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

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	ar plan year 2017 or fis	scal plan year beginning 01/01/2	2017	and ending 1	2/31/2017					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
		a one-participant plan	a foreign plan							
B This return/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:	X Form 5558	automatic extension		DFVC prog	gram				
	T =	special extension (enter desc								
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name NEWSOUTH	of plan H NEUROSPINE, PLLC	C 401(K) PLAN			1b Three-orplan nu (PN)	mber				
					1c Effectiv	e date of plan 01/01/2008				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.0	D. Box)		2b Employ (EIN)	er Identification Number 20-0836590				
City or		e, country, and ZIP or foreign pos		structions)	2c Sponsor's telephone number					
1121100011		,			2d Rusinos	601-932-1733				
2470 FLOW	OOD DRIVE				2d Business code (see instructions) 621111					
FLOWOOD,	MS 39232				021111					
3a Plan a	dministrator's name an	nd address X Same as Plan Spo	nsor.		3b Adminis	strator's EIN				
		<u> </u>			•					
					3C Adminis	strator's telephone number				
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a			4b EIN					
	or's name		·	·	4d PN					
C Plan N	lame									
5a Total	number of participants	at the beginning of the plan year.			5a	94				
b Total number of participants at the end of the plan year				5b	97					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)				5c						
d(1) Tot	al number of active par	rticipants at the beginning of the p	lan year		5d(1)					
d(2) Total number of active participants at the end of the plan year				5d(2)	97					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e					
Caution: A	A penalty for the late of	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca						
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, ablete.								
SIGN	Filed with authorized/	/valid electronic signature.	10/12/2018	FRANK YORK						
HERE Signature of plan administrator Date Enter					nter name of individual signing as plan administrator					
SIGN	Filed with authorized/	/valid electronic signature.	10/12/2018	FRANK YORK						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	f individual signing as employer or plan sp					

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	☐ No	
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No								rmined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
<u>a</u>	Total plan assets	otal plan assets						14435794	
<u>b</u>	tal plan liabilities								
С	Net plan assets (subtract line 7b from line 7a)			11545255				14435794	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	63	36278					
	(2) Participants	8a(2)	44	49200					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	189	1894201					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2979679	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	24365					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	(64775					
g	Other expenses	8g							
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)							89140	
<u> </u>	i Net income (loss) (subtract line 8h from line 8c)							2890539	
	j Transfers to (from) the plan (see instructions)								
	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	es from the List of Pla	n Chara	acterist	ic Cod	es 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	oluntary F	iduciary Correction	100		X			
b	Program)			10a		^			
	reported on line 10a.)			10b		Χ			
С				10c	Χ			5000	00
d	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		Χ			
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 some or all of the benefits under the plan? (See instructions.)			10e		X			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i		X			

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Part	VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 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	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 of		Ye	s X No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter r Year	uling	
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?		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.)						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)	

Form 5500-SF

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 etirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a)

OMB Nos. 1210-0110 1210-0089

2017

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. to Publ	orm is Open							
	ic Inspection							
Part I Annual Report Identification Information								
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2								
This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
a one-participant plan a foreign plan								
B This return/report is the first return/report the final return/report								
an amended return/report a short plan year return/report (less than 12 months)								
Check box if filing under:								
special extension (enter description)								
Part II Basic Plan Information - enter all requested information 1a Name of plan 1b Three-digit								
NEWSOUTH NEUROSPINE, PLLC 401(K) PLAN plan number (PN) ▶	001							
1c Effective date of plan 01/01/2008	<u> </u>							
Molling address (include room, and, suite no, and street or P.O. Boy)	2b Employer Identification Number (EIN) 20-0836590							
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instr.) NEWSOUTH NEUROSPINE, PLLC 2470 FLOWOOD DRIVE 601-932-1733								
FLOWOOD MS 39232 Ed Business code (see instru								
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN								
3c Administrator's telephone	number							
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last 4b EIN								
return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the								
plan number from the last return/report.								
a Sponsor's name 4d PN								
C Plan Name								
5a Total number of participants at the beginning of the plan year 5a	0.4							
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year 5b	4/1							
	94							
	97							
C Number of participants with account balances as of the end of the plan year (only defined								
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c								
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year 5c								
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year d (2) Total number of active participants at the end of the plan year 5d(1)	97							
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year d (2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued	97							
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year d (2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establis	97 97							
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year d (2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establis	97 97							
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year d (2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establis Under penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, army knowledge and belief, it is true, correct, and complete.	97 hed. g, if applicable, a and to the best of							
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year d (2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establis Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, army knowledge and belief, it is true, correct, and complete.	97 hed. g, if applicable, a and to the best of							
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year d (2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establis Under penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, army knowledge and belief, it is true, correct, and complete.	97 hed. g, if applicable, a and to the best of							

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

Form 5500-SF (2017)

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6a Were all of the plan's assets during the plan year invested in eligible assets					X Yes No			
b Are you claiming a waiver of the annual examination and report of an independent	ы. □							
(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.								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA s	section 4021)?	∐`	Yes	☐ No ☐ Not determined			
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium f	iling for this	plan year	-		. (See instructions.)			
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar	(b) End of Year			
a Total plan assets	7a	11,5	45,2	55	14,435,794			
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	11,5	45,2	55	14,435,794			
8 Income, Expenses, and Transfers for this Plan Year	845	(a) Amount			(b) Total			
a Contributions received or receivable from:	1.00	(4,7.4			20 A. G. S. L. S. & P. N. P.			
	8a(1)	636,278						
(1) Employers	8a(1)	449,200			T SECURITION OF THE PROPERTY OF THE PARTY OF			
(2) Participants			47,2		ALCO CASCILLATION OF THE STATE			
(3) Others (including rollovers) D. Other income (loss) STATEMENT 1	8a(3)		94,2	001	Particular in the second of th			
D Other income (loss)	8b				2 070 670			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1130-11	· Marie	2,979,679			
d Benefits paid (including direct rollovers and insurance premiums to provide	. •		04 7					
benefits) STATEMENT 2	8d		24,3	600				
e Certain deemed and/or corrective distributions (see instructions)	8e		<i>~ A</i> F		DECEMBER 1			
f Administrative service providers (salaries, fees, commissions) STMT 3	8f		64,7	75				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h					89,140			
i Net income (loss) (subtract line 8h from line 8c)	8i			relij (2,890,539			
Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 2R 3B 3D	e codes fro	om the List of Pla	n Char	acteris	stic Codes in the instructions:			
b If the plan provides welfare benefits, enter the applicable welfare feature	codes fron	n the List of Plan	Charac	cteristi	c 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 contributions with	hin the tim	ne	T					
period described in 29 CFR 2510.3-102? (See instructions and DOL's Volu								
Fiduciary Correction Program.)	•	10	.	X				
b Were there any nonexempt transactions with any party-in-interest? (Do not			+	 				
transactions reported on line 10a.)		101	J	x	1			
C Was the plan covered by a fidelity bond?		100			500,000			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity by	ond that	100	/	 	233,000			
was caused by fraud or dishonesty?		100	.	x				
Were any fees or commissions paid to any brokers, agents, or other perso			-	 **				
insurance carrier, insurance service, or other organization that provides so	•	. 1	1	1				
the homestan under the release (One to the stand)			1	х				
				X	 			
f Has the plan failed to provide any benefit when due under the plan?	1	101						
g Did the plan have any participant loans? (If "Yes," enter amount as of year		10g	4-	X	A strategy and the stra			
h If this is an individual account plan, was there a blackout period? (See inst				x				
and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the require		10h	+	<u> </u>				
one of the exceptions to providing the notice applied under 29 CFR 2520.		or 10 i	1	х				
2.20 S.		<u>.,, 101</u>			Marie Company of the			

Pai	t.VI Pension Funding Compliance						
11							
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 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			Yes	X No		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ns, a	nd enter	the date of	the letter		
	ruling granting the waiver. Month Day			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					
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	<u> </u>				
	Will the minimum funding amount reported on line 12d be met by the funding deadline? t VII Plan Terminations and Transfers of Assets	11)	/es	No	N/A		
13a	Has a resolution to terminate the plan been adopted in any plan year?		/es	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.)							
	3c(1) Name of plan(s): 13c(2)	EIN(s	s)	13c(3)	PN(s)		