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	Annual Report	Identification Information									
For calenda	ar plan year 2016 or fis	scal plan year beginning 01/01/2	2016 and ending 1	2/31/2016							
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a foreign plan								
B This retu	rn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)							
C Check b	oox if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC p	rogram						
Part II	Basic Plan Info	rmation—enter all requested inf	formation								
1a Name of ANESTHESIA	•	OXFORD, PLLC PROFIT SHARI	ING PLAN	1b Thre plan (PN)	number	001					
				1c Effec	ctive date of 12/23	⁻ plan 3/1991					
Mailing	address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C		2b Employer Identification Number (EIN) 64-0909661							
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ANESTHESIA CONSULTANTS OF OXFORD, PLLC				2c Sponsor's telephone number 662-236-1202							
				2d Business code (see instructions)							
23 CR 3024 OXFORD, MS	3 38655				6211	11					
3a Plan ad	dministrator's name an	d address X Same as Plan Spor	nsor.	3b Admi	inistrator's E	EIN					
				3c Admi	inistrator's t	elephone number					
name,	EIN, and the plan num	plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN							
a Sponso	or's name			4c PN							
5a Total r	number of participants	at the beginning of the plan year		5a		13					
b Total r	number of participants	at the end of the plan year		5b		7					
			the plan year (only defined contribution plans	5c		-					
d(1) Tota	al number of active par	ticipants at the beginning of the pl	an year	5d(1)		- :					
d(2) Tota	al number of active par	ticipants at the end of the plan year	ar	5d(2)							
e Numb	er of participants that t	terminated employment during the	plan year with accrued benefits that were less	5e							
			n/report will be assessed unless reasonable ca								
Under pena	ilties of perjury and oth	ner penalties set forth in the instruc	ctions, I declare that I have examined this return/re	eport, includi	ng, if applic	able, a Schedule					

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule MB completed and signed by an enrolled actuary, 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

bellet, it is t	rue, correct, and complete.	-					
SIGN	Filed with authorized/valid electronic signature.	06/14/2017	DAVID P HUGGINS, MD				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE			Enter name of individual signing as employer or plan sponsor				
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				
	Signature of employer/plan sponsor name (including firm name, if applicable) and address (include						

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 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								X Yes		
	If you answered "No" to either line 6a or line 6b, the plan cann									, 🗆 🖽
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		190614				•	337097	2
b	Total plan liabilities	7b		0)					0
С	Net plan assets (subtract line 7b from line 7a)	7c	3	190614	ļ				337097	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	- 411		55877	,					
	(1) Employers	8a(1)		36000						
	(2) Participants	8a(2)		36000						
	(3) Others (including rollovers)	8a(3)		252608						
	Other income (loss)	8b		232000					34448	<u> </u>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							34440	J
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		133547	.					
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		30580)					
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16412	7
i	Net income (loss) (subtract line 8h from line 8c)	8i							18035	8
j	Transfers to (from) the plan (see instructions)	8i		C)					
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	feature co	odes 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 for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					300000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 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	he require	d notice or one of the	10i						

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Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	X No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C? s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					[Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	_				ng
	_	g the waiver			Day	/	Yea	ar	
					12b				
	Enter tr	e minimum required contribution for this plan year							
		e amount contributed by the employer to the plan for this plan year			12c				
a		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the /e amount)			12d				
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	L N	I/A
Part	VII F	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1) N	ame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part		Trust Information			441.				
14a	Name o	f trust			146	Trust's I	EIN		
14c	Name o	f trustee or custodian					's or cust ne numb		
Par	t IX	IRS Compliance Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No		
		the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply:	IШ		n-based narbor	j ["Prio test	r year" <i>F</i>	ADP
	()(.	,		"Curre	ent year test	,,	N/A		
16a		esting 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 tes	st 🗌	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	ter, ente	r the dat	e of
17b	If the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		from	Ye	s	No		
19	Was ar	ly plan participant a 5% owner who had attained at least age 70 $^{\prime\prime}$ 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		t Identification Information	1									
For	calendar plan year 2016 or	fiscal plan year beginning	01	/01/	2016	and ending	1:	2/31/2016				
Α	This return/report is for:	x a single-employer plan	a list of participating employer information in accordance with the form instructions.)									
D	This return/see estima	a one-participant plan	a foreign plan									
D	This return/report is:	the first return/report	the final return/report									
		an amended return/report	a shor	t plan	year ret	urn/report (less than	12 months))				
С	Check box if filing under:	Form 5558 special extension (enter desc	i	atic ex	dension			DFVC progra	am			
6	ort II Pacia Blan Inf											
	art II Basic Plan Inf Name of plan	ormation enter all requested	information				146		T			
	•	TANTS OF OXFORD, PLLC PR	OFTT 611	D T340		•	ai	Three-digit plan number				
	ANDDINEDIA CONDOL.	TAKES OF OXFORD, FELC PR	OFII SHA	IKING	PLAN			(PN) ►	001			
								Effective date o	f plan			
2a	Plan sponsor's name (emp	oloyer, if for a single-employer plan)						12/23/1991	· · · · · · · · · · · · · · · · · · ·			
	 Mailing Address (include re 	oom, apt., suite no, and street, or P.	O. Box)					(EIN) 64-09	ification Number			
		nce, country, and ZIP or foreign pos	stai code (it t	oreign	, see in:	structions)		Sponsor's telep				
	MIDTINDIA COMPONI	ANIB OF OXFORD, FILE						(662) 236-:				
							2d	Business code	(see instructions)			
	23 CR 3024							621111				
	US OXFORD MS 38655											
3а	Plan administrator's name	and address 🗓 Same as Plan Sp	onsor				3b	Administrator's	EIN			
							3с	Administrator's	telephone number			
4	name. EIN. and the plan no	he plan sponsor has changed since umber from the last return/report.	the last retu	ırn/rep	ort filed	for this plan, enter th	ne 4b	EIN				
а	Sponsor's name	and an are fact total in oposit.					4c	DNI				
5a	· · · · · · · · · · · · · · · · · · ·	s at the beginning of the plan year		· · · · · · · · · · · · · · · · · · ·					13			
b		s at the end of the plan year							7			
С	Number of participants with	account balances as of the end of	the plan yea	ar (only	y define	d contribution plans			<u>'</u>			
	complete this item)	***************************************	***************************************	***********	********				7			
d(Total number of active page 	articipants at the beginning of the pl	an year 🛚	********	************	=======================================	5d(1)	3			
d(2) Total number of active pa	articipants at the end of the plan yea	ar	*******	***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(2)	0			
е	Number of participants that	terminated employment during the	plan year w	ith acc	crued be	nefits that were						
	less than 100% vested	***************************************	**********		*********	*****	5e	*	0			
Ca	ution: A penalty for the late	e or incomplete filing of this retu	rn/report wi	II be a	ssesse	d unless reasonable	e cause is	established.				
Un	der penalties of perjury and	other penalties set forth in the instru	uctions, I de	clare th	hat I hav	e examined this retu	rn/report, ir	icluding, if applic	cable, a Schedule			
SE be	ilef, it is true, oprrect! and co	and signed by an enrolled actuary,	as well as ti	ne elec	ctronic v	ersion of this return/r	eport, and	to the best of m	y knowledge and			
				<u>1</u>								
S	IGN W			+	11. -	DAVID P. HUGO						
н	ERE Signature of plan ad	ministrator	Date	W	 	Enter name of indiv	vidual signir	ng as plan admir	nistrator			
	IGN XX					DAVID P. HUGO	GINS, M.	D.				
	ERE Signature of employ		Date		$\overline{H}\overline{L}$	Enter name of indiv	vidual signir	ng as employer	or plan sponsor			
Pre	eparer's name (including film	name, if applicable) and address (include roon	ı or En	itė num	per)	Prepa	rer's telephone	number			
J۴	dip this question			-	v		Skit	this questi	on			

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of a						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		X Yes No				
	If you answered "No" to either line 6a or line 6b, the plan canno						
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 40	21)?	•••••	Yes	No Not determined
P	art III Financial Information	·					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		(t) End of Year
а	Total plan assets	7a	3,190,6	14			3,370,972
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	3,190,6	14			3,370,972
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from:	0-/4)	EE 0				
	(1) Employers	8a(1)	55,8				
	(2) Participants	8a(2)	36,0	0			
b	(3) Others (including rollovers)	8a(3) 8b	252 6				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	252,6	08			
d	Benefits paid (including direct rollovers and insurance premiums						344,485
	to provide benefits)	8d	133,5	47			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	30,5	80			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					164,127
i	Net income (loss) (subtract line 8h from line 8c)	8i					180,358
j	Transfers to (from) the plan (see instructions)	8j		0			
P	art IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Chara	cterist	ic Co	des in the	instructions:
	2A 2E 2F 2G 2J 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture code:	s from the List of Plan Charact	eristic	Code	es in the ir	structions:
50000000000000000000000000000000000000					····		
Pi	art V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount
а	· · · · · · · · · · · · · · · · · · ·						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		l l		_		
	Program)				X		
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		ı		x		

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					
	Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
C	Was the plan covered by a fidelity bond?	10c	x			300,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

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Part V	Pension Funding Compliance				
11 Is	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions form 5500 and line 11a below)	and complete S	chedul	e SB	Yes X No
11a E	nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line	40	11a		•••
12 i	s this a defined contribution plan subject to the minimum funding requirements of section 412 of RISA?	the Code or sec	tion 303	2 of	. Yes X No
	If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
gı	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s anting the waiver	Month	_	er the da	ite of the letter ruling Year
If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.			
b E	nter the minimum required contribution for this plan year	***************	12b		
	nter the amount contributed by the employer to the plan for the plan year		12c		
d S	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign egative amount)	to the left of a	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No					□ No □ N/A
Part V	Plan Terminations and Transfers of Assets				
	as a resolution to terminate the plan been adopted in any plan year?	***************************************	[x Yes	☐ No
		*************************	13a		
b W	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or introl of the PBGC?	brought under th	ie		Yes X No
C If,	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), nich assets or liabilities were transferred. (See instructions.)	identify the plan((s) to		
13c(1) Name of plan(s):	13c(2) E	IN(s)		13c(3) PN(s)
Part V	Trust Information - Skip These Questions	······································			
14a Na	ame of trust		14b	Trust's E	EIN
14c Na	ame of trustee or custodian				or custodian's ne number

		telephon	e number	
Part IX IRS Compliance Questions - Skip These Questions				
15a Is the plan a 401(k) plan? If "No," skip b		Yes	☐ No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-based safe harbor	"Prior y	ear" ADP
		"Current year" ADP test	□ 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:		Ratio percentage	Average benefit test	□ N/A
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?		Yes	☐ No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter/ and serial number	pinion	letter or advisory le	etter, enter the	date of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	r the	date of the most re	cent determina	tion

Yes No

☐ No

Yes

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?

service? _____

Defined Benefit Plan or Money Purchase Pension Plan Only: