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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 1:	2/31/2018						
A This re	a single-employer plan This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
D		a one-participant plan									
B This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ess than 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progr	am					
		special extension (enter descr	. ,			_					
Part II	Basic Plan Info	ormation—enter all requested inf	ormation								
1a Name NEWSOUTI	of plan H NEUROSPINE, PLL	C 401(K) PLAN			1b Three-dig plan num (PN) ▶	·					
					1c Effective	date of plan 01/01/2008					
		oyer, if for a single-employer plan)) Pov)		2b Employer Identification Number						
		m, apt., suite no. and street, or P.Oce, country, and ZIP or foreign post		structions)	(EIN) 20-0836590						
NEWSOUTH	H NEUROSPINE, PLL	C			2c Sponsor's telephone number 601-932-1733						
					2d Business	code (see instructions)					
2470 FLOW FLOWOOD,	OOD DRIVE MS 39232				621111						
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administr	ator's EIN					
					3c Administr	rator's telephone number					
						·					
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN						
this p	lan, enter the plan spo	onsor's name, EIN, the plan name a			44 50						
a Spons C Plan N	sor's name Jame				4d PN						
• Hann	V anio										
5a Total number of participants at the beginning of the plan year					. 5a	97					
		s at the end of the plan year			. 5b	98					
		account balances as of the end of t		•	5c						
d(1) Total number of active participants at the beginning of the plan year					5d(1)						
d(2) Total number of active participants at the end of the plan year				5d(2)	98						
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	or incomplete filing of this return	n/report will be assessed	d unless reasonable ca							
SB or Sch		ther penalties set forth in the instructed actuary, and signed by an enrolled actuary, and plete.									
SIGN	Filed with authorized	I/valid electronic signature.	10/14/2019	FRANK YORK							
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as p	lan administrator					
SIGN	Filed with authorized	I/valid electronic signature.	10/14/2019	FRANK YORK							
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	of individual signing as employer or plan sp						

Form 5500-SF (2018) Page **2**

_	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 								□ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determ	nined	
•	If "Yes" is checked, enter the My PAA confirmation number from the					_		(See instruct		
Pa	rt III Financial Information	<u> </u>								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
a	Total plan assets	7a		35794			(5) 2.10	13029123		
	b Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c	144:	35794		13029123				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		01278			` `			
		8a(2)		09032						
	(2) Participants			00002						
	Other income (loss)	8b	-8	46910						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	,			363400				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1745063							
е	Certain deemed and/or corrective distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·								
f	Administrative service providers (salaries, fees, commissions)	8f		25008						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1770071			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1406671		
j	Transfers to (from) the plan (see instructions)									
Pa	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the instr	ructions:		
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 contribu 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? (Do not include transactions reported on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c	X			500000	0	
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		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.).			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?					Χ				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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				

Form 5500-SF (2018)	Page 3 - 1
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Part	VI Pension Funding Compliance									
11	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	:	Y	es X No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	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 ruling granting the waiver									
lf :	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	× 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)					

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 Benefit Plan Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2018 Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) Department of Labor Employee Sensits Security Administratio of the Internal Revenue Code (the Code). This Form is Open Complete all entries in accordance with the instructions to the Form 5500-SF. to Public Inspection Pension Benefit Guaranty Corporation Annual Report Identification Information 12/31/2018 01/01/2018 and ending For calendar plan year 2018 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list X a single-employer plan A This return/report is for: of participating employer information in accordance with the form instructions.) a foreign plan a one-participant plan the first return/report the final return/report This return/report is a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 Check box if filing under: special extension (enter description) Part II | Basic Plan Information - enter all requested information 1b Three-digit 1a Name of plan plan number (PN) 001 NEWSOUTH NEUROSPINE, PLLC 401(K) PLAN Effective date of plan 01/01/2008 Employer Identification Number (EIN) 2a Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apt., suite no. and street, or P.O. Box) City or lowe, state or province, country, and ZIP or foreign postal code (if foreign, see Instr.) NEWSOUTH NEUROSPINE, PLUC 2b 20-0836590 2c Sponsor's telephone number 601-932-1733 2470 FLOWOOD DRIVE Business code (see instructions) 621111 MS 39232 FLOWOOD 3b Administrator's EIN X Same as Plan Sponsor. 3a Plan administrator's name and address Administrator's telephone number 3c 4b EIN 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last 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. 4d PN a Sponsor's name C Plan Name 5a 5a Total number of participants at the beginning of the plan year 5b b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined 5c contribution plans complete this item) 5d(1) d (1) Total number of active participants at the beginning of the plan year 98 5d(2) 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 established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. 10-14-19 SIGN FRANK YORK Enter name of individual signing as plan administrator HERE Signature of plan administrator Date 10-14-19 SIGN FRANK YORK Enter name of individual signing as employer or plan sponsor HERE Date

Signature of employer/plan sponsor

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

Form 5500-SF (2018)

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Page 2							
Form 5500-SF (2018)					- KH []		
6a Were all of the plan's assets during the plan year invested in eligible assets? (X Yes No						
the applied available and the applied available and report of an independ	63						
	Were all of the plan's assets during the plan year. Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)						
" o ilna 6h tha nigh cannat ilse FOTA	า ออบบ-อ	L Alla lunar mores		:	5500.		
o water along defined honefit plan is it covered linder the PBGU insulative program (50)	S Ellion of	2011011 102 17: 11:11	Ye	s LJ			
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filin	g for this (plan year			. (See Instructions.)		
II Tes is directed, onto any 1700 comments							
Part III Financial Information					(b) End of Year		
7 Plan Assets and Liabilities		(a) Beginning o			13,029,123		
a Total plan assets	. 7a	14,435	, 13	4	13,023,123		
b Total plan liabilities	. 7b	44 426	77.0	, 	13,029,123		
C Net plan assets (subtract line 7b from line 7a)	. 7c	14,435		4	(b) Total		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	t		(b) (otal		
a Contributions received or receivable from:	}	E 0.1	2.5	ا ،			
(1) Employers	. 8a(1)	701	, 27	8			
(2) Participants	. 8a(2)	509	,03	4			
	. 8a(3)	0.47	· A1	_			
b Other Income (loss) STATEMENT 1	. 8b	-846			363,400		
C Total income (add: lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				303,400		
at a site and final utiling direct reliowers and insurance premiums to provide	Ì	4 545		ا د			
benefits) STATEMENT 2.	8d	1,745	, 00	3	a Propher and Architecture (1996) and the second of the se		
e Certain deemed and/or corrective distributions (see instructions)	. 8е			_	TO THE PROPERTY OF THE PARTY OF		
the design for commissions of the design of	8f	25	,00	18			
	., 8g				1,770,071		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-1,406,671		
i Net income (loss) (subtract line 8h from line 8c)	8i						
Transfers to (from) the plan (see instructions)	<u> </u> 8j	<u> </u>			Programme Teachers		
9a If the plan provides pension benefits, enter the applicable pension feature	codes fr	om the List of Plan	Chara	cterist	ic Codes in the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare feature of	odes fro	m the List of Plan C	haract	eristic	Codes in the instructions.		
b II the plan provides we are							
Part V Compliance Questions				1	Amount		
10 During the plan year.			Yes	No	Amount		
a. Was there a failure to transmit to the plan any participant contributions with	ain the tir	ne					
period described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	ntary			·			
Eldusian Correction Program)		10a		X			
b Were there any nonexempt transactions with any party-in-interest? (Do not	include			v			
temporations reported on line 108.)		10b	- 47	X	500,00		
2. Was the plan covered by a fidelity hond?		100	X		300,000		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b	ond, that						
the first of an dishanactu?				Х			
A Were any fees or commissions paid to any brokers, agents, or other perso	ns by an						
insurance carrier. Insurance service, or other organization that provides so	1110 01 411	٠. ا	l	х	1		
the benefits under the plan? (See instructions.)		100	<u> </u>				
f Use the plan falled to provide any benefit when due under the plan?		101	<u> </u>	X			
Q. Did the plan have any participant loans? (If "Yes," enter amount as of year	·eno.)	109	├ ──	<u> </u>	notice in the first wife		
h If this is an individual account plan, was there a blackout period? (See Inst	ructions		1	х			
4 00 OFF 0500 101.9 \		1011	├	 ^			
is 440b was appropried "Yes," check the box if you either provided the requi	rea nouc	e or		x	IS NOT THE REAL PROPERTY.		
one of the exceptions to providing the notice applied under 29 CFR 2520.	101.3	10i	Ц		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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Form 5500-SF (2018)						
Part VI Pension Funding Compliance					1	
dd Wing defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an	d comple	te		∏ _{Yes}	П No
					11100	. 1 1 1 1 1
the leave regulard contributions for all years from Sched	iule SB (Form 5500) little 40					
12 Is this a defined contribution plan subject to the minimum running require				.,	Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as app	olicable.)	netructio	ne ar	d ente	the date of	the letter
3. If a welver of the minimum funding standard for a prior year is being amo	KIZBO III II IIIS PIAIT YEAT, BOC !	Dav	, , , u	,0 0,	Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule his (01111 000071		12b			
b Enter the minimum required contribution for this plan year			12c			
C Enter the amount contributed by the employer to the plan for this plan ye	arand and and to					
d Subtreet the amount in line 12c from the amount in line 12b. Enter the re	SUIT (BITTEL & TIMICS SIGHTO		12d			
a to the marking amount)	******************************		_	/es	No	N/A
e Will the minimum funding amount reported on line 12d be met by the fur	ding deadline?		-الا		1.1	
par VIII plan Terminations and Transfers of Assets			TI	/es	X No	
13a Has a resolution to terminate the plan been adopted in any plan year?		.,	13a	1		
to the employ	/er this year		100			
b Were all the plan assets distributed to participants or beneficiaries, trans	eferred to another plan, or or	ougrii		l	Yes	X No
under the control of the PBGC?	a plan to another plan(s), ide	entify the	plant	s) to w	nich assets o	or
under the control of the PBGC? C If, during this plan year, any assets or liabilities were transferred from thi	s plan to another planton is			•		
liabilities were transferred. (See instructions.)) PN(s)
13c(1) Name of plan(s):						
	1					

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