Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part i Annuai Kepo	rt identification informatio	[]			
For calendar plan year 2016 or	fiscal plan year beginning 01/01	/201 <u>6</u>	and ending 1	2/31/2016	
_	X a single-employer plan		plan (not multiemployer) (-	
A This return/report is for:	a one-participant plan	_ ' ' "	employer information in a	ccordance with the	form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/repo	rt		
D This return/report is	an amended return/report	-	turn/report (less than 12 m	onths)	
	arramenaea retam/report		tam/report (1655 than 12 h		
C Check box if filing under:	Form 5558	automatic extension	n	DFVC program	
	special extension (enter des	cription)			
Part II Basic Plan In	formation—enter all requested i	nformation			
1a Name of plan				1b Three-digit	
NORTHERN RADIOLOGY ASS	OCIATES PC 401K PROFIT SHAR	ING PLAN		plan number	004
				(PN) 1c Effective dat	
					1/01/1994
2a Plan sponsor's name (emp	ployer, if for a single-employer plan)			2b Employer Ide	entification Number
	oom, apt., suite no. and street, or P.		atmost and		6-1037605
NORTHERN RADIOLOGY ASS	nce, country, and ZIP or foreign pos	stal code (if foreign, see in	istructions)	2c Sponsor's te	elephone number
					786-5000
1571 WASHINGTON STREET S	LUTE 101				de (see instructions)
WATERTOWN, NY 13601	OTE 101			6.	21111
3a Plan administrator's name	and address X Same as Plan Sp	onsor.		3b Administrato	r's EIN
	ь .				
				3c Administrato	r's telephone number
	the plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN	
a Sponsor's name	number from the last return/report.			4c PN	
·				5a	60
_	its at the beginning of the plan year			5a 5b	60
· · ·	its at the end of the plan year			30	00
	h account balances as of the end o		· ·	5c	57
• /	participants at the beginning of the p			5d(1)	3
				5d(2)	3
	participants at the end of the plan y at terminated employment during th				
•	at terminated employment during tr	• •		5e	•
	e or incomplete filing of this retu				
	other penalties set forth in the instruand signed by an enrolled actuary,				
belief, it is true, correct, and co		as well as the electronic	version of this return/repor	t, and to the best o	Tilly knowledge and
SIGN Filed with authorize	ed/valid electronic signature.	10/11/2019	DEAN J. PHILLIPS		
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator
	i ddiiiiii ddii	Bato	Enter name of marvie	dai signing as plan	administrator
SIGN HERE		_			
Signature of emp	ployer/plan sponsor n name, if applicable) and address (Date	Enter name of individ	ual signing as emp Preparer's teleph	· · · · · · · · · · · · · · · · · · ·
Treparer smarrie (including lim	i name, ii applicable) and addless (include room or suite hulf	iDGI)	i reparer s teleph	one numbel
1					

Form 5500-SF 2016 Page **2**

 6a Were all of the plan's assets during the plan year invested in eliging b Are you claiming a waiver of the annual examination and report of 		•						X Ye	s No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and conditi	ons.)						X Ye	s No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a Total plan assets	7a	6	890760)				677862	.3
b Total plan liabilities	7b		0					56	
C Net plan assets (subtract line 7b from line 7a)	7c	6	890760)				677806	52
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
a Contributions received or receivable from:	0-(4)		95292						
(1) Employers	8a(1)		166680						
(2) Participants	8a(2)		100000						
(3) Others (including rollovers)	8a(3)		405609						
b Other income (loss)	8b		+05005	-				66758	14
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							00750	<u> </u>
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		721198						
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f		59081						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)								78027	' 9
i Net income (loss) (subtract line 8h from line 8c)	8i				-112698				18
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics	, 9								
9a If the plan provides pension benefits, enter the applicable pensio 2A 2E 2G 2J 2K 2R 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	t
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					750000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	-	•	10g	X					46401
h If this is an individual account plan, was there a blackout period?			10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i						

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)	s) 13c(3) PN(s)			
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian					s or custod ne number	ian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP	
				"Curre	ent year test	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

For calendar plan year 2016	ort Identification Informatio			300-SF.	
out of the state o		01/01/2016		12/31/20	16
This return/report is for: This return/report is:	a single-employer plan	a multiple-employe a list of participatir a foreign plan	er plan (not multiemployeng employer information i	r) (Filers checking n accordance with	this box must attach the form instructions.)
	the first return/report an amended return/report	the final return/rep a short plan year r	ort eturn/report (less than 12	months)	
Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	n	DFVC	orogram
Part II Basic Plan I	nformation enter all requested	information	3.000		
- Piuli				145 =	
NORTHERN RADIOLO	GY ASSOCIATES PC 401K PRO	OFIT SHARING PLAN	ı	1b Three-dig plan numb	004
Plan sponsor's name (on				1c Effective of 01/01/1	
City or town, state or pro	nployer, if for a single-employer plan) room, apt., suite no. and street, or P vince, country, and ZIP or foreign pos		instructions)	2b Employer	Identification Number 5-1037605
TOTOLOGICAL PROPERTY AND TOTOLOGICA PROPERTY AND TOTOLOGICAL PROPERTY A	FI ASSOCIATES PC			2c Sponsor's	telephone number
1571 WASHINGTON	STREET SUITE 101			2d Business 621111	code (see instructions
US WATERTOWN NY 13601	e and address X Same as Plan Sp				
If the name and Ellis				3c Administra	tor's telephone numbe
name, EIN, and the plan Sponsor's name	the plan sponsor has changed since number from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN	
	4	1		4c PN	
Total number of participal	nts at the beginning of the plan year	***************************************			60
Number of participants wi	th account balances as at the	······································	***************************************	5b	60
complete this item)		the plan year (only define	ed contribution plans	5c	
Total number of active p	participants at the beginning of the pla				57
(2) Total number of active p	participants at the end of the plan yea			5d(1)	31
Number of participants the	at terminated employment during the	nian year with against t	enefits that were	5d(2)	31
aution. A penalty for the la	le or incomplete filing of this material			5e	4
nder penalties of perjury and 3 or Schedule MB completed elief, it is true, correct, and co	other penalties set forth in the Institut d and signed by an enrolled actuary, projecte.	as well as the electronic	ve examined this return/repo	eport, including, if a	d. applicable, a Schedule of my knowledge and
ERE Signature of plan ac	Iministrator	10/11/19	Dean J.:	Phillips it	OC
IGN	ministratui	Date	Enter name of individua	al signing as plan a	administrator
ERE Signature of employ					
eparer's name (including fire	n name, if applicable) and address (ir	Date	Enter name of individua	al signing as emplo	ver or plan sponsor
rip this question		iciude room or suite num	ber)	Preparer's telephi Skip this que	one number
or Paperwork Reduction Ac					
I FOURTWOLK KAMILISTON A.	Motion and the t				

_	Form 5500-SF 2016		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligib	1- 1010							
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.	an independe	nt qualified public acc	ounta	int (IC	PA)	•••••		No
								····· X Yes	No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	ot use i oilli	3300-3F and must in	stea	d use	Forn	and the second	No.	
	art III Financial Information	isdiance prog	gram (see ERISA secti	ion 4	021)?	•••••	. Yes	☐ No ☐ Not deter	mine
7	Plan Assets and Liabilities		(a) Beginning (of Vo	0.5	_			
a	Total plan assets	. 7a				-	(b) End of Year	
b	Total plan liabilities	. 7b	0,8	90,	A North			6,778,623	3
C	Net plan assets (subtract line 7b from line 7a)	7c		00.	0	+		561	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	90,	760	+		6,778,062	2
a	Contributions received or receivable from:		(a) Amoun					(b) Total	
-	(1) Employers	8a(1)		95,2	292				
	(2) Participants	8a(2)	1	66,6	580				
b	(3) Others (including rollovers)	8a(3)							
c	Other income (loss)	8b	4	05,6	509		4 P. L. W.	College College	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7:	21,1	98			667,581	17
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		59,0	81				
g	Other expenses	8g		33,0	01			APRILATED TO	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			02.3974				
_	Net income (loss) (subtract line 8h from line 8c)	8i						780,279	
<u>i</u>	Transfers to (from) the plan (see instructions)	8i						(112,698)	
Television III	Plan Characteristics						F 12 42 0F 10		
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2G 2J 2K 2R 3D	aturo codos f	irom the List Cost		57. 62.11				
	2A 2E 2G 2J 2K 2R 3D	ature codes i	rom the List of Plan C	harad	cterist	ic Co	des in the i	nstructions:	
	If the plan provides welfare benefits, enter the applicable welfare fea								
	rt V Compliance Questions					-			
10	During the plan year:						200000000000000000000000000000000000000		
a	and a land to transmit to the plan any narticipant contribut	ione within the	- 4:		Yes	No	N/A	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Eidusi	e time period						
						20000			
b				10a		Х	F-9-25		
C	/			10b		x			
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?			10c	X			750,0	00
				40.		_			
е	carrier, insurance service, or other organization that provides some	er persons by	an insurance	10d		X	Harrie III		_
f				10e		x			
g	Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loope? (If IVec II and	?	***************************************	10f		x			
h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	AND THE RESERVE AND THE PARTY OF THE PARTY O		10g	x			46,4	01
				104				1	
i	" Toll was allowered Yes " check the how if you site			10h		X			
	exceptions to providing the notice applied under 29 CFR 2520.101-	3		10i			1916		1

-	Form 5500-SF 2016 Page 3 -					
Pa	Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum (
11	(Form 5500 and line 11a below)	omplete	Schedul	e SB	☐ Yes	X N
12	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		110			
12	ERISA? Facilities and subject to the minimum funding requirements of section 412 of the Co	de or se	ection 302	2 of	T	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12c, b, l				☐ Yes	X N
a	granting the waiver	uctions	, and ente	er the date	e of the lette	er ruling
b	somplete lines 5, 5, and 10 of Schedule MR (Form 5500) and also 4. It			ay	Year	
	rate minimum required contribution for this plan year		12b			
С	Enter the amount contributed by the employer to the plan for the plan year		12c			
d	negative amount)	eft of a				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	••••••				
Par	Plan Terminations and Transfers of Assets	***********		Yes _	No _	N/A
138	Has a resolution to terminate the plan been adopted in any plan year?					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••••		Yes	X No	
b	control of the PBGC?	under	13a the		V	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to		Yes X	No
1	oc(1) Name of plan(s):	12-(2)	FINI()			
		13c(2)	EIN(S)		13c(3)	PN(s)
	-					
	Trust Information - Skip These Questions				1	
144	Name of trust	MAN	14b	Trust's Ell	N	
14c	Name of trustee or custodian				43	
	and the second s		14d 1	Trustee or elephone	custodian' number	S
Part	IRS Compliance Questions - Skip These Questions					
15a	Is the plan a 401(k) plan? If "No," skip b.					Y .
15h	How did the plan asked it	□ ,	/es		☐ No	
.00	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-ba safe harbo		"Prior test	year" A
			Current y	ear"	□ N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	F	ADP test Ratio ercentage	a [/	Average	
16b	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?	te	est		penefit test	LI N
17a	If the plan is a master and prototype plan (M&R) countries the permissive aggregation rules?	□ Y	'es	- 14	☐ No	

17a 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

17b 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

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Defined Benefit Plan or Money Purchase Pension Plan Only:

☐ No

☐ No

Yes

Yes