-	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210- 1210-				
	tment of the Treasury nal Revenue Service	This form is required to be filed		etirement	2016					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (This Form is Open to Public Inspection							
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.					
For calenda		dentification Information cal plan year beginning 01/01/20)16	and ending 12	/31/2016					
		a single-employer plan	a multiple-employer pla			king this box must attach	a			
A This ret	urn/report is for:	a one-participant plan				with the form instructions.)				
B This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check	box if filing under:	K Form 5558	automatic extension		DFVC p	ragram				
• encourt		special extension (enter descri		l	_ релсь	rogram				
Part II	Basic Plan Infor	mation—enter all requested info	,							
1a Name		mation—enter an requested mit	Jimalion		1b Thre	e-diait				
SOUTHERN NEUROLOGIC AND SPINAL INSTITUTE, P.A. 401K PROFIT SHARING PLAN						number 003				
					1c Effect	tive date of plan 01/01/2004				
Mailing	address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.O.		uctions)	2b Employer Identification Number (EIN) 64-0947024					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SOUTHERN NEUROLOGIC AND SPINAL INSTITUTE, P.A.				2c Sponsor's telephone number 601-579-4440					
SUITE 300	LINCOLN PARKWAY SUITE 300 HATTIESBURG, MS 39402					2d Business code (see instructions) 621111				
	3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN					
						3c Administrator's telephone number				
		plan sponsor has changed since the base of the base of the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
5a Total ı	number of participants a	at the beginning of the plan year			5a		47			
		at the end of the plan year			5b		0			
		ccount balances as of the end of th			5c		0			
	,	icipants at the beginning of the pla		-	5d(1)		35			
• •		ticipants at the end of the plan year	-	F	5d(2)		C			
e Numb	per of participants that te	erminated employment during the	plan year with accrued be	nefits that were less	5e		C			
		r incomplete filing of this return			se is estal	olished.				
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruct d signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Sched	lule nd			
SIGN Filed with authorized/valid electronic signature. 05/08/2017 DAVID LEE				DAVID LEE						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator				
SIGN HERE										
	Signature of employ name (including firm na	/er/plan sponsor ame, if applicable) and address (inc	Date Clude room or suite numbe			as employer or plan spon s telephone number	SOL			

				<u></u>							
6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
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 and conditions.)										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	program (see ERISA section 4021))? Yes No Not determined							
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	2252986	0							
b	Total plan liabilities	7b	0	0							
С	Net plan assets (subtract line 7b from line 7a)	7c	2252986	0							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from:		0								
	(1) Employers	8a(1)	0								
	(2) Participants	8a(2)	0								
	(3) Others (including rollovers)	8a(3)	0								
b	Other income (loss)	8b	15363								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		15363							
d	Benefits paid (including direct rollovers and insurance premiums		2267599								
	to provide benefits)	8d	2207599								
e	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	750								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2268349							
i	Net income (loss) (subtract line 8h from line 8c)	8i		-2252986							

Part IV Plan Characteristics

j

Transfers to (from) the plan (see instructions)

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3H

8j

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	X			1000000
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		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-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				

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)					<u> </u>	Yes 🗙 No		
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No		
		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 inst	tructior	is, and	enter t	he date	of the lette	er ruling		
	<u> </u>	ting the waiver			_ Day	′	Year _			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter amount)			12d					
е	Will	the 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?				X Ye	s N	lo		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	No		
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to					
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)			
Part	VIII	Trust Information								
		of trust			14b 1	Frust's I	EIN			
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number					
					I	leiepho	ne number			
Par	LIV	IRS Compliance Questions								
Fai							Π			
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:		Desigi safe h	n-based arbor	1 [Prior yet test	ear" ADP		
				"Curre ADP t	ent year' est	13	N/A			
16a	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:						centage			
16b		he 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		nter the	date o	of the m	lost rec	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 ce?		rom	Yes	s [No			
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No			

I

.

	m 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Employ	ee	OMB Nos. 1210-0110 1210-0089			
	ment of the Tressury at Ravenue Service	This form is required to be		and 4065 of the Employee	,	2016			
	pariment of Labor nefits Security Administration	Retirement Income Security A the in	ternal Revenue Code (the		This Form is Open to Put				
Pension Br	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the Instru	ctions to the Form 5500)-SF,	Inspection			
l:⊁ič{}	i meda	dentification Information							
for calenda	ar plan yea <u>r 2016 or flac.</u>	al plan year beginning	01/01/2016	and ending	12/31/20	01.6			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attech a list of participating employer information in accordance with the form instructions.) a one-participant plan a loreign plan a This return/report is: i the first return/report a foreign plan a anended return/report a short plan year return/report (less than 12 months)									
C Check i	oox if filing under:	x Form 5558 ☐ special extension (enter descri	iption)			program			
Réference	Beele Plan Infor	mation enter at requested							
1a Neme	of plan	and Spinal Institute,		Sharing	1b Three-di pian num (PN) ►				
Plan					1c Effective	dale of plan			
Mailin	g Address (include room	er, if for a single-employer plan) n, spt., suite no. and street, or P.C , country, and ZIP or foreign post.). Box) al code (if foreign, see inst	nuctions)		r Identification Number 54–0947024			
-		and Spinal Institute,	· -		2c Sponsor's telephone number (601) 579-4440				
Suit	ncoln Parkway æ 300				2d Business code (see instructions) 621111				
	ttiesburg MS 39402	d address 🛛 X Same es Plan Spo	ncor		3b Administ	rator'a EIN			
		plan sponsor has changed since	the last return/report filed t	for this plan, enter the	4b EIN	rator's telephone number			
	, env, and the plan num sor's name	ber from the last return/report,			4C PN				
		it the beginning of the plan year			5a	47			
		it the end of the plan year			5b	0			
C Numb	er of participants with a	ccount balances as of the end of t	he plan year (only defined		5c	· 0			
		cipants at the beginning of the pla			5d(1)	35			
d(2) Tota	al number of active parti	cipants at the end of the plan yea	Γ		5d(2)	0			
		rminated employment during the			5e	0			
Under per SB or Sch	nalties of perjury and oth	or incomplete filing of this returner penalties set forth in the instruid signed by an enrolled ectuary, whete.	ctions, I declare that I hav	e examined this return/re	port, including, l	If applicable, a Schedule			
Nate Ni	<u>بد</u>		<u> 5/8/17</u>	David Lee					
	Signature of plan admi	nistrator	Date 5/8/17	Enter name of Individua David Lee	el elgning es ple	an administrator			
			<i>``††*</i> *						
Preparer's	Signature of employer/ s name (including firm n is question	pian sponsor ame, if applicable) and address (li	Date	Enter name of Individua per)		ephone number.			
For Pape	rwork Reduction Act N	lolice, see the instructions for I	Form 6500-SF.			Form 5500-8F (2016			

	Form 5500-SF 2016		Page 2							
6 a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See Instructions.)			****	ar i avia i a · 4		XYes	ΠNο
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 at								X Yes	No
-	If you answered "No" to either line 6a or line 6b, the plan canno					_				l = 1 = = = = /= = = d
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	Dgreim (See Erkish Section	140Z	IJŗ.	••••••	tes			1919IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	Financial Information					1				
7	Plan Assets and Liabilitiee		(a) Beginning of	Year				(b) End	ofYear	
<u>a</u>	Total plan assets	7a	2,25	2,9						
b	Total plan liabilities and a second s	715			0					0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	2,25		56			/6\ 1	[ata]	0
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	((a) Amount			6635		(0) 	^r otal	ar an M
_	(1) Employers	8a(1)			Q	1997 (1997) 1997 (1997) 1997 (1997)	States -			<u>san 2</u>
	(2) Participanta	8a(2)			0	de set		generation en Herenation		$\sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{i$
	(3) Others (including rollovers)	. 8a(3)			٥		Ris.	<u>,</u>	<u>;;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
b	Other Income (loss)	. Bb		5,3			1. A. 1. A. 2. A.	人民語識的		Wissin St.
C	Total Income (add lines 8a(1), 6a(2), 6a(3), and 6b)	8c			(1999) (1999)				15	,363
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2,26	57,5	99				an a	
θ	Certain deemed and/or corrective distributions (see instructions)	. 8e							n standing. The standing of the standing of	
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	. 8f				N/A				
g	Other expenses	. Bg	n an		50		<u>1999</u>	is Nite A	Ê GÛÛÂ -	himstel fint for a mit
h	Total expenses (add lines 8d, 8e, 6f, and 8g)	. <u>Bh</u>		NAMA	B. M. Barrish and Street and Street				2,268	
<u> </u>	Net Income (loss) (subtract line 8h from line 8c)	. 81				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			(2,252,	
	Transfers to (from) the plan (see instructions)	. 8j					6.6.2		State State	
	Plan Characteristics									
. 9a	If the plan provides pension benefits, enter the applicable pension $\hat{\mathbf{w}}$	eature code	as from the List of Plan Ch	əraçi	lerielic	: Code	as in th	e instruct	ions:	
	2E 2F 2G 2J 2K 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fea	alure code:	s from the List of Plan. Cha	racte	distic !	Codes	; in lhe	Instructio	ins:	
	an V Compliance Questions			-			100			
10	During the plan year:			r	Yes	No	-Sta		Amount	
i	B Was there a failure to transmit to the plan any participant contribution						Arist			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	-	•	40.		x				
_	Program) environmentations with any party-in-interest			10a	1	^	1999 (See A			<u> </u>
	reported on line 106.	``		106		х				
-	C Was the plan covered by a fidelity bond?		• •	10c	х				1,	000,000
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		x	i.			
_	 Were any fees or commissions paid to any brokers, agents, or other 			100			line i			
	certier, insurance service, or other organization that provides con the plan? (See instructions.)	ne or all of I	the benefits under	10e		x				
	Has the plan failed to provide any benefit when due under the pla	m?		10f		x	jar Artes			
	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		x				
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See Instru	ctions and 29 CFR	101		x	5.95 <u>3</u>			
	If 10h was answered "Yes," check the box if you either provided t	he required	I notice or one of the		·		Lange de la compañía de la compañía La compañía de la comp	1. 19 A. 19 A. 19	e and	W.
	 exceptions to providing the notice applied under 29 CFR 2520.10 	1-3 nemo	***********	101	1	1	". Online surf	1.2		

,

.

Form 550	00-SF 2016 Page 3 -						
Personal Per	nsion Funding Compliance						
11 Is this a defi	ned benefit plan subject to minimum funding requirements? (If "Yes," see instructions a and line 11a below)	and complete	s Schedu	le SB		Yes 🔀	No
	paid minimum required contributions for all years from Schedule SB (Form 5500) line -					,	
12 is this a def	ined contribution plan subject to the minimum funding requirements of section 412 of t	he Code or s	ection 30	2 of		Yes 🕱	No
(If "Yes," o	omplete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	f the minimum funding standard for a prior year is being amortized in this plan year, se waiver			ter the da Dev	te of the l Yea		9
	ed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I						
b Enter the mi	nimum required contribution for this plan year.	1 41 - + 4 - + 1 1 - + + + + + + + + + + + + + + +	121	3			
c Enter the an	nount contributed by the employer to the plan for the plan year		120	<u>.</u>			
d Subtract the negative am	amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to jount)		1 1 / 1	1		1	
e Will the mini	mum funding amount reported on line 12d be met by the funding deadline?	******		Yes	🗌 No		4
Paul Miles Pla	an Terminations and Transfers of Assets						
13a Has a resolu	tion to terminate the plan been adopted in any plan year?	d+ub1 6d1 ed+ 614+66d+		X Ye	s 🗋	No	
if "Yes," ent	er the amount of any plan assets that reverted to the employer this year		13				0
b Were all the control of th	plan assets distributed to participants or beneficieries, transferred to another plan, or e PBGC7				Yes	□ No	· · · ·
	s plan year, any assets or liabilities were transferred from this plan to another plan(s), s or liabilities were transferred. (See instructions.)	Identify the p	lan(a) to				
13c(1) Name c	of plan(s):	13ci	(2) EIN(s)		13	c (3) PN(s)
Gare XIII Tru	ust Information - Skip These Questions						
14a Name of tru			14	lb Trust's	EIN		
14c Name of tru	slee or cuelodien		14	id Truste telepho	e or custo one numb		
Bad K IR	S Compliance Questions - Skip These Questions		I				
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 r the plan year? Check all that apply:		Desig safe h	n-based arbor		"Prior yea test	ar" ADP
			Curre	ent year" est		N/A	
•	g method was used to satisfy the coverage requirements under section 410(b) for the p k all that apply:		Railo percei test	ntage 🗌	Avera benef		N/A
	satisfy the coverage and nondiscrimination requirements of eactions 410(b) and 401(year by combining this plan with any other plan under the permissive aggregation rule		Yes			No	
the letter	a master and prototype plan (M&P) or volume submitter plan that received a favorabl						
	: an individually-designed plan that received a favorable determination letter from the) //	RS, enter the	e date of	lhe most r	ecent det	erminallo	n
18 Defined Ber Were any di	nefit Plan or Money Purchase Pension Plan Only: istributions made during the plan year to an employee who attained age 62 and had no				»s 🗖	No	
	an participant a 5% owner who had attained at least age 70 ½ during the prior plan yes				»\$ 🗌	No	