Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 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

2017

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information							
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017				
A This ret	urn/report is for:	X a single-employer plan		lan (not multiemployer) (F mployer information in acc	_				
D. Trib	, , , ,	a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check	oox if filing under:	X Form 5558	automatic extension	[DFVC progra	m			
		special extension (enter desc	' '						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name SPINE & OR		ALISTS PLLC 401(K) PROFIT SHA	ARING PLAN		1b Three-digiting plan number (PN) ▶				
					1c Effective of	date of plan 01/01/2008			
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			2b Employer	Identification Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ruotiona)	(EIN)	20-4199089			
-	THOPAEDIC SPECI		ai code (ii ioreign, see insi	idetions)	2c Sponsor's telephone number 727-372-9922				
				-	2d Business	code (see instructions)			
2040 SHORT					621111				
ODESSA, FL	_ 33330								
3a Plan a	dministrator's name a	and address Same as Plan Spo	nsor.		3b Administra	utor's EIN			
SPINE & OR	THOPAEDIC SPECI			-		20-4199089			
		ODESSA	, FL 33556			ator's telephone number			
					72	27-372-9922			
4 If the r	name and/or EIN of the	ne plan sponsor or the plan name ha	as changed since the last r	return/report filed for	4b EIN				
•	an, enter the plan sp or's name	onsor's name, EIN, the plan name a	and the plan number from t	he last return/report.	4d PN				
C Plan N					4u PN				
• Halli	idillo								
5a Total r	number of participant	s at the beginning of the plan year.			5a	41			
		s at the end of the plan year			5b	42			
		account balances as of the end of			5c	48			
d(1) Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	41			
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)	42			
than	100% vested	o terminated employment during the			5e				
		or incomplete filing of this return							
SB or Sche		other penalties set forth in the instru- and signed by an enrolled actuary, a nplete.							
SIGN	Filed with authorize	d/valid electronic signature.	10/11/2018	VICTOR HAYES					
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	an administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as en	nployer or plan sponsor			

Form 5500-SF 2017 Page **2**

							No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	No
C	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determine	ed
	If "Yes" is checked, enter the My PAA confirmation number from the		-					. (See instructions	
								- (
			, , <u>, , , , , , , , , , , , , , , , , </u>						
7	Plan Assets and Liabilities	_	(a) Beginning				(b) End	of Year	
a_	Total plan assets	7a	219	96067				2733099	
<u>b</u>	Total plan liabilities	7b	210	96067				2733099	
<u>c</u> 	Net plan assets (subtract line 7b from line 7a)	7c					(1.)		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	ıτ			(D)	Total	
a	(1) Employers	8a(1)		86752					
	(2) Participants	8a(2)	15	53513					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	3	51101					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						591366	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		54334					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0-100-1					
_	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						54334	
÷	Net income (loss) (subtract line 8h from line 8c)	8i						537032	
÷	Transfers to (from) the plan (see instructions)	8j						337032	
Pai	rt IV Plan Characteristics	oj							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	tructions:	
	2E 2G 2J 2K								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut 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.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ			280000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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.)	ner person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			_
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Χ			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					

Form 5500-SF 2017	Page 3- 1		
-------------------	------------------	--	--

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you completed 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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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?		Ye	s X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or	fiscal plan year beginning		and en		
A This return/report is for:	X a single-employer plan a one-participant plan	a multiple-emplo attach a list of pa instructions.)	byer plan (no articipating em	t multi ployer	employer) (Filers checking this box must information in accordance with the form
		a foreign plan			
B This return/report is:	the first return/report	the final return/re	port		
[an amended return/repo	ort 🗌 a short plan yea	r return/repo	rt (les	s than 12 months)
C Check box if filing under:	X Form 5558	automatic exten	sion		DFVC program
C Check box if filing under:	special extension (enter	r description)			
Dat II Basis Blow Inform	mation — enter all reque				
	nation — enter all reques	sted imormation		1 h -	ree-digit
1 a Name of plan			•	pla	n number (PN) ► 002
SPINE & ORTHOPAEDIC SHARING PLAN	SPECIALISTS PLLC	401(K) PROFIT		1 C Eff	fective date of plan 01/01/2008
2a Plan sponsor's name (employer, if fo Mailing address (include room, apt., City or town, state or province, count	suite no, and street, or P.O. Box)	f foreign, see instructions)		2 b En	nployer Identification Number (EIN)
					20-4199089
				2 c Sp	onsor's telephone number
SPINE & ORTHOPAEDIC	SPECIALISTS PLLC	•		727	-372-9922
2040 SHORT AVE	DI HCIMIDIO I IIIC	•		2 d Bu	siness code (see instructions)
ODESSA, FL 33556				2 h 4	621111
3 a Plan administrator's name and addre	ess Same as Plan Sponsor.			3 D AC	Iministrator's EIN
				3 C A	20-4199089 Iministrator's telephone number
SPINE & ORTHOPAEDIC 2040 SHORT AVE ODESSA, FL 33556	SPECIALISTS PLLC	•			-372-9922
4 If the name and/or EIN of the return/report filed for this plan number from the la	lan, enter the plan sponsor	n name has changed si 's name, EIN,the plan	nce the last name and	4 b E	N .
a Sponsor's name				4 d Pi	al .
				40	`
C Plan Name					
5 a Total number of participant	s at the beginning of the p	lan year		5a	41
b Total number of participant	s at the end of the plan yea	ar			42
c Number of participants with a				5 c	48
contribution plans complete	•				
d(1)Total number of active pa	•			5d(1)	
d(2)Total number of active pa				5d(2)	42
benefits that were less th	who terminated employment nan 100% vested			5 e	
Caution: A penalty for the late	or incomplete filing of this	s return/report will be a	ssessed unl	ess re	asonable cause is established.
Under penalties of perjury and other pena and signed by an enrolled actuary, as we	alties set forth in the instructions, I d Il as the electronic version of this re	lectare that I have examined the sturn/report, and to the best of a	is return/report, in my knowledge an	ncluding, d belief,	if applicable, a Schedule SB or Schedule MB completed it is true, correct, and complete.
SIGN VINTE	1/2	117/10/18	VICTOR I		The state of the s
HERE Signature of plan administrate	or /	Date	Enter name of it	ndividual	signing as plan administrator
SIGN		Dete	Enter name of 1	adividus	signing as amployer or plan sponsor
HERE Signature of employer/plan st	onsor	Date	Enter name of II	iuividua	signing as employer or plan sponsor

Form 5500-SF 2017		Page 2					
6 a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered 'No' to either line 6a or line 6b, the plan cannot use Form	independ	dent qualified	public	acco	untar 	nt (IQPA) X Yes N	10 10
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se				_	_		'nd
			• • • • • •	· · · L] 103	لــا لــا	
If 'Yes' is checked, enter the My PAA confirmation number from the PBGC premium filing t	or this plan	year				. (See instructions.)	
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginni	ing of	Year		(b) End of Year	
a Total plan assets	7a		219	606	7	2733099	
b Total plan liabilities.	7b						
c Net plan assets (subtract line 7b from line 7a)	7c		219	606	7	2733099	
8 Income, Expenses, and Transfers for this Plan Year		(a) Aı	mount			(b) Total	
a Contributions received or receivable from:							
(1) Employers	8a(1)		80	675	2		
(2) Participants.	8a(2)		153	351	3		
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		35:	110	1		ĸ.
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			V		591366	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d			122	Л		
e Certain deemed and/or corrective distributions (see instructions)	8e			433	4		
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses.							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h					F4224	
i Net income (loss)(subtract line 8h from line 8c)	8i					54334	
j Transfers to (from) the plan (see instructions)	8i		:			537032	
	OJ						
Part IV Plan Characteristics		N. 01					
9 a If the plan provides pension benefits, enter the applicable pension feature codes from	i the List of	Plan Characteristic	c Codes	in the	instru	ctions:	
2E 2G 2J 2K							
b If the plan provides welfare benefits, enter the applicable welfare feature	e codes fro	m the List of P	lan Ch	aract	eristic	Codes in	
the instructions:							
Part V Compliance Questions							
10 During the plan year:			,	Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contribution period described in 29 CFR 2510.3-102? (See instructions and DOL!	ns within	the time					
period described in 29 CFR 2510.3-102? (See instructions and DOL's	s Voluntai	y					
Fiduciary Correction Program)			10a		Х		
b Were there any nonexempt transactions with any party-in-interest? (Do not in	clude					
transactions réported on line 10a.)	· 		1 0 b		Х		
c Was the plan covered by a fidelity bond?			10c	Х		2800	00
d Did the plan have a loss, whether or not reimbursed by the plan's fic	delity bond	d, that was					
caused by fraud or dishonesty?			10d	_	X		
e Were any fees or commissions paid to any brokers, agents, or other	persons	by an					
insurance carrier, insurance service, or other organization that provides s benefits under the plan? (See instructions.)	ome or all	of the	10e		v		
f Has the plan failed to provide any benefit when due under the plan?			10f		X		
Did the plan have any participant loans? (If 'Yes' enter amount as a			10a		X		
u Did the plan have any participant loans: the rest enter amount as t	л vear-en	u.,	iua	i	X I		

10h

10i

Х

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.....

Form 550	n.SF	201	1

Page	3 –	Г
------	-----	---

Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If 'Yes,' see instructions a Schedule SB (Form 5500) and line 11a below).		nplete	. Yes	X No
11 a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a	3		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th 302 of ERISA?	e Code	e or sectior	Yes	X No
(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 instruthe letter ruling granting the waiver	ctions,	and enter th Day	ne date of Year	
If you completed 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			
c Enter the amount contributed by the employer to the plan for this plan year	12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
e 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?		Yes	X No	
If 'Yes,' enter the amount of any plan assets that reverted to the employer this year	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes	X No	
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(1) Name of plan(s): 13c(2)	EIN(s)	13c(3) PN(s)