## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accordance	rdance wit	h the instructions to the Form 5500	-SF.	,		
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 12	2/31/2	2011		
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is: the first return/report	the final r	eturn/report				
_	an amended return/report	<u></u>	an year return/report (less than 12 mo	nthe)			
_	H_ '	<u>-</u> 1		111113)	Π pe//o		
C	Check box if filing under: Form 5558	1	extension		DFVC progra	m	
	special extension (enter descripti	,					
Pa	Irt II Basic Plan Information—enter all requested inform	nation					
	Name of plan			1b	Three-digit		
NEU	ROLOGICAL SURGERY, PC RETIREMENT TRUST				plan number		
			-	4 -	(PN) •	001	
				1 <b>C</b>	Effective date of		
20	Diagram and a data and	12 :6	: far a size also are also a salar)	2 h	01/01/		
	Plan sponsor's name and address; include room or suite number ( ROLOGICAL SURGERY, PC	employer, ii	for a single-employer plan)	<b>2</b> D	Employer Identif		
	, .		-	2-	(=114)		
				20	Sponsor's teleph 516-255		
	MERRICK ROAD, STE 128W KVILLE CENTRE, NY 11570		-	2d	Business code (s		
ROO	WILLE GENTILE, NT 11070			Zu	62111	,	
32	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	۵")	3h	Administrator's E		
	ROLOGICAL SURGERY , PC 100 MERRIO	CK ROAD,	STE 128W	OD		70723	
	ROCKVILLE	CENTRE,	NY 11570	3с	Administrator's t	elephone number	
					516-255	-9031	
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the last return/report.			40	DN		
	Sponsor's name			4c	T	90	
	Total number of participants at the beginning of the plan year		-	5a			
b	Total number of participants at the end of the plan year			5b	1		
С	Number of participants with account balances as of the end of the			5c		115	
	complete this item)		•				
	Were all of the plan's assets during the plan year invested in eligil					X Yes No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	•		,		X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use F		,				
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
a	Total plan assets	7a	5121965		(b) Elia	6718174	
	Total plan liabilities						
D	•		5121965			6718174	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:  (1) Employers	8a(1)	265545				
	(2) Participants	` ` `	776494				
	`,		855062	_			
<b>L</b>	(3) Others (including rollovers)		-296217	_			
b	Other income (loss)		-290217			1600004	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1600884	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4675				
е	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					4675	
:						1596209	
:	Net income (loss) (subtract line 8h from line 8c)					1000200	
J	Transfers to (from) the plan (see instructions)	··· 8j					

_		$\sim$ $\sim$	
Form	<b>カカロロ</b>	->-⊢	ンロエ

Page 2 -	1
----------	---

Part IV	Plan Characteristics
ralliv	L FIAN GNAIAGRENSIUS

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No		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		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				200000
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				19947
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 of year end.)	10g	X				165717
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X			
art		1			<u>,I</u>		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					Ye	s X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					Yes	s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth					
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			401	T		
	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>		`	Yes X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			_	
1	3c(1) Name of plan(s):		13	c(2) E	IN(s)	13c(	<b>3)</b> PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	use is	estab	lished.		
	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retained the set of the second that I have examined this retained to the second that I have examined the second						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/29/2012	DR. STEPHEN BURSTEIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

No. 2547

	•	_	
PAG	E	03/	05

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

OMB Nos, 1210-0110 1210-0089 2011

This Form is Open to Public

<u>Em</u>	picyee Bengtire Security Administration			Code (the Code			ins	paction			
Po	Ponsion Banetii Gunnarily Corporation  Complete all antries in apportance with the instructions to the Form 5590-SF.										
Pa	rt i Annual Report Id	entification Information				_,	12/31/201	· · · · · · · · · · · · · · · · · · ·			
For	elend <u>ar plan year 2011 or fisc</u> a	ıl plan year beginning	<u> </u>		and ending						
Ат	his return/report is for:	e single-employer plan	a multiple-	employer plan	(not multiemployer)	L	a one-partici¢	oant pian			
Вт	This return/report is:	the first return/report		turn/report							
	··· · · · · · · · · · · · · · · · · ·	an amended return/report	e short pla	n year rolurn/re	eport (lass than 12 π	onths)_	_				
C c	Chack box if filling under:	Form 5558	autometic	extension			DÉVC progra	m			
•	Minor ody a man and an age.	T special extension (enter descripti	on)								
iin this	Hasic Plan Inform	nation enter all requested inform									
	Name of plan	TOO ON CONTO			<u></u>		Three-digit				
NEUROLOGICAL SURGERY, FC RETIREMENT TRUST							plan number	001			
	MD01/00001011111 00xx+	45	(PN) P Effective date o								
							01/01/200				
		and the second second	amplever if	for a charle-pm	mlover plan)	2b	Employer Identi	fication Number			
<b>2a</b>	Plan aponsor's name and addr NEUROLOGICAL SURGER	ess; include room or suite number (	employer, ii	IOI EI OILIĞIR—	ipioyo: piaity	1 - 7	EIN) 11-237	0723			
	MEGROSSOSIONE SALVER	,				2c	Sponger's talep	hone number			
							(516) 255	-9031			
	100 MERRICK ROAD, 8	STE 1,28W				2d 1		aes instructions)			
	ROCKVILLE CENTRE			NY 1	1570	1	621111				
3a	Plan administrator's name and	address (if same as plan aponsor,	enter Same	")		3b /	Administrator's	EIN			
	SAME					30	Administrator's	telephone number			
							36 Administrator's telephone number +516				
<i>A</i>	(f the name and/or PIN of the r	nian aponeor has changed since the	faet return/r	report filed for (	his plan, enter the	4b	EIN				
7	name, EIN, and the plan numb	per from the last return/report.			•	4					
а	Sponsor's name				·		4c PN				
5a		t the beginning of the plan year					· · · · · · · · · · · · · · · · · · ·				
b		the end of the plan year				· <u>5b</u>	<u> </u>	115			
C	Number of participants with ac	count balances as of the end of the	plan year (d	defined benefit	plans do not	5c		115			
_	complete this item)	mantification of the state of t	in terminal transport	Mas hatmatla				X Yes No			
6a	Were all of the plan's assets (	during the plan year invested in eligi he annual examination and report o	( on Indepen	(dee instruction) Ideas cualified :	iii ineinuoooa ollaus	2PA)					
þ	under 29 CFR 2520.104-467 (	(See instructions on waiver cligibility	/ and conditi	iON&1).1.111111111111111111111111111111111		***********		X Yes No			
	If you arrswered "No" to gitt	<u>ner 6a or 6b, the plan cannot use</u>	Farm 5500-	SF and must i	nstead use Form 5	500,					
Pa	rt III Financial Inform	atlon		<u> </u>	W-17	_					
7	Plan Assēts and Liabilities			(a) Bè	ginning of Year	<u></u>	(b) Enc	6,718,174			
a	Total plan assets		<u>7a</u>		5,121,9	65	.1,	0,710,174			
Ь	•				5 102 0	65	<del></del>	6,718,174			
C	Not gian assète (subtract line	7b from line <u>7a)</u>	70		5,121,9	65					
8	Income, Expenses, and Trans	fers for this Plan Year	Section 5		i) Amount	ontar ir	(b)	Total			
0	Contributions received or rece		<u>Ba(1)</u>	1	265,5	45	The state of the s				
					776,4		(清潔)				
	, ,				855,0		The state of the s	ra konski si di k			
	• •	5),		·	(296,21		Min, uze gang yeyeda Munum Manayed et b				
b	•			aring a said.		- 1	er i ilm me e indistribui	1,600,884			
9		8a(2), 8a(3), and 8b)	<u>8c</u>		<u>an ing panggangan dan dan dan dan dan dan dan dan dan d</u>		Section 1997				
d	Benefits paid (including direct to provide benefits)	rollovèrs and Insurance premiums	8d	,,,_	4,6	75					
e		tive distributions (sée instructions).	,,, 8e				i jangan pada pada pada pada pada pada pada pa				
f		ra (ealaries, tees, commissions)					her ne grafia pira di ka	granta (granta) Diagonalia			
•								r de la companya de l			
ø	Other expanses										
g	Other expenses (add lines 8d.			haliford of the first half of		15-7	<u>,</u>	4,675			
g h i	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h	pethode to the technique		- 15-50 - 51 (c)		1,596,209			
g h i	Total expenses (add lines 8d, Not income (loss) (subtract lin	8e, 8f, and 8g)e 8h from line 8c)	8h 8i	potential in the Earline to		- 15-50 - 51 (c)					
g h i j	Total expenses (add lines 8d, Net income (loss) (subtract lin Transfers to (from) the plan (8	8e, 8f, and 8g)	8h 8i	petropolitic for the second se		- 15-50 - 51 (c)		1,596,209			

No. 2547 P. 3 PAGE 04/05

		orm 5500-SF 2011		Page 2 -			_			
	ne Nod									
<u>Pai</u> 9a	Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
pa	2E 2F 2G 2J 2K 3D									
b	if the	plan provides welfare benefits, enter the appl	loable welfare foatu	re codes from the	ist of Ptar	n Charádteristi	c Code	es in th	e Instructions	): 
Pan	t V	Compliance Questions								
10	Du	ing the plan year:					Yes	No	<u>Ar</u>	nòunt
a	) Wa	s there a fallure to transmit to the plan any part CER 2510 3-1022 (See instructions and DOL)	s Voluntary Fiducia	ry Correction Progr	am)	<u>198</u>		х		
b	ı We	re there any nonexempt transactions with any	party-in-Interest? (F	nati ebulani Jan oC	actions re	ported 10b		Х		
c	; w	s the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********	.,, 100	Х			200,000
¢	l Did	the plan have a loss, whether or not reimburat	ed by the plan's fide	elity bond, that was	caused by	fraud 10d		х		
6	ani ani	re any fees or commissions paid to any broker Iranoe service or other organization that provid- ruptions.)	tea some or all of th	ie benefits under v		10e	х		V-1	19,947
f	Ha	the plan falled to provide any benefit when du	ia under the plan?			10f		Х		. 1.
	a Die	the plan have any participant loans? (If "Yes,"	onior amount as o	f year end.)		10g	X_			165,717
ľ	n srt	nis is an Individual account plan, was there a bi	lackout porlod7 (Se	e instructions and	29 CFR			Х		
į	)f 1	Oh was answered "Yes," check the box if you e eptions to providing the notice applied under 2	aither provided the r	required notice or o	ne of the			Х	Sent State	
Par	+ VI	Pension Funding Compliance								
11	la t	nis a defined benefit plan subject to minimum f 0))	unding requirement	s? (if "Yes," see in	structions	and complete	Sched	lule SE	( <u> </u>	Yes X No
12	ls	his a defined contribution plan subject to the n	ninimum funding red	quirements of socti	on 412 of I	he Code or #	noitue	302 of	ERISA?	∐ Yes ⊠ No
	(IF)	Ver * complete 12e or 12h, 12c, 12d, and 12e	helow, as applicable	lo.)						Interior and the second
	a if e	walver of the minimum funding standard for a	prior year is being o	mortized in this pl		Momin	, and o	onter th Day	Of III 16 4945 91	ear Igitel Lilling
1	f you	completed line 12s, complete lines 3, 9, and	l 10 of Schedule N	IB (Form 5500), a	id skip to	line 13.	Г	12b	<u> </u>	
ŧ		er the minimum required contribution for this p						12c		
•	En	er the amount contributed by the amployer to t	he plan for this plan	yeer		the left of a	····  -			
	ne	otract the amount in line 120 from the amount i	***************************************			*********************		12d	Yes П	No X N/A
€	. WI	the minimum funding amount reported on line	12d be mot by the	funding deadling?	*********		*1*******		1,60	10 11 (0)
		Plan Terminations and Transfer				<del></del>		T 1 s	(es X No	
13:		s a resolution to terminate the plan been adopted							OS X No	
		Yes," enter the amount of any plan assets that								
t	of	re all the plan assets distributed to participants he PBGC?	.,,,		,		*******			Yes 🗓 No
C	wh	uring this plan year, any assets or liabilities we ich assets or liabilities were transferred. (See I	re transferred from nstructions.)	this plan to enoths	r plan(s),	identify the pla			N/a)	13c(3) PN(a)
	13c(	I) Name of plan(s):				<del></del>	13	o(2) El	N(S)	(30(3) F11(a)
Car	ution	A penalty for the late or incomplete filing o	f this return/repor	gasees ed Illw <i>I</i>	unless n	easonable ca	use Is	estab	ished.	
Uni	derpe or80	nalties of perjury and other penalties set forth i nedule MB completed and elgrish by an enrolle strue, correct, shy complete.	in the instructions. I	declare that I have	examined	1 this return/re	port. ir	reludin	o, if applicabl	e, a Schedule owledge and
11.		11/1/1/ En		6/20/12	Dr. S	tephen B	urst	ein	,	
3)	GIV.	Signature of plan suministrator		Date	_	ame of incivid			s plan edmini	etrator
St.	GN RE	Simplifies of applications of the second of		Date	Enter n	ame of Individ	ual sio	ning a	ş employet o	plan sponsor
dest.	20 Tab	Signature of employer/plan sponsor				MANAGE TO SERVICE				