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

	art I Annual Repor	rt Identification Information							
For	calendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016					
Α.	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a						
		a one-participant plan	a foreign plan		,				
Вт	his return/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12 r	nonths)					
C	Check box if filing under:	Form 5558	automatic extension	DFVC p	program				
		special extension (enter descr	. ,						
Pa	rt II Basic Plan Int	formation—enter all requested in	formation						
	Name of plan ROLOGICAL & SPINE SUR	GERY ASSOCIATES, PC CASH BA	ALANCE PLAN		number				
				(PN)	ctive date of plan				
				IC LINE	01/01/2011				
2a		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)	2b Emp	loyer Identification Number 13-3940961				
NEUF	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EUROLOGICAL & SPINE SURGERY ASSOCIATES, PC				2c Sponsor's telephone number 914-493-7195				
				2d Busi	ness code (see instructions)				
	BOX 98				621111				
1AVV	THORNE, NY 10532								
3a	Plan administrator's name	and address Same as Plan Spor	nsor.	3b Adm	inistrator's EIN				
		GERY ASSOCIATES, PC P.O. BOX			13-3940961				
		HAWTHO	PRNE, NY 10532	3c Adm	inistrator's telephone number				
					914-493-7195				
4	If the name and/or FIN of t	he plan approar has abouted since	the last return/report filed for this plan enter the	4h FINI					
4		number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
а	Sponsor's name	·		4c PN					
5a	Total number of participan	ts at the beginning of the plan year		5a	2				
b	Total number of participan	ts at the end of the plan year		5b					
С			the plan year (only defined contribution plans	5c					
d(1) Total number of active p	participants at the beginning of the pl	lan year	5d(1)					
d(2) Total number of active p	participants at the end of the plan year	ar	5d(2)					
	than 100% vested		e plan year with accrued benefits that were less	5e					
Cau	tion: A penalty for the lat	e or incomplete filing of this returi	n/report will be assessed unless reasonable ca	ause is esta	blished.				

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 SB or 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.

belief, it is t	rue, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	07/17/2017	RAJ MURALI				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include	Preparer's telephone number					
ı							

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b 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.)	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of a Total plan assets	X Yes No
Part III	Not determined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of a Total plan assets 7a 889241 b Total plan liabilities 7b from line 7a) 7c 889241 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 8a(2) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 55128 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 0 f Administrative service providers (salaries, fees, commissions) 8f g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i	
a Total plan assets 7a 889241 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 889241 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Capability a Contributions received or receivable from:	Year
b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 889241 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: a Contributions received or receivable from: 8a(1) 0 (1) Employers 8a(2) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 55128 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 944369 e Certain deemed and/or corrective distributions (see instructions) 8e 0 e Certain deemed and/or corrective distributions (see instructions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) <th< th=""><th>0</th></th<>	0
C Net plan assets (subtract line 7b from line 7a) 7c 889241 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	0
a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i	al
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
to provide benefits)	55128
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions) g Other expenses	
f Administrative service providers (salaries, fees, commissions) g Other expenses	
g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	944369
	-889241
J Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruc	
1C	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction	ons:
Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	50000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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.)	
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	

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Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)						Yes	X No
	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				f		Yes	X No
	(If "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver		ns, and	d enter t Day		of the let Yea		ng
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			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				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)	eft of a		12d				
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	1	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X Yes	No)
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
1	3c(1)	Name of plan(s):	•	13c(2)	EIN(s)		13c	(3) PN	l(s)
Part	VIII	Trust Information			1				
14a	Name	of trust			14b ⁻	Trust's E	ΞIN		
14c	Name	e of trustee or custodian					s or custone number		;
Part	: IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did 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 [erior lest	year" .	ADP
	,			"Curre	ent year test	"	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 tes	t [N/A
16b		ne 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		
	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter/ and the serial number	opinior						
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	nter the	date	of the m	nost rec	ent deteri	minatio	on
	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 sepace?		from	Ye	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $rac{1}{2}$ during the prior plan year?		Ye	s [No			

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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**

	ort Identification Information	n								
For calendar plan year 2016		01/01/2016	and ending	12/31/2						
	a single-employer plan	a multiple-employer pla								
A This return/report is for:	a one-participant plan	list of participating em	e form instructions.)							
		☐ a ror orgin prair								
B This return/report is	the first return/report	X the final return/report								
	an amended return/report	a short plan year return	report (less than 12 m	months)						
C Check box if filing under:	D			П						
Check box if filling under.	☐ Form 5558	automatic extension		DFVC progra	m					
	special extension (enter desi									
	nformation—enter all requested in	nformation		F						
1a Name of plan				1b Three-digition plan number						
NEUROLOGICAL & SPI	NE SURGERY ASSOCIATES,	PC CASH BALANCE	PLAN	(PN)	002					
				1c Effective of	tate of plan					
				01/01/2						
2a Plan sponsor's name (er	mployer, if for a single-employer plan))			Identification Number					
Mailing address (include	room, apt., suite no. and street, or P.	.O. Box)		(EIN)13-	3940961					
	ovince, country, and ZIP or foreign pos TINE SURGERY ASSOCIATES		uctions)	2c Sponsor's	telephone number					
HEOROEOGEORE & DE	THE CONCENT PROCEEDING	, 10		914-493						
P.O. BOX 98					code (see instructions)					
				621111						
HAWTHORNE	NY 10532									
3a Plan administrator's nam	ne and address Same as Plan Spe	onsor.		3b Administra	ator's EIN					
	INE SURGERY ASSOCIATES,			13-39409	961					
				3c Administra	ator's telephone number					
P.O. BOX 98				914-493-	-7195					
HAWTHORNE	NY 10532									
4 If the name and/or EIN of	of the plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b EIN						
	n number from the last return/report.									
a Sponsor's name				4c PN						
	ants at the beginning of the plan year			5a	21					
	eants at the end of the plan year			5b	1					
	with account balances as of the end of			5c						
				5d(1)						
	e participants at the beginning of the	TO THE OWNER OF THE PARTY OF TH								
	re participants at the end of the plan y			5d(2)						
	that terminated employment during the		netits that were less	5e						
Caution: A penalty for the I	late or incomplete filing of this retu	rn/report will be assessed	uniess reasonable ca	use is establish	ed.					
	nd other penalties set forth in the instr									
belief, it is true, correct, and	ed and signed by an enrolled actuary, complete.	, as well as the electronic ver	sion of this return/repo	rt, and to the besi	of my knowledge and					
SIGN Com	ahi		Raj Murali							
HERE	lan administrator	Date 7-17-17		dual signing os ol	an administrator					
THE PERSON OF TH	an administrator	Date 1-11-1	Enter name of individ	Juai Signing as pi	ari auriiriisiratoi					
SIGN HERE	~~~		,							
Signature of er	mployer/plan sponsor	Date 7 - 1 7 - 17			nployer or plan sponsor					
rieparei s name (including ti	irm name, if applicable) and address	(include room of suite numbe	1)	Preparer's tele	priorie number					
					· 美国的第					

			_		
P	1225	925	2		
	20	10			

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b	Were all of the plan's assets during the plan year invested in eligil 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 can If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the pBGC in the plan is a defined benefit plan, is it covered under the pBGC in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the p	an independ and condition not use Form	ent qualified public ans.) n 5500-SF and must	ccount	ant (IQ	PA)	5500.		X Yes X Yes Not deter	
	rt III Financial Information					L	-		3	
7	Plan Assets and Liabilities		(a) Beginning	of Year	T		(b) End o	f Year	
a	Total plan assets	. 7a		889,	_					(
	Total plan liabilities	. 7b			0					(
С	Net plan assets (subtract line 7b from line 7a)	. 7c		889,	241					(
8	Income, Expenses, and Transfers for this Plan Year	32.2	(a) Amoun	t				(b) To	tal	
	Contributions received or receivable from:				0					1
	(1) Employers				0		Na Sil			
-	(2) Participants	. 8a(2)		-	0					
	(3) Others (including rollovers)									3,0
	Other income (loss)	. 8b		55,	128					F 100
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			-		-		5	5,128
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		944,	369					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0			THE		
f	Administrative service providers (salaries, fees, commissions)	. 8f			0					
q	Other expenses	. 8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)				0.00				94	4,369
i	Net income (loss) (subtract line 8h from line 8c)									9,241
i	Transfers to (from) the plan (see instructions)	- 8j					- '-			
Pai	rt IV Plan Characteristics	1 01								
	If the plan provides pension benefits, enter the applicable pension	n feature code	es from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
	1C									
b	If the plan provides welfare benefits, enter the applicable welfare	feature code:	s from the List of Pla	n Chara	acterist	tic Co	des in t	he instruc	ctions:	
	Name of the last o			_						
	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	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)			10a		X				
b		st? (Do not in	clude transactions	10b		Х				
c	Was the plan covered by a fidelity bond?			10c	Х				5	50,00
d	Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	s fidelity bond	i, that was caused	10d		х				
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		х				
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-en	d.)	10g		х				
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10h						
							Accessed to the last of the la			