

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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2011</div> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)	

Part II Basic Plan Information —enter all requested information		
1a Name of plan LEXINGTON NEUROLOGY ASSOCIATES, P. C. PENSION PLAN	1b Three-digit plan number (PN) ►	<u>001</u>
	1c Effective date of plan <u>01/01/2003</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) LEXINGTON NEUROLOGY ASSOCIATES, PC 530 EAST 72ND STREET NEW YORK, NY 10021	2b Employer Identification Number (EIN) <u>20-3021953</u>	
	2c Sponsor's telephone number <u>212-717-8282</u>	
	2d Business code (see instructions) <u>621111</u>	
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LEXINGTON NEUROLOGY ASSOCIATES, PC 530 EAST 72ND STREET NEW YORK, NY 10021	3b Administrator's EIN <u>20-3021953</u>	
	3c Administrator's telephone number <u>212-717-8282</u>	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN	
	4c PN	
5a Total number of participants at the beginning of the plan year	5a	<u>8</u>
b Total number of participants at the end of the plan year.....	5b	<u>8</u>
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	<u>1369461</u>	<u>1454341</u>
b Total plan liabilities	7b	<u>0</u>	<u>0</u>
c Net plan assets (subtract line 7b from line 7a).....	7c	<u>1369461</u>	<u>1454341</u>
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	<u>125000</u>	
(2) Participants	8a(2)	<u>0</u>	
(3) Others (including rollovers).....	8a(3)	<u>0</u>	
b Other income (loss).....	8b	<u>-40120</u>	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u>84880</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	<u>0</u>	
e Certain deemed and/or corrective distributions (see instructions)	8e	<u>0</u>	
f Administrative service providers (salaries, fees, commissions)	8f	<u>0</u>	
g Other expenses.....	8g	<u>0</u>	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		<u>0</u>
i Net income (loss) (subtract line 8h from line 8c).....	8i		<u>84880</u>
j Transfers to (from) the plan (see instructions)	8j		

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:

1A 3B 3D

b 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**

	Yes	No	Amount
10 During the plan year:			
a 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
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? (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			

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)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 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 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	
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 ☒ 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 ☒ 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)

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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2012	DEXTER SUN
	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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>LEXINGTON NEUROLOGY ASSOCIATES, P. C. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LEXINGTON NEUROLOGY ASSOCIATES, PC</u>	D Employer Identification Number (EIN) <u>20-3021953</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I	Basic Information		
1	Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2	Assets:		
	a Market value	2a	<u>1367844</u>
	b Actuarial value	2b	<u>1367844</u>
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	<u>0</u>
	b For terminated vested participants	3b	<u>0</u>
	c For active participants:		
	(1) Non-vested benefits	3c(1)	<u>40564</u>
	(2) Vested benefits	3c(2)	<u>1380669</u>
	(3) Total active	3c(3)	<u>1421233</u>
	d Total	3d	<u>1421233</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.96 %</u>
6	Target normal cost	6	<u>81350</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary <u>STEVEN I. ALIN</u> Type or print name of actuary <u>PENSION DESIGN SERVICES, INC.</u> Firm name <u>330 S. SERVICE ROAD, SUITE 121</u> <u>MELVILLE, NY 11747</u> Address of the firm	<u>07/17/2012</u> Date <u>11-02390</u> Most recent enrollment number <u>631-501-9800</u> Telephone number (including area code)
------------------	--	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	93793
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	93793
10	Interest on line 9 using prior year's actual return of <u>19.00</u> %		17821
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		5612
b	Interest on (a) using prior year's effective rate of <u>6.68</u> % except as otherwise provided (see instructions)		375
c	Total available at beginning of current plan year to add to prefunding balance		5987
d	Portion of (c) to be added to prefunding balance		5987
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	117601

Part III Funding percentages			
14	Funding target attainment percentage	14	87.96 %
15	Adjusted funding target attainment percentage	15	87.96 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/27/2012	125000				
			Totals ►	18(b) 125000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 113735
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 3.14%	2nd segment: 5.90%	3rd segment: 6.45 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 1
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	81350
b Excess assets, if applicable, but not greater than 31a		31b	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	173336	40233	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	121583
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	7848	7848
36 Additional cash requirement (line 34 minus line 35)		36	113735
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	113735
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years.....		40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected		<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made		<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

[illegible]

Attachment to 2011 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name <u>LEXINGTON NEUROLOGY ASSOCIATES, PC PENSION PLAN</u>	EIN: <u>20-3021953</u>
Plan Sponsor's Name <u>LEXINGTON NEUROLOGY ASSOCIATES, PC</u>	PN: <u>001</u>

The weighted average retirement age is equal to the normal retirement age of 62 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Attachment to 2011 Form 5500			
Schedule SB, line 32 - Schedule of Amortization Bases			
Plan Name	LEXINGTON NEUROLOGY ASSOCIATES, P. C. PENSION PLAN		EIN: 20-3021953
Plan Sponsor's Name	LEXINGTON NEUROLOGY ASSOCIATES, PC		PN: 001

EIN: 20-3021953

PN: 001

[illegible]

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LEXINGTON NEUROLOGY ASSOCIATES, P. C. PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LEXINGTON NEUROLOGY ASSOCIATES, PC		D Employer Identification Number (EIN) 20-3021953
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value		2a	1,367,844
b Actuarial value		2b	1,367,844
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	0	0
b For terminated vested participants	3b	0	0
c For active participants:			
(1) Non-vested benefits	3c(1)		40,564
(2) Vested benefits	3c(2)		1,380,669
(3) Total active.....	3c(3)	9	1,421,233
d Total.....	3d	9	1,421,233
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.96 %
6 Target normal cost		6	81,350

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

7-17-2012

Date

STEVEN I. ALIN

Type or print name of actuary

11-02390

Most recent enrollment number

PENSION DESIGN SERVICES, INC.

(631) 501-9800

330 S. SERVICE ROAD, SUITE 121

Telephone number (including area code)

MELVILLE

NY 11747

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	93,793
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	93,793
10 Interest on line 9 using prior year's actual return of <u>19.00</u> %.....		17,821
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		5,612
b Interest on (a) using prior year's effective rate of <u>6.68</u> % except as otherwise provided (see instructions).....		375
c Total available at beginning of current plan year to add to prefunding balance.....		5,987
d Portion of (c) to be added to prefunding balance.....		5,987
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	117,601

Part III Funding percentages

14 Funding target attainment percentage	14	87.96 %
15 Adjusted funding target attainment percentage	15	87.96 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/27/2012	125,000				
Totals •			18(b)	125,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	113,735

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %	3rd segment: 6.45 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....	21b		1
22 Weighted average retirement age	22		62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	81,350	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	173,336		40,233
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	121,583	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	7,848	7,848
36 Additional cash requirement (line 34 minus line 35).....	36	113,735	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	113,735	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Lexington Neurology Associates, P.C. Pension Plan

Plan Sponsor: Lexington Neurology Associates, P.C. EIN: 20-3021953 PN: 001

Attachment to Schedule SB, Part V, Summary of Plan Provisions

Effective Date:	January 1, 2003
Valuation Date:	January 1, 2011
Monthly Pension	2.5% of monthly compensation multiplied by years of benefit service limited to 13 years from December 31, 2008, plus a Participant's Accrued Benefit as of December 31, 2008
Eligibility Requirements	(A) Minimum months of service: 12 (B) Minimum age: 21 (C) Maximum age: None (D) Participant enters plan on eligibility date nearest completion of eligibility requirements (E) Entry Date: January 1 (F) Physicians' Assistants are excluded
Normal Retirement Age	(A) Plan anniversary nearest age 62 or 5 years of participation, if later
Funding Provisions	(A) Target Normal Cost (B) Funding Target
Salary Averaging	Average high 5 consecutive salaries Use historical salaries for accrual

Lexington Neurology Associates, P.C. Pension Plan

Plan Sponsor: Lexington Neurology Associates, P.C. EIN: 20-3021953 PN: 001

Attachment to Schedule SB, Part V, Summary of Plan Provisions

Maximum Salary	Maximum Current Salary: \$ 245,000 Maximum Projected Salary: \$ 245,000					
Maximum Years	Maximum creditable years of service is 13 years from January 1, 2009 and onwards.					
Type of Annuity	Life Annuity					
Accrued Benefit	Fully accrued after 13 years. Accrued benefit at December 31, 2008, plus Fractional rule based on participation. Effective Date: January 1, 2009					
Vesting Schedule	YR.	%	YR.	%	YR.	%
	---	---	---	---	---	---
	1	0	3	40	5	80
	2	20	4	60	6	100
	Service prior to effective date excluded					
Top-Heavy Status	This plan has been determined to be Top-Heavy for the current plan year.					

Lexington Neurology Associates, P.C. Pension Plan

Plan Sponsor: Lexington Neurology Associates, P.C. EIN: 20-3021953 PN: 001

Attachment to Schedule SB, Part V, Summary of Actuarial Assumptions

Stability Period	1 month preceding valuation date
Actuarial Assumptions	<u>Pre & Post Retirement</u> (A) Segment I Interest Rate 3.14% Segment II Interest Rate 5.90% Segment III Interest Rate 6.45% (B) Mortality: 2011 Combined Mortality Table for small plans (Male/Female)
Actuarial Equivalence And Present Value of Accrued Benefit	<u>Plan Rates</u> <u>Pre-Retirement</u> (A) Interest: 5.5% (B) Mortality: None <u>Post Retirement</u> (A) Interest: 5.5% (B) Mortality: GAR '94 <u>Minimum 417(e) Government Rates</u> <u>Pre and Post Retirement</u> (A) Segment I Interest Rate 2.47% Segment II Interest Rate 5.07% Segment III Interest Rate 6.10% (B) Mortality: 2011 Applicable Mortality Table (Unisex)
Asset Valuation Methods	Assets are valued at Market
Assumed Lump Sum Frequency	100%
Salary Scale	None
Turnover	None