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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.	08/30/2018	DR. ARUN AGARWAL
	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	360
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)**	261
a(2) Total number of active participants at the end of the plan year	**6a(2)**	211
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	135
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	346
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	346
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	341
h Number of participants who 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4)	General assets of the sponsor	**(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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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	37928	Yes ☐ No ☒	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	21102	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

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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)

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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	106663
(2) Participant contributions	1b(2)	31794	23786
(3) Other	1b(3)	1794	2334
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)	143350	146089
(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)	13689927	15930650
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1248094	1541672

			(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	15680921	17751194
	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	15680921	17751194

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)	578324	
	(B) Participants	2a(1)(B)	1144358	
	(C) Others (including rollovers)	2a(1)(C)	54780	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1777462
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)	5809	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5809
	(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)	332689	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		332689
	(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)		1760586
c Other income	2c		260941
d Total income. Add all **income** amounts in column (b) and enter total	2d		4137487
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2004323	
(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)		2004323
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)	39543	
(3) Investment advisory and management fees	2i(3)	23348	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		62891
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2067214
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2070273
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			

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

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.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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 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): _____

---

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):

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Financial Statements and Supplemental Schedules as of December 31, 2017 and 2016 and for the years then ended.

AUGUST 30, 2018

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, 2017 and 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, 2017 and 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, 2017 and 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
August 30th, 2018

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Plan Benefits

As of December 31, 2017 and 2016

	2016	2017
ASSETS:		
Cash	$ 2,989	-
Investment, at fair value		
Money Market Fund		
Mutual Funds	13,689,927	15,930,650
Other Securities	1,248,094	1,541,672
Total Investments	14,938,021	17,472,322
Receivables:		
Employer Contributions	5,62,973	106,663
Participant Contributions	31,794	23,786
Participant Loan, current	1,794	2,334
Total Receivables	5,96,561	132,783
Participant Loans	143,350	146,089
TOTAL ASSETS	**$ 15,680,921**	**$ 17,751,194**
LIABILITIES:		
Other Liabilities	$ 0	$ 0
TOTAL LIABILITIES	$ 0	$ 0
NET ASSETS AVAILABLE FOR PLAN BENEFITS	**$ 15,680,921**	**$ 17,751,194**

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, 2017 and 2016

	2016	2017
ADDITIONS:		
Contributions:		
Employer	1,077,904	578,324
Participants	1,048,255	1,144,358
Other (Including Rollovers)	-	54,780
Investment Income:		
Interest	3,468	5,809
Dividend	349,936	332,689
Other Income (SBD Gain)	13,888	260,941
Net increase (decrease) in fair value of investments (Note 4)	700,039	1,760,585
Total Additions	**3,193,490**	**4,137,487**
DEDUCTIONS:		
Benefit payment, including direct rollover		
Distribution	1,616,923	2,004,323
Administrative Expenses	53,794	62,891
Total Deductions	**1,670,717**	**2,067,214**
NET INCREASE	**1,522,773**	**2,070,273**
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of Year:	14,158,148	15,680,921
Transfer of Assets to this Plan	-	-
Net Increase	1,522,773	2,070,273
End of Year	**15,680,921**	**17,751,194**

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.

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 2017 and 2016, the limit was $18,000. The amount of catch-up contributions allowed in 2017 and 2016 was $6,000. Congress also limits the annual eligible earnings to be considered for purposes of qualified plan contributions and testing. For 2017, this limit was $270,000 and for 2016 this limit was $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.

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).

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, 2017.

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.

Notes to Financial Statements

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, 2017 and 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**

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Cash	-	-	-	-
Mutual funds	$15,930,650	-	-	$15,930,650
Participant loans	-	-	$146,089	$146,089
Receivables	-	-	$132,783	$132,783
Others (SDB)	$1,541,672	-	-	$1,541,672
Total assets at fair value	**$17,472,322**	**-**	**$278,872**	**$17,751,194**

4. Investments:

The following presents investments that represent 5 percent or more of the Plan's net assets as of December 31, 2017 and 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

	2017
VNGRD BAL INDEX ADMIRAL (VBIAX)	$ 4,569,818
VNGRD 500 INDEX ADMIRAL (VFIAX)	2,033,821
METLIFE GAC SERIES 25157 CL III (QDWBQ)	1,005,194
Total	$ 7,608,833

During 2017 and 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	2017
Mutual Funds-Net appreciation	$713,927	$ 1,634,919

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.

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,

Notes to Financial Statements

	2016	2017
Investments, at fair value:		
Mutual Funds	13,689,927	15,930,650
Participant loans	143,350	146,089
Other	1,248,094	1,541,672
	$15,081,371	**$17,618,411**
Investment appreciated (depreciated) in Value:		
Interest	$3,468	$5,809
Dividend	349,936	332,689
Net increase (decrease) in fair value of investments	700,039	1,760,586
Gain on SDB Account	-	260,941
	$1,053,443	**$2,360,025**

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 for 2017 & 2016.

	2016	2017
Loan Participant Balance as of January 1	$ 139,692	$ 143,350
Add: New Loans to Participants & Loan refinance	106,584	72,097
Less: Loan Repayments & Defaults	(102,926)	(69,358)
Loan Participant Balance as of December 31	**$ 143,350**	**$ 146,089**

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.

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	2017
Net assets available for benefits per the financial statements	$15,680,921	$17,751,194
Amounts allocated to withdrawing participants	-	-
Net assets available for benefits per Schedule H of Form 5500	**$15,680,921**	**$17,751,194**

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2017 and 2016 to Schedule H of Form 5500:

	2016	2017
Benefits paid to participants per the financial statements	$1,616,923	$2,004,323
Add: amounts allocated to withdrawing participants	-	-
Benefits paid to participants per Schedule H of Form 5500	**$1,616,923**	**$2,004,323**

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, 2017 and 2016, but not yet paid as of that date.

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. Subsequent Events

The Plan has evaluated subsequent events through August 30, 2018, 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, 2017
(Form 5500 Schedule H, Line 4i)

Fund Name	Investment Type	Cost	Current Value
RERGX - American Funds	American Funds	58,865	69,578
RNWGX - American Funds New	American Funds	142,340	177,366
DFCEX - DFA Emerging Markets	DFA	22,032	28,045
DFFVX - DFA US Targeted Value	DFA	55,139	56,941
DFLVX - DFA US Large Cap	DFA	1,992	2,145
DIPSX - DFA Inflation Protected	DFA	73,633	73,454
FISDB - Fidelity SDB	Fidelity Self-	1,340,608	1,541,672
SGIIX - First Eagle Global Class I	First Eagle	532,903	559,172
TGBAX - Templeton Global Bond	Franklin/Templeton	99,652	103,152
WHIYX - IVY High Income Class	Ivy	57,074	58,858
LLDYX - LORD ABBETT Short	Lord Abbott	431,869	424,007
QFUEQ - MetLife Stable Value 25	MetLife	984,321	1,005,194
MWTIX - Metropolitan West Total	Metropolitan West	286,574	282,354
MDIHX - MFS Int'l Diversification	MFS	178,663	218,673
PFPWX - Parnassus Endeavor	Parnassus	299,751	291,293
VBIAX - Vanguard Balanced	Vanguard	4,089,998	4,569,818
VEIRX - Vanguard Equity Income	Vanguard	568,176	634,503
VEMAX - Vanguard Emerging	Vanguard	67,932	79,421
VFFVX - Vanguard Target	Vanguard	48,769	55,894
VFIAX - Vanguard 500 Index	Vanguard	1,675,346	2,033,822
VFIFX - Vanguard Target_2050	Vanguard	98,457	113,953
VFORX - Vanguard Target_2040	Vanguard	477,285	552,764
VFWAX - Vanguard FTSE All	Vanguard	126,121	135,626
VGSLX - Vanguard Real Estate	Vanguard	3,317	3,396
VIMAX - Vanguard Mid Cap	Vanguard	522,257	615,448
VINAX - Vanguard Industrial	Vanguard	41,547	48,611
VMFXX - Vanguard Federal	Vanguard		216,174
VSEQX - Vanguard Strategic	Vanguard	37,191	37,948
VSGDX - Vanguard Short-Term	Vanguard	299,985	297,697
VSMAX - Vanguard Small Cap	Vanguard	385,658	465,889
VTABX - Vanguard Total Intl Bd	Vanguard	3,793	3,781
VTHRX - Vanguard Target	Vanguard	422,465	479,531
VTINX - Vanguard Target	Vanguard	15,839	16,297
VTIVX - Vanguard Target	Vanguard	203,086	235,629
VTSAX - Vanguard Total Stock	Vanguard	402,420	468,622
VTTHX - Vanguard Target_2035	Vanguard	508,943	572,931
VTTSX - Vanguard Target_2060	Vanguard	7,489	8,227
VTTVX - Vanguard Target_2025	Vanguard	452,614	498,553
VTWNX - Vanguard Target_2020	Vanguard	246,111	264,795
Add:			
Loan to Participants			146,089
Total Assets Held		**15,438,102**	**17,618,412**

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Schedule of Assets Acquired and Disposed of Within the year ended December 31, 2017 (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, 2017.

NORTHERN MEDICAL GROUP PLLC
RETIREMENT SAVINGS PLAN

Schedule of Reportable Transactions for the year ended December 31, 2017
(Form 5500 Schedule H, Line 4j)

There were no reportable transactions in the year 2017.

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		69,578.38
	American Funds	RNWGX - American Funds New World R6		177,366.49
	DFA	DFCEX - DFA Emerging Markets Core Equity		28,044.90
	DFA	DFFVX - DFA US Targeted Value I		56,940.95
	DFA	DFLVX - DFA US Large Cap Value Prtf Instl		2,144.75
	DFA	DIPSX - DFA Inflation Protected SEC Port		73,453.63
	Fidelity	FINSX - Fidelity Advisor New Insgihts I		-
	Fidelity	FMILX - Fidelity New Millennium		-
	Fidelity Self-Directed Brokera	FISDB - Fidelity SDB		1,541,672.41
	First Eagle	SGIIX - First Eagle Global Class I		559,171.65
	Franklin/Templeton	TGBAX - Templeton Global Bond A		103,151.98
	Ivy	WHIYX - IVY High Income Class Y		58,858.35
	Lord Abbott	LLDYX - LORD ABBETT Short Duration Income I		424,006.81
	Metlife	QFUEQ - Metlife Stable Value 25		1,005,194.10
	Metropolitan West	MWTIX - Metropolitan West Total Return I		282,354.29
	MFS	MDIHX - MFS Int'l Diversification R3		218,673.20
	Parnassus	PFPWX - Parnassus Endeavor Institutional		291,292.86
	Permanent	PRPFX - Permanent Portfolio		-
	Putnam	PYSYX - Putnam Equity Spectrum		-
	Vanguard	VBIAX - Vanguard Balanced Index Admiral		4,569,817.79
	Vanguard	VEIPX - Vanguard Equity Income		-
	Vanguard	VEIRX - Vanguard Equity Income Admiral		634,503.29
	Vanguard	VEMAX - Vanguard Emerging Markets Stock Index Ad		79,421.39
	Vanguard	VFFVX - Vanguard Target Retirement 2055		55,894.33
	Vanguard	VFIAX - Vanguard 500 Index Admiral		2,033,821.54
	Vanguard	VFIFX - Vanguard Target Retirement 2050		113,953.21
	Vanguard	VFORX - Vanguard Target Retirement 2040		552,763.53
	Vanguard	VFWAX - Vanguard FTSE All World Ex-US Index Adm		135,625.92
	Vanguard	VFWIX - Vanguard FTSE Int'l		-
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		3,396.36
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		615,448.44
	Vanguard	VINAX - Vanguard Industrial Index Admiral		48,611.01
	Vanguard	VMFXX - Vanguard Federal Money Market		216,173.98
	Vanguard	VMMXX - Vanguard Money Market Prime		-
	Vanguard	VSEQX - Vanguard Strategic Equity		37,948.07
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		297,697.02
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		465,888.89
	Vanguard	VTABX - Vanguard Total Intl Bd Idx Admiral		3,781.10
	Vanguard	VTENX - Vanguard Target Retirement 2010		-
	Vanguard	VTHRX - Vanguard Target Retirement 2030		479,530.57
	Vanguard	VTINX - Vanguard Target Retirement Income		16,296.70
	Vanguard	VTIVX - Vanguard Target Retirement 2045		235,628.57
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		468,621.72
	Vanguard	VTTHX - Vanguard Target Retirement 2035		572,931.49
	Vanguard	VTTSX - Vanguard Target Retirement 2060		8,226.51
	Vanguard	VTTVX - Vanguard Target Retirement 2025		498,552.71
	Vanguard	VTWNX - Vanguard Target Retirement 2020		264,794.93
	Vanguard	VTXVX - Vanguard Target Retirement 2015		171,088.50
	Participant Loans	4.25% to 5.25%		146,089.34

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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- ☒ 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:
- ☒ 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	Agarwal	5/30/18	Dr. Arun Agarwal
	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