For	rm 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	artment of the Treasury rnal Revenue Service	This form is required to be filed		nd 4065 of the Employee	e	2012
Employee B	epartment of Labor Benefits Security Administration	Retirement Income Security Act of	1974 (ERISA), and sec I Revenue Code (the C	ctions 6057(b) and 6058	(a) of	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	tions to the Form 5500)-SF.	•
Part I		lentification Information al plan year beginning 01/01/2012	0	and ending 12	2/31/2	2012
_	lar plan year 2012 or fisca				2/31/2	
	turn/report is for:		a multiple-employer pla	an (not multiemployer)		a one-participant plan
B This ref	turn/report is:	the first return/report	the final return/report			
	Ļ			n/report (less than 12 mc	onths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descriptio				
Part II	Basic Plan Inform	nation—enter all requested information	ation			
1a Name	•				1b	Three-digit
NEUROLOG	GICAL SURGERY, PC RE	TIREMENT TRUST			l.	plan number (PN) ▶ 001
				1	1c	Effective date of plan
						01/01/2000
	ponsor's name and addre GICAL SURGERY , PC	ess; include room or suite number (er	mployer, if for a single-e	employer plan)	2b	Employer Identification Number (EIN) 11-2370723
100 MERRI	CK ROAD, STE 128W				2c	Sponsor's telephone number 516-255-9031
	E CENTRE, NY 11570				2d	Business code (see instructions) 621111
3a Plan a	administrator's name and	address 🗙 Same as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	Administrator's EIN
						Administrator's telephone number
		lan sponsor has changed since the la er from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	
	sor's name				4c	PN
5a Total	number of participants at	the beginning of the plan year			5a	115
b Total	number of participants at	the end of the plan year			5b	135
	· ·	count balances as of the end of the p			Ea	125
					5c	135
b Are you under	ou claiming a waiver of th r 29 CFR 2520.104-46? (luring the plan year invested in eligible the annual examination and report of a See instructions on waiver eligibility a er line 6a or line 6b, the plan canno	an independent qualified and conditions.)	d public accountant (IQF	PA)	 X Yes No
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/rep r penalties set forth in the instructions signed by an enrolled actuary, as we te.	s, I declare that I have e	examined this return/rep	ort, in	cluding, if applicable, a Schedule
SIGN	Filed with authorized/va	lid electronic signature.	07/01/2013	DR. MICHAEL BRISMA	AN	
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ial sig	ning as plan administrator
SIGN HERE					<u> </u>	
	Signature of employe	e r/plan sponsor ne, if applicable) and address; include	Date			ning as employer or plan sponsor arer's telephone number (optional)
Fieparers				(optional)		

l

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(o) End of Year
a Total plan assets	7a	6718174	4			9040178
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	6718174	4			9040178
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	80/1)	369743	2			
(1) Employers		932120				
(3) Others (including rollovers)		120648				
b Other income (loss)		905636				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		000000	<u>,</u>			2328147
d Benefits paid (including direct rollovers and insurance						2320147
to provide benefits)		4748	3			
e Certain deemed and/or corrective distributions (see in	nstructions) 8e					
f Administrative service providers (salaries, fees, comm	nissions) 8f	1395	5			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						6143
i Net income (loss) (subtract line 8h from line 8c)				_		2322004
J Transfers to (from) the plan (see instructions)	····· 8j					
b If the plan provides welfare benefits, enter the applic Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any partic 29 CFR 2510.3-102? (See instructions and DOL's	ipant contributions within th Voluntary Fiduciary Correct	ne time period described in tion Program)	10a		x	
b Were there any nonexempt transactions with any particular on line 10a.)			10b		x	
C Was the plan covered by a fidelity bond?			10c	X		500000
d Did the plan have a loss, whether or not reimbursed or dishonesty?			10d		x	
e Were any fees or commissions paid to any brokers, insurance service or other organization that provide instructions.)	s some or all of the benefits	s under the plan? (See	10e	x		25086
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," e	nter amount as of year end	l.)	10q	Х		182156
h If this is an individual account plan, was there a blac 2520.101-3.)		ons and 29 CFR	10h		x	102100
If 10h was answered "Yes," check the box if you eith exceptions to providing the notice applied under 29			10i		x	
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum fun 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the min	imum funding requirements	s of section 412 of the Code	or se	ction (302 of ER	SA? 🗌 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, a						
	<u> </u>			and all a		
a If a waiver of the minimum funding standard for a prigranting the waiver.	ior year is being amortized			, and e	Day	ate of the letter ruling Year
	ior year is being amortized	Mont		, and e		-

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	N/A	
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	,,	Yes X No			
	lf "Ye	s," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Yes X	No	
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to				
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) Pl	N(s)	
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Department of the Treasury Internal Revenue Service	1	Benefit Plan	•	OldB Nos 12					
	This form is required to be f	100		2012					
Department of Labor Employee Benefits Security Administration	Retrement Income Security Act	is form is required to be filed under sections 104 and 4065 of the Employee hent Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public		
Pension Benefit Guaranty Corporation			1. 1.	is Open to Spection	Public				
Part I Annual Report Id	Complete all entries in acculation	ordance with the inst	ructions to the Form 55	500-SF.					
or calendar plan year 2012 or fisca	al plan year beginning	01/01/2012	and ending		12/31/20	12			
A This return/report is far:	a single-employer plan	a multiple-employed	plan (not multiemployer	r)	a one-partie	•			
3 This return/report is:	the first return/report	the final return/repo		<i>′</i>					
	an amended return/report	a short plan year ro	turn/report (less than 12	month	s)				
Check box if filing under:	Form 5558	automatic extension			DFVC prog	ram			
[special extension (enter descrip	ution)			U				
Part II Basic Plan Inform	nationenter all requested infor	•				<u> </u>			
a Name of plan				1b	Three-digit				
NEUROLOGICAL SURGER	Y, PC RETIREMENT TRU	JST			plan number		~ -		
				1.	(PN)		01		
					Effective date of 01/01/200				
a Plan sponsor's name and addre NEUROLOGICAL SURGER	ess; include room or suite number	(employer, if for a singl	e-employer plan)	2b	Employer Iden	tification Nu	mber		
MEDRODOGICAL SURGER	(I , PC				(EIN) 11-23	-			
				20	Sponsor's tele (516) 255		ber		
100 MERRICK ROAD, S	STE 128W			2d	Business code		clions)		
					621111	•			
ROCKVILLE CENTRE			<u>Y 11570</u>	-					
ROCKVILLE CENTRE	address XSame as Plan Sponsor	Name Same as Pla	Y 11570		Administrator's Administrator's		number		
a Plan administrator's name and a a final strategy of the plan administrator's name and a strategy of the plan of the plan administrator's name and/or EIN of the plan administrator's name and/or EIN of the plan administrator's name and/or EIN of the plan administrator's name and administrator's name and a strategy of the plan administrator's name administ	an sponsor has changed since the	Name 🗌 Same as Pla	in Sponsor Address		Administrator's Administrator's +516		number		
Plan administrator's name and a if the name and/or EIN of the pl name, EIN, and the plan number	an sponsor has changed since the	Name 🗌 Same as Pla	in Sponsor Address	3c 4b	Administrator's Administrator's +516 E!N		number		
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Form 5500-SF 2012

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Page 2

7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			b) End of '	Year
a Total plan assels	7a	6,71		74		<u></u>	9,040,1
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	6,71	8,1	74			9,040,1
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b) Tota	
a Contributions received or receivable from:							
(1) Employers	8a(1)		9,7				
(2) Participants	8a(2)		2,1				
(3) Others (including rollovers)	8a(3)		0,6	_			
b Other income (loss)	8b	90	5,6	36			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	80						2,328,14
to provide benefits)	8d		4,74	18			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		1,39	95	-		· · · · ·
g Other expenses	8g						
h Total expenses (add lines 8d, 8c, 8f, and 8g)	8h	· · · · ·					6,14
Net income (loss) (subtract line 8h from line 8c)	8i						2,322,00
J Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics		·	-				
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	alure codes	from the List of Plan Chara	cterist	ic Cod	es in the i	nstructions	
are v i gonionance guesnons							
	<u> </u>			Vae	No		
During the plan year:a Was there a failure to transmit to the plan any participant contribut	ions within th	e time period described in ion Program)	102	Yes	No	Am	ount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest?) 	ciary Correcti ? (Do not inclu	ion Program)	10a 10b	Yes	No X X	Am	ount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	ciary Correcti ? (Do not incl	ion Program) ude transactions reported	10b		x	Am	
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 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o 	ciary Correcti ? (Do not inclu- rection of the second of t	ion Program) ude transactions reported lihal was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d	x	x	Am	
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interests on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See See See See See See See See See Se	ciary Correcti ? (Do not inclue)? (Idelity bond, er persons by f the benefits 1? of year end. See instruction	ion Program) ude transactions reported lhal was caused by fraud y an insurance carrier, under the plan? (See)	10b 10c 10d 10e 10f 10g	x	x		500,00 25,08
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Form 5500-SF 2012

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Enter the amount contributed by the employer to the plan for this plan year	12c	
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d	· · · · · · · · · · · · · · · · · · ·
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No X N/A
VII Plan Terminations and Transfers of Assets		
Has a resolution to terminate the plan been adopted in any plan year?	Ye:	s X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	control	Yes X No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) identify the plan(c)	to	
3c(1) Name of places	3c(2) EIN(s) 13c(3) PN(s)
VIII Trust Information (optional)		
Name of bush	14b Trust	's EIN
	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? 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.) 13c(1) Name of plan(s): 1 VIII Trust Information (optional)	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 Will the minimum funding amount reported on line 12d be met by the funding deadline? 1 VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 1 If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 13a 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(2) EIN(VIII Trust Information (optional) 13c(2) EIN(