## 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Parti	Annual Report	identification information										
For calenda	r plan year 2016 or f	iscal plan year beginning 01/01/2	2016		and ending 1	2/31/2016						
A This retu	a single-employer plan a multiple-employer plan (not multiemployer plan (not multiemployer plan a multiple-employer plan (not multiemployer plan (not multiemployer plan a multiple-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multiple-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multiple-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multiple-emp											
		a one-participant plan	af	oreign plan	, ,		,					
<b>B</b> This retu	rn/report is	the first return/report	the	final return/report								
		an amended return/report	a s	hort plan year returr	n/report (less than 12 m	onths)						
C Check b	ox if filing under:	X Form 5558	au	tomatic extension		DFVC p	rogram					
		special extension (enter desc	cription)									
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	on								
1a Name on NEWSOUTH	of plan NEUROSPINE, PLL	C 401(K) PLAN				1b Three plan (PN)	number					
						, ,	tive date of plan					
0- 5							01/01/2008					
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0		(if familiary and in the		2b Empl (EIN)	oyer Identification Number 20-0836590					
	NEUROSPINE, PLL	ce, country, and ZIP or foreign pos	itai code	(ir foreign, see instr	uctions)	2c Sponsor's telephone number 601-932-1733						
						2d Busir	ness code (see instructions)					
2470 FLOWO							621111					
FLOWOOD, N	VIO 39232											
0						01						
<b>3a</b> Plan ad	lministrator's name a	nd address X Same as Plan Spo	nsor.			3D Admi	nistrator's EIN					
						3c Admi	nistrator's telephone number					
							•					
4 If the n	ame and/or EIN of th	e plan sponsor has changed since	the last	return/report filed for	or this plan, enter the	<b>4b</b> EIN						
name,	EIN, and the plan nu	mber from the last return/report.				_						
<b>a</b> Sponso	r's name					4c PN						
<b>5a</b> Total n	umber of participants	at the beginning of the plan year.				5a						
<b>b</b> Total n	umber of participants	at the end of the plan year				5b						
		account balances as of the end of		, , ,	•	5c	9					
<b>d(1)</b> Tota	I number of active pa	articipants at the beginning of the p	lan year			5d(1)						
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan ye	ear			5d(2)	9					
		terminated employment during the				5e						
Caution: A	nenalty for the late	or incomplete filing of this retur	n/renor	t will he assessed	unless reasonable ca		nlished					
Under pena SB or Sche	Ities of perjury and or dule MB completed a	ther penalties set forth in the instru nd signed by an enrolled actuary,	ıctions, I	declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule					
	rue, correct, and com	plete. /valid electronic signature.	J	10/16/2017	FRANK YORK							
SIGN HERE		<u> </u>				Control of the Contro						
SICN	Signature of plan a	aummistrator		Date	Enter name of individ	f individual signing as plan administrator						

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number )

**HERE** 

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2** 

	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								× Yes	No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not deter	mined	
	rt III Financial Information	<u> </u>	<u> </u>				ı				
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) Fnd	of Year		
a	Total plan assets	7a		121134		11545255					
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	10	121134		11545255					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt		(b) Total					
а	Contributions received or receivable from:			620698							
	(1) Employers	8a(1)		426137							
	(2) Participants	8a(2)		420137							
	(3) Others (including rollovers)	8a(3)		638063							
	Other income (loss)	8b		000000					1684898		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c							1004090		
	to provide benefits)	8d		209790							
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		50987							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		260777							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1424121		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	des in t	he instr	uctions:		
Par	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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary 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					500000	
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X					
f	f Has the plan failed to provide any benefit when due under the plan?					X					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g 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		X					

Form 5500-SF 2016	
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Page <b>3-</b>	1	
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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12							ΙП	Yes	X No
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.		, and	l enter t _ Day		of the let Year		ing ——
If	you co	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			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 l tive amount)			12d				
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	X	No	
	If "Y∈	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?					Yes	X N	0
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the pla	an(s)	to				
•	13c(1)	Name of plan(s):	13	c(2)	EIN(s)		13c	( <b>3)</b> PN	N(s)
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian					s or custone numbe		5
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b	Y	'es			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		_	n-based arbor	<sup>†</sup> [	] "Prior test	year"	ADP
	101(11)		1111	DP to	nt year est	,,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	📗 p	Ratio erce est	entage		verage enefit test	t [	N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?	D Y	'es			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the c	date o	of the m	nost rece	ent deterr	minati	on
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 e?		om	Ye	s [	No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_2$ during the prior plan year?			Ye	s	No		

## 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

2016

Department of Labor Employee Benefits Security Administration  Retirement Income Security Administration	the Internal Revenue C	Code (the Code).	1	This Form is Open				
Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF. to Public Inspection								
Part I Annual Report Identification Inform	nation	<i></i>	40	2/31/2016				
For calendar plan year 2016 or fiscal plan year beginning	01/01/201	<u>δ</u> ε		king this box must attach a list				
A This return/report is for:  X a single-employer participant part	of participalities	ating employer informa	ation in accordance with					
an amended return	ns)							
C Check box if filling under: X Form 5558 special extension (	automati enter description)	c extension		DFVC program				
Part II Basic Plan Information - enter all requ	ested information		1b Three-digit					
1a Name of plan NEWSOUTH NEUROSPINE, PLLC 401	(K) PLAN	Action and the second	plan number (F					
			1c Effective date of plan 01/01/2008					
2a Plan sponsor's name (employer, if for a single-employ Mailing address (include room, apt., suite no. and stre		reion pos instr		tification Number (EIN) 836590				
Mailing address (include room, apt., solite rio. and site City or town, state or province, country, and ZIP or fo NEWSOUTH NEUROSPINE, PLLC PLLC 2470 FLOWOOD DRIVE	reign postai code (ii ioi	eign, see msu.)	2c Sponsor's tele 601-932-17					
FLOWOOD MS 392	232		2d Business code 6211	e (see instructions) 11				
	s Plan Sponsor.		3b Administrator's	s EIN				
			3c Administrator's	s telephone number				
4 If the name and/or EIN of the plan sponsor has change	ed since the last return	/report filed for this	4b EIN					
plan, enter the name, EIN, and the plan number from t	he last return/report.	,,ope,ce						
a Sponsor's name	·		4c PN					
5a Total number of participants at the beginning of the	plan year		5a	91				
b Total number of participants at the end of the plan y	ear		5b					
C Number of participants with account balances as of				94				
contribution plans complete this item)			5c 5d(1)					
d (1) Total number of active participants at the begin	ning of the plan year .		5d(1)	94				
d (2) Total number of active participants at the end o  e Number of participants that terminated employment	i ine plan year I during the plan year w	with accrued						
banefite that were less than 100% vested			5e					
		l b d a mile.	ss reasonable cause	is established.				
Caution: A penalty for the late or incomplete filing of Under penalties of perjury and other penalties set forth in Schedule SB or Schedule MB completed and signed by my knowledge and belief, it is true, correct, and complete	n the instructions, i dec an enrolled actuary, as	lare that I have exar well as the electron	mined this return/repo nic version of this retu	m/report, and to the best of				
SIGN Z So Son	100000	FRANK YOR	ĸ					
HERE Signature of plan administrator	(V~16~1)   Date	Enter name of indi	vidual signing as plan	administrator				
SIGN PS WW	10-16-17	Frank	Yurk					
HERE Signature of employer/plan sponsor	Date	Enter name of indi	vidual signing as emp	loyer or plan sponsor				
Preparer's name (including firm name, if applicable) and	l address (include roon	n or suite number)	Preparer's te	elephone number				
				The state of the s				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

618571 07-11-16

Form 5500-SF (2016) v. 160205

62	Were all of the plan's assets during the plan year invested in eligible assets? (S	ee instru	ıctions.)				X Ye	s No	
υα h	Are you claiming a waiver of the annual examination and report of an independ		_						
D	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							s 🗌 No	
	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 insurance program (see	No No	t determined						
	TIII Financial Information						······································		
7	Plan Assets and Liabilities		(a) Begin				(b) End		
_	Total plan assets	7a	10	,12:	1,1	34	11,	545,255	
	Total plan liabilities	7b						EAE OFF	
	Net plan assets (subtract line 7b from line 7a)	7c	10	, 1,2:	1,1	34	11,545,255		
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amou	nt		(b) Total		
	Contributions received or receivable from:								
	(1) Employers	8a(1)		62	0,6	98	1988 A 1989		
	(2) Participants	8a(2)		42	6,1	37			
	(3) Others (including rollovers)	8a(3)							
b		8b		63	8,0	63	STATEME		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		S S			Ι,	684,898	
d	Benefits paid (including direct rollovers and insurance premiums to provide								
-	benefits)	8d		20	9,7	90	STATEME	INT Z	
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		5	0,9	87	STATEM	ל יצואני	
<u>a</u>	Other expenses	8g			Personal Control	or Salassinena		060 777	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					260,777		
i	Net income (loss) (subtract line 8h from line 8c)	8i					1,424,121		
ī	Transfers to (from) the plan (see instructions)	8j					6.50		
ΙŔ	or N/ Plan Characteristics								
9:		odes fro	m the List o	f Plan	Char	acteris	tic Codes in th	e instructions:	
	lor or og og 2개 2K 2R 3B 3D								
	If the plan provides welfare benefits, enter the applicable welfare feature co	des from	the List of	Plan C	Charac	teristic	c Codes in the	instructions:	
P	art V Compliance Questions		<del></del>	T	l	1	1		
10	During the plan year:			Yes	No	N/A	Am	ount	
	Was there a failure to transmit to the plan any participant contributions within	n the tim	ie						
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt	ary			X				
	Fiduciary Correction Program.)	<u></u>	10a	├	┝≏				
	Were there any nonexempt transactions with any party-in-interest? (Do not in	nclude			x				
	transactions reported on line 10a.)		10b	X	<u> </u>			500,000	
	C Was the plan covered by a fidelity bond?	<u>.,,,,</u>	10c	<del>  ^</del> -	┼			3007000	
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor	nd, that			x				
	was caused by fraud or dishonesty?		10d	├─	<del>  ^^</del> -	2000			
-	Were any fees or commissions paid to any brokers, agents, or other persons	by an			1				
	insurance carrier, insurance service, or other organization that provides som	e or all c	) 10e	1	X				
	the benefits under the plan? (See instructions.)				X	200	3 . <u></u>		
	Has the plan failed to provide any benefit when due under the plan?	10f	<del>                                     </del>	$\frac{\Lambda}{X}$					
_	g Did the plan have any participant loans? (If "Yes," enter amount as of year-e	nd.)	10g	1	+^				
	h If this is an individual account plan, was there a blackout period? (See instru	ictions	10h		x				
_	and 29 CFR 2520.101-3.)			┼	+**	500 0000	8 50 60 <b>5</b> 0 50 0 50 0	and the second	
	If 10h was answered "Yes," check the box if you either provided the require	a notice	ot   10:	1	X	51/00		Pagago de la de-	

one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 ......

Page 3-Form 5500-SF 2016 **Pension Funding Compliance** Part VI Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Yes Schedule SB (Form 5500) and line 11a below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or X No Yes section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter Month ruling granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to 12d the left of a negative amount) N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline? No Yes Plan Terminations and Transfers of Assets X No 13a Has a resolution to terminate the plan been adopted in any plan year? 13a If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ⊠ No Yes under the control of the PBGC? C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): Part VIII Trust Information 14b Trust's EIN 14a Name of trust 14d Trustee's or custodian's 14c Name of trustee or custodian telephone number Part IX IRS Compliance Questions No 15a Is the plan a 401(k) plan? If "No," skip b Design-based safe harbor "Prior year" ADP test 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: "Current year" N/A ADP test 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio Average year? Check all that apply: 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? . 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter and the serial number the date of the letter 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not Yes Mn separated from service? 19 Was any plan participant a 5% owner who had attained at least age 70 1/2 during the prior plan year? No