Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [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
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTHERN MEDICAL GROUP, PLLC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2009

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)
NORTHERN MEDICAL GROUP, PLLC

111 CLOCK TOWER COMMONS
BREWSTER, NY 10509

2b Employer Identification Number (EIN) 47-5030523

2c Plan Sponsor's telephone number 845-279-5187

2d Business code (see instructions) 621111

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.	07/27/2017	ANIL SINGHANI
	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	13-3529663
a Sponsor's name NORTHERN HEART SPECIALISTS PC	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	306
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)**	235
a(2) Total number of active participants at the end of the plan year	**6a(2)**	215
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	104
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	319
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	319
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	288
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:
2A 2E 2F 2G 2J 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)	[ ]	**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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
NORTHERN MEDICAL GROUP, PLLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHERN MEDICAL GROUP, PLLC

D Employer Identification Number (EIN)
47-5030523

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SLAVIC INTEGRATED ADMINISTRATOR

65-0608221

(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?
15 37 38 50	TPA	21164	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PAYCHEX

16-1124166

(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?
15	RECORDKEEPER	17666	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BEIRNE WEALTH CONSULTING SERVICES

3 ENTERPRISE DRIVE SUITE 410
SHELTON, CT 06484

(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?
26 50	ADVISOR	14415	Yes [ ] No [X]	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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
NORTHERN MEDICAL GROUP, PLLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHERN MEDICAL GROUP, PLLC

D Employer Identification Number (EIN)
47-5030523

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		2989
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		562973
(2) Participant contributions	1b(2)		31794
(3) Other	1b(3)		1794
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	196176	
(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)	139692	143350
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13822280	13689927
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		1248094

			(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	14158148	15680921
	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	14158148	15680921

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)	1077904	
	(B) Participants	2a(1)(B)	1048255	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2126159
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)	3468	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3468
	(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)	349936	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		349936
	(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)		
(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)		700039
c Other income	2c		13888
d Total income. Add all **income** amounts in column (b) and enter total	2d		3193490
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1616923	
(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)		1616923
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)	39379	
(3) Investment advisory and management fees	2i(3)	14415	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		53794
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1670717
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1522773
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: K.K. MEHTA CPA ASSOCIATES PLLC **(2)** EIN: 27-3121426

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	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	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		1000000
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	X		
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
NORTHERN MEDICAL GROUP, PLLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHERN MEDICAL GROUP, PLLC

D Employer Identification Number (EIN)
47-5030523

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): 65-0708495 16-1470238

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? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Financial Statements and Supplemental Schedules as of December 31, 2016 and for the year then ended.

JULY 27, 2017

K. K. MEHTA CPA ASSOCIATES PLLC
100 Ring Road, Suite 300 (PH), Garden City, NY 11530

Northern Medical Group PLLC

Retirement Savings Plan

December 31, 2016

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K.K.MEHTA C.P.A ASSOCIATES PLLC

CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Northern Medical Group, PLLC Retirement Savings Plan

We have audited the accompanying financial statements of Northern Medical Group, PLLC Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Northern Medical Group, PLLC Retirement Savings Plan as of December 31, 2016, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Statement of Assets Held, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



s/ K. K. Mehta CPA Associates PLLC
Garden City, New York
July 27th, 2017

NORTHERN MEDICAL GROUP PLLC

RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Plan Benefits
As of December 31, 2016

	2015	2016
ASSETS:	Modified Cash Basis	Accrual Basis
Cash	$ 0	$ 2,989
Investment, at fair value		
Money Market Fund	196,176	
Mutual Funds	13,822,280	13,689,927
Other Securities		1,248,094
Total Investments	14,018,456	14,938,021
Receivables:		
Employer Contributions	0	562,973
Participant Contributions	0	31,794
Participant Loan, current	0	1,794
Total Receivables	0	596,561
Participant Loans	139,692	143,350
TOTAL ASSETS	**$ 14,158,148**	**$ 15,680,921**
LIABILITIES:		
Other Liabilities	$ 0	$ 0
TOTAL LIABILITIES	$ 0	$ 0
NET ASSETS AVAILABLE FOR PLAN BENEFITS	**$ 14,158,148**	**$ 15,680,921**

The accompanying notes are an integral part of these financial statements.

NORTHERN MEDICAL GROUP PLLC

RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets for Benefits
For the Years ended December 31, 2016

	2016
ADDITIONS:	
Contributions:	
Employer	$ 1,077,904
Participants	1,048,255
Investment Income:	
Interest	3,468
Dividend	349,936
Other Income	13,888
Net increase (decrease) in fair value of investments (Note 4)	700,039
Total Additions	**$ 3,193,490**
DEDUCTIONS:	
Benefit payment, including direct rollover	
Distribution	1,616,923
Administrative Expenses	53,794
Total Deductions	**1,670,717**
NET INCREASE	**1,522,773**
NET ASSETS AVAILABLE FOR PLAN BENEFITS:	
Beginning of Year:	14,158,148
Transfer of Assets to this Plan	0
Net Increase	1,522,773
End of Year	**$15,680,921**

The accompanying notes are an integral part of these financial statements

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Notes to Financial Statements

1. Description of Plan:

The following brief description of the Northern Medical Group, PLLC (the "Company") Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the provisions of the Plan.

General

The Plan is a defined contribution plan covering all full time employees of the Company who have completed at 1,000 hours of service in twelve consecutive months and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan's effective date is January 1, 2009. The plan has merged into Slavic401k.com defined contribution prototype plan effective March 15, 2016.

Employee Contributions:

Each year, participants may contribute from 1% to 98% of pretax annual compensation, as defined in the Plan. Roth 401(k) contributions and rollovers will be allowed too. The plan permits employees who are 50 years and over to make catch-up contributions.

Employer Contributions: The Company makes safe harbor contribution of 3% of the eligible pay for all the eligible employees based on cross tested participant group allocation method (section 50(b)), regardless of whether or not they make elective deferrals. To receive a Non Elective Contribution, the participant must be employed on the last day of the year.

Limitations:

Congress limits the annual dollar amount of Elective Deferrals that a participant may contribute. For 2016, the limit is $18,000. The amount of catch-up contributions allowed in 2016 was $6,000. Congress also limits the annual eligible earnings to be considered for purposes of qualified plan contributions and testing. For 2016, this limit is $265,000.

Participants' Accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes to Financial Statements

Vesting:
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is also 100% as per the 401(k) safe harbor adoption agreement addendum effective 03/15/2016.

Participant Loans:
Participants may borrow from their fund accounts a minimum of $1,000 up to 50% of their vested account balance to a maximum of $50,000. Loans may not be funded from Roth designated accounts. The loans are secured by the balance in the participant's account and bear a reasonable interest rate.

Payment of Benefits:
On termination of service due to death, disability, or retirement, a participant will be given a lump-sum distribution equal to the participant's vested interest in his or her accounts. For termination of service due to other reasons, a participant may receive the value of the vested interest in his/her account as a lump-sum distribution.

Forfeitures:
Forfeitures will be allocated to pay plan expenses, to reduce the employers match and as a non-elective contribution.

2. Summary of Significant Accounting Policies:

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). Fund changed its principal of accounting from modified cash basis to accrual basis for the year ended December 31, 2016.

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.
Shares of mutual funds and common/collective trusts are valued at market prices as determined by Fidelity, the Custodian, which represents the net asset value of shares, held by the Plan at the year-end.

Purchases and sales of mutual funds and common/collective trusts are recorded on a settlement date basis. Mutual funds and common/collective trusts dividends are recorded when paid. Benefits and withdrawals are recorded when paid.

Administrative Expenses

All actuarial and audit fees for the Plan are paid by the company whereas the plan administration & investment advisory fees are paid by the plan.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, as well as disclosures of contingent assets and liabilities. Actual result could differ from those estimates.

3. Fair Value Measurements:

Financial Accounting Standards board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1:

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2:

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the assets or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term the asset or liability.

Level 3:

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016.

Mutual funds: Valued at the quoted market prices that represent the net asset value of shares held by the Plan at year end.

Common/ collective funds: Valued at the quoted market prices.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2016:

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Cash	-	-	$2,989	$ 2,989
Mutual funds	$13,689,927	-	-	$13,689,927
Participant loans	-	-	$143,350	$143,350
Receivables	-	-	$596,561	$596,561
Others (SDB)	$1,248,094	-	-	$1,248,094
Total assets at fair value	**$14,938,021**	**-**	**$742,900**	**$15,680,921**

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Notes to Financial Statements

4. Investments:

The following presents investments that represent 5 percent or more of the Plan's net assets as of December 31, 2016.

	2016
VNGRD 500 IDX ADM 1RA	$ 1,587,049
VNGRD BL IND ADML 1SA	4,592,135
VNGRD FEDERAL MM	992,536
FIDELITY GOVT CASH RESERVES	984,114
Total	$ 8,155,834

During 2016, the Plan's investments (including gains and losses on investment bought and sold, as well as held during the year) appreciated (depreciated) in value that are as follows:

	2016
Mutual Funds-Net appreciation	$ 713,927

5. Risks and Uncertainties

The Plan provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Notes to Financial Statements

6. Information Prepared and provided by Trustee and/or Plan Administrator:

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and provided to as complete and accurate by the trustee/ plan administrator,

	2016
Investments, at fair value:	
Mutual Funds	13,689,927
Participant loans	143,350
Other	1,248,094
	$15,081,371
Investment appreciated (depreciated) in Value:	
Interest	$3,468
Dividend	349,936
Net increase (decrease) in fair value of investments	700,039
	$1,053,443

7. Participant Loans:

The following information included in the accompanying financial statements and supplemental schedule was obtained from the data that has been prepared and provided to as complete and accurate by the trustee/plan administrator with reference to participant loan balance.

Loan Participant Balance as of January 1, 2016	$139,692
Add: New Loans to Participants & Loan transfer	106,584
Less: Loan Repayments	(102,926)
Loan Participant Balance as of December 31, 2016	$ 143,350

8. Plan Termination:

While the company expects to continue the Plan indefinitely, it reserves the right to terminate, discontinue making contributions to, amend or modify plan at any time. Upon termination of the Plan, participants will become 100% vested in their total account balance. The Company will arrange for distribution upon Plan termination as soon as administratively feasible.

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Notes to Financial Statements

9. Reconciliation of Financial Statements to Schedule H of Form 5500:

The Following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2016
Net assets available for benefits per the financial statements	$15,680,921
Amounts allocated to withdrawing participants	-
Net assets available for benefits per Schedule H of Form 5500	**$15,680,921**

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2016 to Schedule H of Form 5500:

	2016
Benefits paid to participants per the financial statements	$1,616,923
Add: amounts allocated to withdrawing participants	-
Benefits paid to participants per Schedule H of Form 5500	**$1,616,923**

Amount allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, 2016, but not yet paid as of that date.

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Notes to Financial Statements

10. Tax Status:

The Plan used a prototype non-standardized profit sharing plan with CODA from Slavic Integrated Administrative Inc. DBA Slavic401k.com which has been determined by Internal Revenue Service to be in accordance with applicable sections of the Internal Revenue Code (IRC).

Plan management is of the opinion that the plan continues to comply with the applicable sections of the IRC, and that the related trust, which forms a part of the Plan, is exempt from income tax. Accordingly, no provision has been made for federal or state income taxes.

11.Plan Merger

This plan which is effective as of 03/15/2016 inherited the plan assets from Northern Heart Specialist PC 401(k) Profit Sharing Plan (NHS) which has been discontinued as of that date. The plan assets of NHS was held by Paychex Inc, which was liquidated and transferred to Slavic401k.com (new TPA).

12.Transfer of Assets

Slavic401k.com received $ 14,788,364.31 on 07/06/2016 from Paychex after liquidation of prior plan assets.

13. Subsequent Events

The Plan has evaluated subsequent events through July 27, 2017, which is the date the financial statements were available to be issued.

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Schedule of Assets Held as of December 31, 2016
(Form 5500 Schedule H, Line 4i)

Fund Name	Investment Type	(d) Cost	(e) Current Value
American Funds EuroPacifc R6	American Funds	46,241	45,801
American Funds New World R6	American Funds	136,112	132,522
DFA Emerging Markets Core Equity	DFA	18,063	18,063
DFA US Targeted Port	DFA	27,901	27,810
DFA Us Large Cap Value Prtf Instl	DFA	425	444
Fidelity Advisor New Insgihts I	Fidelity	1,287	1,248
FISDB - Fidelity SDB	Fidelity	1,236,738	1,248,094
Fidelity New Millennium	Fidelity	286,034	289,886
First Eagle Global Class I	First Eagle	450,408	435,879
Templeton Global Bond A	Franklin/Templeton	87,134	90,917
IVY High Income Class Y	Ivy	46,515	48,165
LORD ABBETT Short Duration Income I	Lord Abbott	437,271	433,777
Metropolitan West Total Return I	Metropolitan West	257,266	246,798
MFS Int'l Diversification R3	MFS	149,814	144,985
Permanent Portfolio	Permanent	298	291
Putnam Equity Spectrum	Putnam	24,898	26,932
Vanguard Balanced Index Admiral	Vanguard	4,559,329	4,592,136
Vanguard Equity Income	Vanguard	492,933	501,536
Vanguard Emerging Markets Stock Index	Vanguard	54,657	53,528
Vanguard Target Retirement 2055	Vanguard	39,068	39,534
Vanguard 500 Index Admiral	Vanguard	1,537,918	1,587,049
Vanguard Target Retirement 2050	Vanguard	74,800	75,570
Vanguard Target Retirement 2040	Vanguard	358,859	360,919
Vanguard FTSE Int'l	Vanguard	123,835	124,082

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Schedule of Assets Held as of December 31, 2016
(Form 5500 Schedule H, Line 4i)

Vanguard REIT Index Admiral	Vanguard	2,553	2,613
Vanguard Mid Cap Index Admiral	Vanguard	436,676	447,071
Vanguard Industrial Index Admiral	Vanguard	30,856	30,972
Vanguard Federal Money Market	Vanguard	992,807	992,807
Vanguard Money Market Prime	Vanguard	488,391	488,391
Vanguard Short-Term Federal Admiral	Vanguard	208,402	207,740
Vanguard Small Cap Index Admiral	Vanguard	325,263	349,494
Vanguard Total Intl Bd Idx Admiral	Vanguard	834	817
Vanguard Target Retirement 2010	Vanguard	561	543
Vanguard Target Retirement 2030	Vanguard	357,550	356,715
Vanguard Target Retirement Income	Vanguard	19,337	19,015
Vanguard Target Retirement 2045	Vanguard	212,157	213,666
Vanguard Total Stock Market Index Admiral	Vanguard	290,890	293,725
Vanguard Target Retirement 2035	Vanguard	478,201	475,644
Vanguard Target Retirement 2060	Vanguard	1,304	1,319
Vanguard Target Retirement 2025	Vanguard	241,768	239,188
Vanguard Target Retirement 2020	Vanguard	183,288	180,484
Vanguard Target Retirement 2015	Vanguard	115,615	111,851
		$ 14,834,257	**$ 14,938,021**
Add:			
Loan to Participants			$143,350
Total Assets Held		**$ 14,834,257**	**$ 15,081,371**

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Schedule of Assets Acquired and Disposed of
Within the year ended December 31, 2016
(Form 5500 Schedule H, Line 4i)

There was no material acquisition or disposition of Assets that required separate disclosure in the year ended December 31, 2016.

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Schedule of Reportable Transactions for the year ended December 31, 2016
(Form 5500 Schedule H, Line 4j)

There were no reportable transactions in year 2016.

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

Northern Medical Group, PLLC Retirement Savings Plan Pln #001 EIN #: 47-5030523

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	American Funds	RERGX - American Funds EuroPacifc R6		45,801
	American Funds	RNWGX - American Funds New World R6		132,522
	DFA	DFCEX - DFA Emerging Markets Core Equity		18,063
	DFA	DFFVX - DFA US Targeted Port		27,810
	DFA	DFLVX - DFA Us Large Cap Value Prtf Instl		444
	Fidelity	FINSX - Fidelity Advisor New Insgihts I		1,248
	Fidelity	FISDB - Fidelity SDB		1,248,094
	Fidelity	FMILX - Fidelity New Millennium		289,886
	First Eagle	SGIIX - First Eagle Global Class I		435,879
	Franklin/Templeton	TGBAX - Templeton Global Bond A		90,917
	Ivy	WHIYX - IVY High Income Class Y		48,165
	Lord Abbott	LLDYX - LORD ABBETT Short Duration Income I		433,777
	Metropolitan West	MWTIX - Metropolitan West Total Return I		246,798
	MFS	MDIHX - MFS Int'l Diversification R3		144,985
	Permanent	PRPFX - Permanent Portfolio		291
	Putnam	PYSYX - Putnam Equity Spectrum		26,932
	Vanguard	VBIAX - Vanguard Balanced Index Admiral		4,592,136
	Vanguard	VEIPX - Vanguard Equity Income		501,536
	Vanguard	VEMAX - Vanguard Emerging Markets Stock Index Ad		53,528
	Vanguard	VFFVX - Vanguard Target Retirement 2055		39,534
	Vanguard	VFIAX - Vanguard 500 Index Admiral		1,587,049
	Vanguard	VFIFX - Vanguard Target Retirement 2050		75,570
	Vanguard	VFORX - Vanguard Target Retirement 2040		360,919
	Vanguard	VFWIX - Vanguard FTSE Int'l		124,082
	Vanguard	VGSLX - Vanguard REIT Index Admiral		2,613
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		447,071
	Vanguard	VINAX - Vanguard Industrial Index Admiral		30,972
	Vanguard	VMFXX - Vanguard Federal Money Market		992,807
	Vanguard	VMMXX - Vanguard Money Market Prime		488,391
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		207,740
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		349,494
	Vanguard	VTABX - Vanguard Total Intl Bd Idx Admiral		817
	Vanguard	VTENX - Vanguard Target Retirement 2010		543
	Vanguard	VTHRX - Vanguard Target Retirement 2030		356,715
	Vanguard	VTINX - Vanguard Target Retirement Income		19,015
	Vanguard	VTIVX - Vanguard Target Retirement 2045		213,666
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		293,725
	Vanguard	VTTHX - Vanguard Target Retirement 2035		475,644
	Vanguard	VTTSX - Vanguard Target Retirement 2060		1,319
	Vanguard	VTTVX - Vanguard Target Retirement 2025		239,188
	Vanguard	VTWNX - Vanguard Target Retirement 2020		180,484
	Vanguard	VTXVX - Vanguard Target Retirement 2015		111,851
	Participant Loans	4.25% to 5.25%		143,350