Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Informatior	1							
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/	2015	and ending 12	2/31/2015					
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this beautiful a multiple-employer plan (not multiemployer) (Filers checking this beautiful a multiple-employer plan (not multiemployer) (Filers checking this beautiful a multiple-employer plan (not multiemployer) (Filers checking this beautiful a multiple-employer plan (not multiemployer) (Filers checking this beautiful a multiple-employer plan (not multiemployer) (Filers checking this beautiful a multiple-employer plan (not multiemployer) (Filers checking this beautiful a multiple-employer plan (not multiemployer) (Filers checking this beautiful a multiple-employer) (Filers										
71 11110 101	arry report to for.	a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program				
Don't II	Dania Dian Info	special extension (enter desc	<u>' </u>							
Part II		ormation—enter all requested in	formation		1b There a dimin	. 1				
1a Name NEWSOUT	of pian H NEUROSPINE, PLI	LC 401(K) PLAN			1b Three-digit plan numb (PN) ▶					
					1c Effective d					
					TO Lifective a	01/01/2008				
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Employer I (EIN)	dentification Number 20-0836590				
	town, state or province I NEUROSPINE, PLL	ce, country, and ZIP or foreign pos C	tal code (if foreign, see ins	structions)	2c Sponsor's telephone number 601-932-1733					
2470 FLOW(OOD DRIVE				2d Business o	code (see instructions)				
FLOWOOD,						621111				
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
4 If the r	oomo and/ar FINI of th	a plan ananaar haa ahangad ainaa	the last return/report filed	for this plan anter the	4b EIN					
name	, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	tile last return/report liled	ioi uns pian, enter me						
	or's name				4c PN	95				
_		s at the beginning of the plan year.			5a 5b					
		s at the end of the plan year			30					
		account balances as of the end of	' '	'	5c	91				
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)					
		articipants at the end of the plan ye			5d(2)	91				
		t terminated employment during the	• •		5e					
		or incomplete filing of this retur								
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.								
SIGN		l/valid electronic signature.	10/11/2016	FRANK YORK						
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator				
SIGN HERE										
	Signature of emplo		Date			ployer or plan sponsor				
Preparer's	name (including firm i	name, if applicable) and address (i	nclude room or suite numb	per)	Preparer's telep	none number				

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or control o	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Part III Financial Information	1				-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	. 7a		9700)894				10121	134
b Total plan liabilities	. 7b		0700	2004				40404	404
C Net plan assets (subtract line 7b from line 7a)	. 7с		9700	1894	-			10121	134
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otal	
(1) Employers	. 8a(1)		622	2795					
(2) Participants	. 8a(2)		397	7947					
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b		-47	7344					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							973	398
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		520	0654					
Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f		32	2504					
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							553	158
i Net income (loss) (subtract line 8h from line 8c)	. 8i							420	240
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instrud	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instruct	ions:	
— In the plant provides wonare sonome, onto the approache wonare t	oataro ooat	50 Hom the List of Flat	ii Onait	actoriot		100 111 1110	motract	10110.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		X				
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					500000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					Х				
			10f		-				
g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?	•	,	10g		X				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		X				
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			-			<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	s No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of EF	RISA?	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	for the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))?					No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st	ge Average benefit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a))15			
Employee Benefits Security Administration of the Internal Revenue Code (the Code). This Form is Open Complete all entries in accordance with the instructions to the Form FFCC SF										
Pension Benefit Guaranty Corporation										
		plan year beginning	01/01/20	115		1	2/31/20	1 5		
A This return/report		a single-employer		ple-employer plan (not n	and e					
A mas reconviegos	t is for.	a single-employer		icipating employer inform						
	I	a one-participant p			IGLIOII II	i accordance with	the form made	cuons)		
B This return/report is a one-participant plan a foreign plan the first return/report the final return/report										
an amended return/report a short plan year return/rep						s than 12 mont	he)			
C Check box if filing under:							DFVC progra	m		
special extension (enter description)										
Part II Basic	Plan Informa	ation - enter all requ								
1a Name of plan					1b	Three-digit				
NEWSOUTH NEUROSPINE, PLLC 401(K) PLAN					ĺ	plan number (F	(N°	001		
					1c	Effective date	of plan			
						01/0	1/2008			
Mailing address	(include room, a	if for a single-employ pt., suite no. and stre	et or P.O. Box)	fauriem and instal	2b Employer Identification Number (EIN) 20 - 0836590					
NEWSOUTH' N	EUROSPIN	ountry, and ZIP or fo	reign postal code (ii	roreign, see instr.)	2c	Sponsor's tele	phone numbe	ır		
2470 FLOWO	OD DRIVE				601	L-932-17	33			
					2d	Business code	(see instructi	ons)		
FLOWOOD		MS 392				6211	11			
3a Plan administrat	or's name and a	ddress X Same as	s Plan Sponsor.		3b	Administrator's	s EIN			
					3с	Administrator's telephone number				
4 If the name and/o	r EIN of the plan	enoneor has change	ed since the last retu	rn/report filed for this	4b	EIN				
	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.					LIIV				
a Sponsor's name		o piarriamoo, nom a			4c	PN				
- Sponosi o nam										
5a Total number of	participants at	the beginning of the	plan year		5a			95		
b Total number of	participants at	the end of the plan y	ear	•••••	5b					
C Number of part	icipants with acc	count balances as of	the end of the plan	ear (defined						
benefit plans do	not complete t	his item)			5c	<u> </u>		91		
d (1) Total numb	er of active parti	icipants at the beginn	ing of the plan year		5d(1)					
d (2) Total numb	er of active parti	cipants at the end of	the plan year		5d(2))		91		
e Number of part	icipants that terr	minated employment	during the plan year	with accrued	_					
	ere less than 100				5e	<u> </u>				
Caution: A penalty	for the late or i	ncomplete filing of nepalties set forth in	this return/report w the instructions. I de	vill be assessed unles eclare that I have exar	ss reas	sonable cause this return/repo	ıs established rt. including. if	applicable, a		
Schedule SB or Sch	edule MB compl	leted and signed by a orrect, and complete	an enrolled actuary, a	as well as the electron	ic vers	sion of this retur	n/report, and t	to the best of		
SIGN REF	. 0	\ - ~~	10-11-16	FRANK YORI	7					
HERE Signature	f plan administr	ator 4	Date		ividual signing as plan administrator					
Signature)			Eritor Harrie of Mark	riodario	Jigi iii ig as piai i				
SIGN MA. 10-11.16 FRANK YORK										
Signature of employer/plan sponsor Date Enter name of indiv					vidual s	signing as empl	oyer or plan sp	ponsor		
Preparer's name (in	cluding firm nan	ne, if applicable) and	address (include roc	m or suite number)		Preparer's tel	ephone numb	er		
						1				
						—				
						1				
}						1				
						1				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. 518571 12-07-15

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62 Wars all of the plants areats during the plantage invested in elleting	de constat (Considerate						ਚ	- П.	
Were all of the plan's assets during the plan year invested in eligitAre you claiming a waiver of the annual examination and report of							X Yes	∐ No	
(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver el							X Yes	П.,	
If you answered "No" to either line 6a or line 6b, the plan cann							A Yes	∐ No	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance					se ror	No		-4	
Part III Financial Information	program (oco Ermore o	50d011 402 1/			162	[INO	1 Livor de	etermined	
7 Plan Assets and Liabilities	T T	(a) Begi	nning	of Ye	ar	(b) End of \	/ear	
a Total plan assets	7a			0,8		(0		21,134	
b Total plan liabilities	7b		,	-, -				31/131	
C Net plan assets (subtract line 7b from line 7a)	7c	9	.70	0,8	94		10.13	21,134	
8 Income, Expenses, and Transfers for this Plan Year			Amo	<u>-</u>			(b) Tota		
a Contributions received or receivable from:					-			7.7	
(1) Employers	8a(1)		62	2,7	95		•		
(2) Participants	0-(0)			7,9					
(3) Others (including rollovers)							-		
b Other income (loss)	01		-4	7,3	44	STAT	EMENT	<u>r 1</u>	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							73,398	
d Benefits paid (including direct rollovers and insurance premiums t									
benefits)	8d		52	0,6	554	STAT	EMEN	r 2	
e Certain deemed and/or corrective distributions (see instructions)	8e						1.00		
f Administrative service providers (salaries, fees, commissions)	8f		3	2,5	04	STAT	PEMEN	r 3	
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)							5.	53,158	
i Net income (loss) (subtract line 8h from line 8c)	ایما							20,240	
j Transfers to (from) the plan (see instructions)	8i		-						
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable welfare benefits, enter the applicable pension benefits and the plan provides welfare benefits, enter the applicable pension benefits and the plan provides welfare benefits, enter the applicable pension benefits and the plan provides welfare benefits, enter the applicable pension benefits and the plan provides welfare benefits, enter the applicable pension benefits and the plan provides welfare benefits and the plan provides welfare benefits and the plan pension benefits and the plan provides welfare benefits and the plan provides wel									
Part V Compliance Questions									
10 During the plan year:			Yes	No	N/A		Amoun	t	
a Was there a failure to transmit to the plan any participant contrib	utions within the time	Э							
period described in 29 CFR 2510.3-102? (See instructions and D									
Fiduciary Correction Program.)		10a		X					
b Were there any nonexempt transactions with any party-in-interes	t? (Do not include								
transactions reported on line 10a.)		10b		X					
C Was the plan covered by a fidelity bond?		10c	X				5	00,000	
d Did the plan have a loss, whether or not reimbursed by the plan's									
was caused by fraud or dishonesty?		10d		X	1.3				
e Were any fees or commissions paid to any brokers, agents, or ot	her persons by an			1					
insurance carrier, insurance service, or other organization that pr				l					
the benefits under the plan? (See instructions.)		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	as of year end.)	10g		X					
h If this is an individual account plan, was there a blackout period?	(See instructions			ł					
and 29 CFR 2520.101-3.)		10h		X		<u> </u>			
i If 10h was answered "Yes," check the box if you either provided		or		x					
one of the exceptions to providing the notice applied under 29 C	one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						1. 1		
j Did the plan trust incur unrelated business taxable income?		10j	L	<u></u>	<u> </u>				
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require	ments? (If "Yes," see	instruction	ns and	comp	olete		_		
Schedule SB (Form 5500) and line 11a below)						<u></u>	Yes	No	
11a Enter the unpaid minimum required contribution for all years from					11a				
12 Is this a defined contribution plan subject to the minimum funding	g requirements of se	ction 412 o	f the (Code	or		_		
section 302 of ERISA?						<u></u>	Yes	X No	