alerus Financial, N.A.	Perkins Mid Cap Value I	78,891
*	Alerus Financial, N.A.	Vanguard Precious Metals	63,188
*	Alerus Financial, N.A.	Vanguard Target Retirement 2055	49,781
*	Alerus Financial, N.A.	American Fds EuroPacific R6	47,900
*	Alerus Financial, N.A.	Vanguard Target Retirement Inc	23,127
*	Alerus Financial, N.A.	Vanguard Target Retirement 2015	18,719
*	Alerus Financial, N.A.	Vanguard Extended Market Index	18,310
		Total investments held	$ 7,267,001

* Indicates each person/entity known to be a party-in-interest.

This supplemental schedule lists assets held for investment purposes as of December 31, 2015, as required by the Department of Labor Rules and Regulations for Reporting and Disclosure.

NUMED, INC. 401(k) PLAN

Financial Statements
and Supplemental Schedule
(Modified Cash Basis)
and Independent Auditors' Report

December 31, 2015

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FARMER, FUQUA & HUFF P.C.
Accountants and Consultants

2435 N. Central Expy, Suite 700
Richardson, Texas 75080

P. 214.473.8000
F. 214.473.8007

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Numed, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Numed, Inc. 401(k) Plan, which comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2015, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis of accounting for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Alerus Financial, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015, and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Other Matter

The supplemental schedule of assets (held at end of year) (modified cash basis) as of December 31, 2015 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Compiled 2014 Financial Statement

We have compiled the accompanying statement of net assets available for benefits of Numed, Inc. 401(k) Plan as of December 31, 2014. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or provide any assurance about whether the financial statement is in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statement in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statement.

Our responsibility is to conduct the compilation in accordance Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist plan management in presenting financial information in the form of a financial statement without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statement.

Farmer, Fuqua & Huff, P.C.

Richardson, Texas
December 9, 2016

NUMED, INC. 401(k) PLAN
Statements of Net Assets Available for Benefits
(Modified Cash Basis)
December 31,

ASSETS

	2015	Unaudited 2014
INVESTMENTS at fair value		
Mutual Funds	$ 6,516,586	$ 6,051,958
Common/collective trust	488,918	277,320
PARTICIPANT NOTES RECEIVABLE	261,497	248,640
Total assets	7,267,001	6,577,918

LIABILITIES

LIABILITIES	---	---
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,267,001	$ 6,577,918

The accompanying notes are an integral part of this financial statement.

NUMED, INC. 401(k) PLAN
Statement of Changes in Net Assets Available
for Benefits
(Modified Cash Basis)
for the year ended December 31, 2015

ADDITIONS	
Investment income	
Dividend and interest income	$ 406,275
Interest income from participant loans	11,133
Contributions	
Participants	510,629
Employer	239,396
Rollovers	48,137
	798,162
Other	1,000
Total additions	1,216,570
DEDUCTIONS	
Net depreciation in fair value of mutual funds	522,316
Benefit payment	3,888
Realized loss on investments	108
Administrative and other expenses	1,175
Total deductions	527,487
Net increase	689,083
Net assets available for benefits, beginning of period	6,577,918
Net assets available for benefits, end of period	$ 7,267,001

The accompanying notes are an integral part of this financial statement.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Numed, Inc. ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan document and the Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

General

The Plan was adopted July 1, 1991, and is a defined contribution retirement savings plan intended to provide retirement benefits to eligible employees of Numed, Inc. (Company). To participate, employees must have reached the age of 21 and completed three months of service with the Company. Once eligible, participants may begin contributing to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Participant Contributions

Each year Participants may contribute a percentage of their pre-tax annual compensation not to exceed the limitation ($18,000 in 2015) set forth in Section 402(g) of the Internal Revenue Code ("IRC"). Participants may make after-tax Roth contributions. Participants who are (or will be) age 50 or older by the end of the calendar year may make pre-tax catch-up contributions that exceed the annual elective deferral limit. Participants' total catch-up contributions during 2015 cannot exceed $6,000.

Employer Contributions

The Company is required to make a qualified matching contribution to the Plan. The safe harbor matching contribution will be 100% (dollar-for-dollar) matching contribution on salary deferrals up to 3% of compensation plus a 50% matching contribution on salary deferrals between 3% and 5% of compensation. The Company made safe harbor contributions of $239,396 in 2015.

The Company may contribute a discretionary matching contribution not to exceed 4% of participant compensation. During 2015, the Company made no discretionary matching contributions.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Investment Options

The Plan is participant-directed and, as such, participants are able to direct all contributions into various investment options offered by the Plan. Investment options of the Plan, which are determined by the plan trustee and the Company's board of directors, currently consist of several mutual funds, common/collective trust and individual brokerage accounts. Participants may change their investment option election daily.

Participant Accounts

Each participant's account is credited with their contributions, any Company contributions and an allocation of the Plan's investment earnings (including realized and unrealized gains on investments). Each participant's account is reduced for distributions and an allocation of the Plan's investment losses. The Plan's investment earnings and losses in each investment option are allocated daily and in proportion to the participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions plus investment earnings and losses thereon. Vesting in the Company's discretionary contributions portion of their accounts plus investment earnings and losses thereon is based on years of continuous service. Vesting begins after one year of credited service and 100% vesting occurs after five years of credited service. Notwithstanding the preceding description of vesting, the participant or their designated beneficiary is 100% vested in the participant's entire account balance upon retirement at normal retirement age, disability as defined by the Plan or death of the participant.

Participant Loans

Plan participants may obtain loans from the Plan under certain limitations and restrictions. Loans must exceed $1,000 and be the lesser of 50% of the vested account balance or $50,000. All loans to participants bear interest at a fixed rate of 1% above the prime rate as published in the Wall Street Journal Money Rate Sections on the loan origination date. At December 31, 2015, the interest rate on outstanding loans was 4.25%. Loan repayment terms cannot exceed five years, except when the loan is for the purchase of a primary residence, the repayment terms cannot exceed fifteen years. Loans are secured by the participant's account. In the event of default, amounts are withheld from any future distribution in the form of deemed distributions. As a result, management does not believe an allowance is necessary.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Distributions

On retirement, disability or other termination of employment, participants may receive the vested value of their account as soon as administratively feasible. Vested benefits are payable to participants in a lump sum. For vested account balances of $5,000 or less at termination, distributions are made to participants as soon as administratively feasible regardless of consent being given. The Plan also allows participants to make in-service withdrawals after reaching age 59½ or under hardship circumstances.

Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants are 100% vested in their accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICES

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting. Under the modified cash basis of accounting, revenues are recognized when collected rather than when earned, and expenses are recognized when paid rather than incurred. This approach is modified to record investments at their fair value.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results may differ from those estimates.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investment transactions are recorded on a trade-date basis. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded when received. Dividends are recorded on the ex-dividend date.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICES - Continued

Valuation of Investments and Income Recognition (cont.)

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made, plus earnings, less participant withdrawals and administrative expenses. The Plan invests in an investment contract through a common/collective trust fund. The fair value is estimated based on the fair value of the underlying investment contracts in the fund as reported by the issuer of the fund. The Statement of Net Asset of Available for Benefits (modified cash basis) presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits (modified cash basis) is prepared on a contract value basis. For the year ending December 31, 2015, contract value approximated fair value.

The common/collective trust holds an investment in the *Federated Capital Preservation Fund* (FCP Fund) which is a stable value fund with an intended purpose of providing stable principal and high current income. Investments in this fund include guaranteed investment contracts (GICs), separate account guaranteed investment contracts (SGIC's), synthetic guaranteed investment contracts (SIC's), money market funds and other stable value products that can be carried at contract value.

A participant's ownership in the FCP Fund is represented by units which may be purchased daily on an established unit value of $10. Certain events may limit the ability of the FCP Fund to transact at the established unit value of $10, such as mergers, mass layoffs, plan terminations, implementation of early retirement programs or other events within the control of the FCP Fund. Plan management believes that occurrence of these events and circumstances that would cause the FCP Fund to transact at less than contract value is not probable. The FCP Fund's weighted average gross crediting interest rate was 1.77% and 1.76% as of December 31, 2015 and 2014, respectively. The average yields of the FCP Fund for the years ended December 31, 2015 were as follows:

Ratio of year end market value yield to investments at fair value	1.23%
Ratio of year end crediting rate investments at fair value	1.21%

There were no reserves against contract value for credit risk of the contract issuers or otherwise at December 31, 2015 or 2014.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICES - Continued

Forfeited Accounts

All employer contributions credited to a Participant's account, but not vested, are forfeited by the Participant upon his/her termination from the Plan. Per the Plan document forfeitures may be used to first reduce the Company's contributions and then to offset future employer contributions.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

NOTE C – INVESTMENTS

The following investments represent 5% or more of the Plan's net assets at December 31, 2015 and 2014:

	2015	Unaudited 2014
Vanguard Target Retirement 2025	$ 636,576	$ 632,255
Vanguard Target Retirement 2035	609,396	528,738
Vanguard Selected Value	448,497	447,457
Federated Capital Preservation	488,918	277,320
Fidelity Contrafund	376,113	326,791
Goldman Sachs Small Cap Value	374,267	360,395
	$ 2,933,767	$ 2,572,956

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated by $522,424 all for mutual funds.

NOTE D - INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Statements of Net Assets Available for Benefits as of December 31, 2015, the investment activities included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee, Alerus Financial, N.A., in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of $7,005,504 at December 31, 2015 and the related investment loss of $(116,149) for the year ended December 31, 2015.

NOTE E – PARTY-IN INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The Plan invests in mutual funds managed by the Plan's trustee. The Company provides certain administrative services at no cost to the Plan.

The Plan incurred audit fees in the amounts of $10,000 for the year ending December 31, 2015. The audit fees are paid by Numed, Inc.

NOTE F – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits (modified cash basis).

NOTE G – TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualifications.

The Plan obtained its latest determination letter on March 31, 2014 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan administrators believe the Plan is no longer subject to income tax examinations for years prior to 2012.

NOTE H – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits (modified cash basis). The methods used to measure fair value may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value As of December 31, 2015	*Fair Value Measurements Using:*		
		(Level 1)	*(Level 2)*	*(Level 3)*
Mutual funds:				
Growth funds	$ 3,440,466	$ 3,440,466	---	---
Target date funds	1,545,108	1,545,108	---	---
Blended funds	542,114	542,114	---	---
Other funds	601,017	601, 017	---	---
Bond funds	387,881	387,881	---	---
	6,516,586	6,516,586		---
Common/ Collective trust:				
Stable value fund	488,918	---	488,918	---
Total	$ 7,005,504	$ 6,516,586	488,918	$ ---

NOTE H – FAIR VALUE MEASUREMENTS - Continued

		UNAUDITED		
UNAUDITED	*Fair Value As of December 31, 2014*	*Fair Value Measurements Using:*		
		(Level 1)	*(Level 2)*	*(Level 3)*
Mutual funds:				
Growth funds	$ 3,112,303	$ 3,112,303	---	---
Target date funds	1,426,067	1,426,067	---	---
Blended funds	504,777	504,777	---	---
Other Funds	588,502	588,502	---	---
Bond funds	420,309	420,309	---	---
	6,051,958	6,051,958	---	---
Common/ Collective trust:				
Stable value fund	277,320	---	277,320	---
Total	$ 6,329,278	$ 6,051,958	277,320	$ ---

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of quoted prices for identical or similar assets or liabilities in active or inactive markets, observable inputs other than quoted prices or inputs derived from or corroborated by observable market data by correlation or other means and Level 3 inputs are unobservable. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Level 1 Fair Value Measurements

The fair values of the investments in the mutual funds are based on quoted prices in active markets for the assets held by the Plan at year end.

NOTE H – FAIR VALUE MEASUREMENTS – Continued

Level 2 Fair Value Measurements

Common/collective trust fund is valued based on the NAV reported by the investment advisor in the financial statements of the common/collective trust fund at year end.

The common/collective trust fund provides for daily participation redemption at reported NAV per share with no advance notice.

NOTE I – DATE TO WHICH SUBSEQUENT EVENTS EVALUATED

The date to which events occurring after December 31, 2015 have been evaluated for possible adjustment to the financial statements or disclosure is December 9, 2016, which is the date on which the financial statements were available to be issued.

NUMED, INC. 401(k) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2015

EIN: 74-1827631
PLAN NUMBER: 001

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Value
*	Alerus Financial, N.A.	Vanguard Target Retirement 2025	$ 636,576
*	Alerus Financial, N.A.	Vanguard Target Retirement 2035	609,396
*	Alerus Financial, N.A.	Federated Capital Preservation	488,918
*	Alerus Financial, N.A.	Vanguard Selected Value	448,497
*	Alerus Financial, N.A.	Fidelity Contrafund	376,113
*	Alerus Financial, N.A.	Goldman Sachs Small Cap Value	374,267
*	Alerus Financial, N.A.	Vanguard Small Cap Growth Index Adm	362,274
*	Alerus Financial, N.A.	American Fds Growth Fd Amer R6	271,848
*	Participant Loans	Various plan participants, interest at 4.25% , maturing at various dates from 2016 - 2020	261,497
*	Alerus Financial, N.A.	DFA US Large Cap Value I	248,059
*	Alerus Financial, N.A.	Vanguard Health Care Adm	247,230
*	Alerus Financial, N.A.	Vanguard 500 Index Adml	236,598
*	Alerus Financial, N.A.	Vanguard Windsor II Adm	209,383
*	Alerus Financial, N.A.	Parnassus Fund	208,768
*	Alerus Financial, N.A.	Vanguard Target Retirement 2045	207,509
*	Alerus Financial, N.A.	Vanguard Interm Term Bd Idx Adm	198,239
*	Alerus Financial, N.A.	PIMCO Total Return Instl	189,642
*	Alerus Financial, N.A.	Vanguard Energy Admiral	170,757
*	Alerus Financial, N.A.	Vanguard Ttl Intl Stk Ind Adm	165,588
*	Alerus Financial, N.A.	Janus Aspen Overseas Instl	155,393
*	Alerus Financial, N.A.	Columbia Acorn Fund Z	139,107
*	Alerus Financial, N.A.	T Rowe Price Capital Apprec	127,573
*	Alerus Financial, N.A.	Vanguard REIT Index Adml	119,842
*	Alerus Financial, N.A.	Vanguard Wellington Admiral	118,907
*	Alerus Financial, N.A.	T. Rowe Price Financial Serv	110,592
*	Alerus Financial, N.A.	Vanguard Wellesley Inc Adm	99,127
*	Alerus Financial, N.A.	Buffalo Mid Cap	98,809
*	Alerus Financial, N.A.	DFA US Target Value I	86,575
*	Alerus Financial, N.A.	Perkins Mid Cap Value I	78,891
*	Alerus Financial, N.A.	Vanguard Precious Metals	63,188
*	Alerus Financial, N.A.	Vanguard Target Retirement 2055	49,781
*	Alerus Financial, N.A.	American Fds EuroPacific R6	47,900
*	Alerus Financial, N.A.	Vanguard Target Retirement Inc	23,127
*	Alerus Financial, N.A.	Vanguard Target Retirement 2015	18,719
*	Alerus Financial, N.A.	Vanguard Extended Market Index	18,310
		Total investments held	$ 7,267,001

* Indicates each person/entity known to be a party-in-interest.

This supplemental schedule lists assets held for investment purposes as of December 31, 2015, as required by the Department of Labor Rules and Regulations for Reporting and Disclosure.