Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan						OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					etirement	2016			
Employee B	epartment of Labor enefits Security Administration	Internal	This Form is Open to Public Inspection						
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	ructions to the Form 55	500-SF.				
For calenda	ar plan year 2016 or fisc	dentification Information	16	and ending 12	2/31/2016				
		X a single-employer plan				king this box must attach a			
A This ret	turn/report is for:	a one-participant plan	list of participating em	nployer information in ac	cordance v	vith the form instructions.)			
B This retu	urn/report is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	er: X Form 5558 automatic extension DFVC program							
		special extension (enter descrip	,						
Part II		mation—enter all requested info	rmation						
1a Name THE MERID	•	OAT CLINIC, P.A. PROFIT SHARI	ING PLAN AND TRUST		1b Thre plan (PN)	number			
						ctive date of plan 01/02/1972			
Mailing	g address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O.			2b Employer Identification Number (EIN) 64-0511775				
	EAR NOSE AND THROA	country, and ZIP or foreign postal T CLINIC, P.A.	code (if foreign, see instr	ructions)	2c Sponsor's telephone number 601-483-9358				
1525 22ND A MERIDIAN, M			2d Business code (see instructions) 621111						
3a Plan a	dministrator's name and	I address X Same as Plan Spons	or.			inistrator's EIN inistrator's telephone number			
		plan sponsor has changed since th ber from the last return/report.	e last return/report filed for	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN	ſ			
5a Total	number of participants at	t the beginning of the plan year			5a	14			
		t the end of the plan year			5b	13			
		ccount balances as of the end of th		•	5c	13			
d(1) Tot	al number of active parti	cipants at the beginning of the plar	ı year		5d(1)	14			
• •		cipants at the end of the plan year			5d(2)	13			
	· ·	erminated employment during the p	2		5e				
Caution: A	A penalty for the late or	r incomplete filing of this return/	report will be assessed	unless reasonable cau					
SB or Sche		er penalties set forth in the instructi I signed by an enrolled actuary, as ete.							
SIGN HERE Filed with authorized/valid electronic signature. 09/26/2017 JOSEPH T BALZLI Signature of plan administrator Date Enter name of individe					ZLI				
					ual signing	as plan administrator			
SIGN HERE									
	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number								

				X Yes No						
6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
D	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.)									
	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	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Vot determined									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	7952594	8586219						
b	Total plan liabilities	7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	7952594	8586219						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:		91840							
	(1) Employers	8a(1)	47723							
	(2) Participants	8a(2)	41125							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	617769							
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		757332						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	123607							
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	100							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		123707						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		633625						
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2R$ $3D$	feature coo	des from the List of Plan Characteristi	c Codes in the instructions:						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristic	Codes in the instructions:						

Part V Compliance Questions

10	During the plan year:					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		
С	Was the plan covered by a fidelity bond?	10c	Х			500000
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		Х		

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11	VI	Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)							Y	es 🗙 No
11a	1a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section								Y	es 🗙 No
ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	lf a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instring the waiver.		_	er tl Dav			letter ear	ruling
lf	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			,				
b	Enter	the minimum required contribution for this plan year		12	b				
		the amount contributed by the employer to the plan for this plan year		40	с				
	Subti	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	ft of a	12	d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	0	N/A
Part	VII	Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?				Ye	s 🕽	< No	
		es," enter the amount of any plan assets that reverted to the employer this year			ı		L	_	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	nt under	the			Ye	s X	No
С	lf, du	ol of the PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify						<u> </u>	
		n assets or liabilities were transferred. (See instructions.) Name of plan(s):	12		(0)	PN(s)			
	36(1)		13	c(2) EIN	(5)			30(3)	FIN(5)
-									
Part	VIII	Trust Information							
14a	Name	of trust		14	bт	rust's I	EIN		
14c	Name			14					
		of trustee or custodian		14	d T	'rustee'	s or cu	stodia	an's
		of trustee or custodian		14		rustee' elepho			an's
				14					an's
Part	t IX	of trustee or custodian IRS Compliance Questions		14					an's
				es	t	elepho	ne nun	iber	
15a 15b	Is the How c	IRS Compliance Questions plan a 401(k) plan? If "No," skip b			t	elepho	ne nun	iber or yea	an's
15a 15b	Is the How c	IRS Compliance Questions plan a 401(k) plan? If "No," skip b		es esign-ba	t sed	elepho	ne num	or yea	
15a 15b	Is the How c 401(k)	IRS Compliance Questions plan a 401(k) plan? If "No," skip b		es esign-bas ife harbo current ye	t sed	elepho	No "Pri tesi	or yea	
15a 15b	Is the How c 401(k) What	IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		es esign-bas ife harbo current ye DP test	t sed r ear"	elepho [A	No	or yea	
15a 15b 16a 16b	Is the How c 401(k) What year? Did th	IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		es esign-baa fe harbo current ye DP test atio ercentag	t sed r ear"	elepho [A	No No No N/A N/A verage	or yea	ar" ADP
15a 15b 16a 16b	Is the How c 401(k) What year? Did th for the	IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		es esign-baa fe harbo current ye DP test atio ercentag est es	t sed r ear"	elepho [[b	No No N/A N/A Verage enefit t	or yea	ar" ADP
15a 15b 16a 16b 17a	Is the How c 401(k) What year? Did th for the If the the le	IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		es esign-baa fe harbo current ye DP test atio ercentag est es es etter or a	t sed r ear" le dvis	elepho [[sory let	No No N/A N/A Verage enefit t No No No	or yea	ar" ADP
15a 15b 16a 16b 17a 17b 18	Is the How c 401(k) What year? Did th for the If the letter Define Were	IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of tter/ and the serial number	Dr. Sa Control Control Contro	es esign-baa fe harbo current ye DP test atio ercentag est es es etter or a ate of the	t sed r ear" le dvis	elepho [[sory let	No No N/A N/A Verage enefit t No No No	or yea	ar" ADP

816571 07-11-18

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Form 5500-SF	Short Form Annual Ret	urn/Report of Sma nefit Plan	II Employee	OMB Nos. 1210-011
Department of the Treasury Internal Revenue Service	This form is required to be filed und	5 of the Employee	1210-008	
Department of Labor Employee Benefits Security Administration	neurament income Security Act of 19	6057(b) and 6059(a)	2016	
Ponsion Benefit Guaranty Corporation	Complete all entries in accordance	evenue Code (the Code).	to the Form 6500.SF	This Form is Open to Public Inspection
	dentification Information			to Public inspection
For calendar plan year 2016 or fi			and ending 1	2/31/2016
A This return/report is for:	X a single-employer plan	multiple-employer plan (no	t multiemployer) (Filers che	cking this box must attach a lis
		f participating employer info	rmation in accordance with	the form instructions.)
B This return/report is		foreign plan		
the fold inteport is		ne final return/report		
C Check box if filing under:		short plan year return/re utomatic extension		-
	special extension (enter description		L	DFVC program
Part II Basic Plan Infor	mation - enter all requested informati	on		
18 Name of plan		· · · · · · · · · · · · · · · · · · ·	1b Three-digit	
THE MERIDIAN EAR	, NOSE & THROAT CLIN	IC, P.A.	plan number (P	N) D 001
PROFIT SHARING PI	AN AND TRUST	•	1c Effective date of	
				2/1972
a Plan sponsor's name (employ	rer. if for a single-employer plan) h, apt., suite no. and street, or P.O. Box)			ification Number (EIN)
City or town, state or province	e, country, and ZIP or foreign postal cod AND THROAT CLINIC, I	e (if foreign see Instr.)		511775
ERIDIAN EAR NOSE	AND THROAT CLINIC, I	A.	2c Sponsor's telep	
1525 22ND AVENUE			601-483-935	
ERIDIAN	MS 39301			(see instructions)
a Plan administrator's name and	d address X Same as Plan Sponsor.		62111	
	La cane as man sponsor.		3b Administrator's	EIN
			3c Administrator's	
			Administrator's	telephone number
If the name and/or EIN of the p	lan sponsor has changed since the last	return/report filed for this	4b EIN	
plan, enter the name, EIN, and	the plan number from the last return/rep	ort,		
a Sponsor's name			4c PN	
		-		
 Total number of participants : D Total number of participants : 	at the beginning of the plan year		5a	14
rotal number of participants :	at the end of the plan year		5b	13
 Number of participants with a Contribution plane complete 	ccount balances as of the end of the pla	an year (only defined		
(1) Total number of paties as	his item)		50	13
d (2) Total number of active pa	rticipants at the beginning of the plan ye	lar	5d(1)	14
Number of participants that to	rticipants at the end of the plan year arminated employment during the plan year		5d(2)	13
benefits that were less than 1	00% vested	ear with accrued	F _	
aution: A penalty for the late of			5e	
der penalties of penury and other	preventives and signed by an enrolled actuary correct, and complete.	declare that I have exam	S reasonable cause is a	esteblished.
knowledge and belief, it is true,	correct, and complete.	/, as well as the electroni	c version of this return/r	eport, and to the best of
		1	····	
BE 11 ber	Pt 1/26/	Z JOSEPH T F	ALZT.T	
Signature of plan adminis	trator Date	Enter name of indiv	idual signing as plan adr	ninistrator
GN				
RE				
Signature of employer/pla		Enter name of indivi	idual signing as employe	r or plan sponsor
eparer's name (including firm nai	me, if applicable) and address (include ro	oom or suite number)	Preparer's teleph	
Paperwork Reduction Act Not	ice, see the Instructions for Form 5500			
	so, and the man actions for Form 5500)-SF.		Form 6600 SE (0046)

6a	Were all of the plan's assets during the plan year invested in eligible assets?	See instr	uctions.)					X Yes	No
b	Are you claiming a waiver of the annual examination and report of an indepen	dent qua	lified publ	ic acco	ountai	nt		·	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								ΠNο
	If you answered "No" to either line 6a or line 6b, the plan cannot use Forr	n 5500-S	F and mu	st ins	tead ı	use Fo	rm 5500.	X Yes	
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se	e ERISA si	ection 4021)?	Π	Yes	No		termined
Pa	art III Financial Information			-	tt-				
7	Plan Assets and Liabilities		(a) Beg	ginnin	g of Y	ear	1 (b) End of Y	ear
<u>a</u>	Total plan assets	7a			952		1		86219
<u>b</u>	Total plan liabilities	7b				0			0
C	Net plan assets (subtract line 7b from line 7a)	7c		79	952	594		85	86219
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo			1	(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			918	340			
	(2) Participants	8a(2)				723	1		
	(3) Others (including rollovers)	8a(3)					1	···	
b	Other income (loss)	8b		6	517	769			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	57332
d	Benefits paid (including direct rollovers and insurance premiums to provide						1	· · · · ·	01004
	benefits)	8d		1	.236	507			
е	Certain deemed and/or corrective distributions (see instructions)	8e					1		
f	Administrative service providers (salaries, fees, commissions)	8f			1	00	1		
g	Other expenses	8q	******				1		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1	1	23707
	Net income (loss) (subtract line 8h from line 8c)							33625	
-	Transfers to (from) the plan (see instructions)	<u>8i</u> 8i					1	V	55025
	rt IV Plan Characteristics	<u> </u>					L		
9a	If the plan provides pension benefits, enter the applicable pension feature co	odes from	the List o	of Plan	Char	actoric	tic Codes	in the inetr	uctions:
	2E 2F 2G 2J 2K 2R 3D				onan	aorona		in die mou	0010115.
b		les from t	he List of	Plan (harac	teristi	c Codes i	n the instru	rtione
							0 00003 1		
Pa	rt V Compliance Questions								
10	During the plan year:			Yes	No	N/A	<u> </u>	Amount	
а	Was there a failure to transmit to the plan any participant contributions within	the time		100				Anount	
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta								
	Fiduciary Correction Program.)	•	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not inc					<u> </u>			
	transactions reported on line 10a.)		10b		х				
С	Was the plan covered by a fidelity bond?		10c	х		h		51	00000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond		100						0000
	was caused by fraud or dishonesty?		10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other persons t		100		- 25				
	insurance carrier, insurance service, or other organization that provides some								
	the benefits under the plan? (See instructions.)		10e		х				
f	Has the plan failed to provide any benefit when due under the plan?		10e		X				
	Did the plan have any participant loans? (If "Yes," enter amount as of year-enc				A X				
	If this is an individual account plan, was there a blackout period? (See instruct		<u> 10g</u>						
	and 29 CFR 2520.101-3.)				~				
i	If 10h was answered "Yes," check the box if you either provided the required it	notion of	<u> 10h</u>		X				
•	one of the exceptions to providing the notice applied under 29 CFR 2520.101				v				
	ene of the checkhold to providing the house applied under 29 CFR 2520.101-	J	10i	l	X				

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