## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

**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 section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

**Short Form Annual Return/Report of Small Employee** 

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I		Identification Information				
For	calenda	ar plan year 2009 or fis	scal plan year beginning 01/01/20	009	and ending	2/31/2	:009
Α	This ret	turn/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
		turn/report is for:	first return/report	final retur	n/report		ш
_	11110 100	turn/report to for.	an amended return/report	=	year return/report (less than 12 mo	nthe)	
_			봄 '	= '	. `	111113)	
С	Check I	box if filing under:	X Form 5558	automatic	extension		DFVC program
			special extension (enter descrip	tion)			
Pa	art II	Basic Plan Info	rmation—enter all requested infor	mation			
1a	Name	of plan				1b	Three-digit
JEFF	REY R	RUBIN, M.D. DEFINED	BENEFIT PLAN				plan number
							(PN) F
						1c	Effective date of plan
							01/01/2003
			dress (employer, if for single-employ	er plan)			Employer Identification Number
JEF	-KEY K	RUBIN, M.D.					(EIN) 11-3276347 Plan sponsor's telephone number
1660	FΔST	14TH STREET				20	718-339-6622
		N, NY 11229-1171				2d	Business code (see instructions)
							621399
			nd address (if same as Plan sponsor,			3b	Administrator's EIN
JEFF	FREY S	S. RUBIN, MD	1660 EAST ADDRESS	「14TH STRI	ET		11-3276347
				N, NY 11229	-1171	3c	Administrator's telephone number 718-339-6622
4	If the na	ame and/or FIN of the r	plan sponsor has changed since the	lact return/re	nort filed for this plan, enter the	4b	
			per from the last return/report. Spon		port med for this plant, enter the	40	EIN
		,	4c	PN			
5a	Total r	number of participants	5a	4			
b	Total r	number of participants	at the end of the plan year			5b	5
С	Total r	number of participants	with account balances as of the end	of the plan v	ear (defined benefit plans do not		1
						5c	0
6a	Were	all of the plan's assets	s during the plan year invested in elig	ible assets?	(See instructions.)		X Yes No
b			the annual examination and report of				
			? (See instructions on waiver eligibilit	•	· ·		Yes   No
			ther 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.	
Pa	rt III	Financial Inform	nation			-	
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total p	plan assets		7a	301483	2	447823
b	Total p	plan liabilities		7b		)	0
С	Net pla	lan assets (subtract line	e 7b from line 7a)	7c	301483	2	447823
8	Incom	ne, Expenses, and Tran	nsfers for this Plan Year		(a) Amount		(b) Total
а	Contri	ibutions received or rec	ceivable from:				
	(1) E	mployers		8a(1)	110529	2	
	<b>(2)</b> Pa	articipants		8a(2)		)	
	<b>(3)</b> Of	thers (including rollove	rs)	8a(3)		)	
b	Other	income (loss)		8b	35812	2	
С	Total i	income (add lines 8a(1)	), 8a(2), 8a(3), and 8b)	8c			146341
d							
			ct rollovers and insurance premiums		i e e e e e e e e e e e e e e e e e e e	)	
	to prov	vide benefits)	ct rollovers and insurance premiums	8d		_	
е		,	•			)	
e f	Certai	in deemed and/or corre		8e			
f	Certai Admin	in deemed and/or corre	ective distributions (see instructions)	8e 8f	(	)	
f g	Certai Admin Other	in deemed and/or corre nistrative service provid expenses	ective distributions (see instructions)	8e 8f 8g	(	)	0
f	Certai Admin Other	in deemed and/or corre nistrative service provid expensesexpenses (add lines 8d	ective distributions (see instructions) ders (salaries, fees, commissions)	8e 8f 8g 8h	(	)	
f g	Certai Admin Other Total e	in deemed and/or corre nistrative service provid expenses expenses (add lines 8d come (loss) (subtract li	ective distributions (see instructions)	8e 8f 8g 8h 8i		)	0 146341

Dart IV	Dlan	Characteristic	_
Part IV	Plan	Characteristic	Ş

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

D		s plant provides wellate benefits, effect the applicable wellate feati	ure codes from the	List of Flair Orlara	otoris		203 111 1	ine mana	otionis.		
Part	٧	Compliance Questions									
10	Dui	ing the plan year:				Yes	No		Amou	nt	
а		s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X				0
b		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)		•	10b		X				0
С	Wa	s the plan covered by a fidelity bond?			10c		X				0
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			10d		X				0
	insı	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of thructions.)	ne benefits under the	e plan? (See	10e		X				0
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		X				0
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X				0
_	If th	is is an individual account plan, was there a blackout period? (Sec	e instructions and 2	9 CFR	10h		X				
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i						
Part '	VI	Pension Funding Compliance									
11	ls th 550	is a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	X	⁄es	No
12	ls t	nis a defined contribution plan subject to the minimum funding req	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	. 📗 ነ	es 🤇	No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,								
		waiver of the minimum funding standard for a prior year is being a									g
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule M			un		Day		rear_		
		er the minimum required contribution for this plan year		-		Γ	12b				
		er the amount contributed by the employer to the plan for this plan				1	12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	e result (enter a min	us sign to the left	of a		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 during the plan y	rear or any prior yea	ır?						es	No
		es," enter the amount of any plan assets that reverted to the emp					13a		<u> </u>	L	
	We	e all the plan assets distributed to participants or beneficiaries, transper PBGC?					ntrol			es 2	No
		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to					
1:	3c(1	Name of plan(s):				13	c(2) El	N(s)	13	c(3) F	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ise is	establ	ished.			
Under SB or	per Sch	nalties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic	,		
SIGN	F	iled with authorized/valid electronic signature.	10/09/2010	ANDREW SIEGE	L						
HERE	- [	Signature of plan administrator	Date	Enter name of in	ndividi	ıal sig	ning as	s plan adr	ministrato	or	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

### 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

2009

This Form is Open to Public Inspection

									ent to Form	3300 OI	3300-3			40/04/5	000				
					r fiscal plan		ning 01	//01/2009				and end	ding	12/31/2	2009				
					arest dollar														
<u> </u>	Cauti	ion: A	penalty	of \$1,0	00 will be as	ssessed fo	r late filing o	f this report	unless reas	onable ca	ause is e	establish	ied.						
		of pla		). DEFIN	IED BENEF	IT PLAN						Three-di	•	(PN)	•		0	02	
					own on line	2a of Form	5500 or 550	00-SF			D E	mployer	Iden	tification	Nur	mber (	EIN)		
JEF	FRE	/ RUE	BIN, M.D	).							11-3	276347							
E	уре с	of plan	: X Sir	ngle	Multiple-A	Multip	ole-B	F	Prior year pla	an size:	X 100 o	r fewer		101-500		More t	han 500		
P	art I	B	asic Ir	nforma	ntion														
1			valuatio			Month 1	2 r	Day31	Year	2009									
2	Ass		valuatio	ni date.		WOTH	<u> </u>	7ay		2000	_								
_	a		rot value	<u>.</u>										2a					337294
	b												_	2b					337294
3					t count brea					(1) N	dumbar	of partic				(2) 1	Funding	Target	
Ū	a	·	•	•			eceiving pay	ment	3a	(1)1	Varriber	or partic	ipani	0		(2)	i unung	raiget	0
	b		•	•										1					0
	C			articipan															
	•	(1)							. 3c(1)										0
		(2)							0 (0)	ł									244153
		(3)							2 (2)					5					244153
	d	` '							_ `.'					6					244153
4	If th	e plar	n is at-ris	sk. checl	k the box ar	d complet	e items (a) a	nd (b)			П								
	а						isk assumpt							4a					
	b			•			ns, but disre												
							s and disreg							4b					
5	Effe	ective	interest	rate										5					6.67 %
6	Tar	get no	rmal co	st										6					81365
Sta	emer	nt by	Enrolle	d Actua	ry														
	accorda	ance wit	h applicab	le law and		ny opinion, ea	edule and accom ch other assump ler the plan.												
	SIGN																		
H	ERI														0	8/17/2	010		
					J	ature of a	ctuary									Date			
ART	HUR	E. TE	ILER,A	SA,EA,N	1AAA										(	08-011	57		
PEN	N PE	NSIO	N CENT	ER, INC	,, ,	orint name	of actuary						Ν	lost rece		nrollm 2-687-		ber	
						Firm name	9					Т	elepl	hone nur	mbei	r (inclu	iding are	ea code	*)
			JE, 3RD Y 10016																
					Ad	dress of th	e firm												
If the	actu	ary ha	s not fu	lly reflec	ted any reg	ulation or r	uling promul	gated unde	r the statute	in comple	eting thi	s sched	ule, c	check the	e box	x and s	see		П
:	4:	_			. •						-								ш

age <b>2-</b>	1	
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Pa	rt II	Begin	ning of year	carryov	er and pr	efunding	bal	ances						
									(;	a) Carryover balance	)	(b)	Prefund	ing balance
7			ning of prior year		,	,					0			0
8	Portion (	used to c	offset prior year's	funding red	quirement (I	tem 35 from	prio	r year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)							0			0
10	Interest	on item 9	9 using prior year	's actual re	turn of	0.00 %					0			0
11	Prior yea	ar's exce	ss contributions t	o be added	d to prefund									
	<b>a</b> Exce	ess contr	ibutions (Item 38	from prior	year)									0
	<b>b</b> Inter	est on (a	) using prior year	's effective	rate of	0.00 %								0
														0
	<b>d</b> Porti	on of (c)	to be added to p	refunding b	alance									0
12											0			0
13											0			0
P	art III	Fund	ding percenta	ages										
14	Funding	target a	ttainment percent	age									14	138.15 %
													15	138.15 %
	Prior yea	ar's fund	ing percentage fo	r purposes	of determin	ning whethe	r carr	yover/prefur	nding ba	alances may be used			16	72.66 %
17													17	%
										· · · · · · · · · · · · · · · · · · ·				
				•	•		emp	lovees:						
									ate	<b>(b)</b> Amount p	aid by	(	c) Amou	ınt paid by
(N	IM-DD-Y	YYY)	employer	(s)	em	ployees		(MM-DD-	-YYYY)	employer	(s)		empl	oyees
80	/11/2010			110529			0							
									-				1	
								Totals ►	18(	b)	110529	18(c)		0
19	Discoun	ted empl	oyer contribution	s – see ins	tructions for	small plan	with a	a valuation o	late afte					
	<b>a</b> Contr	ibutions	allocated toward	unpaid min	imum requi	red contribu	tion f	rom prior ye	ars		19a			0
	<b>b</b> Contri	ibutions	made to avoid res	strictions a	djusted to va	aluation date	e				19b			0
	<b>C</b> Contri	butions a	llocated toward m	inimum req	uired contrib	ution for curr	rent ye	ear adjusted	to valua	tion date	19c			102775
20	Quarterl	y contrib	utions and liquidi	ty shortfalls	S:									
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior yea	ar?								Yes No
Totals ► 18(b) 110529  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 contribution for current year adjusted to valuation date							Yes No							
	<b>C</b> If 20a	is "Yes,'	see instructions	and compl	ete the follo	wing table a	as apı	plicable:					_	_
9 Amount remaining (Item 7 minus item 8)						of Quarter of this plan year								
		(1) 1s	t		(2) 2	nd			(3	3) 3rd			(4) 4tl	h
			0	1			- (	1			$\alpha$			0

Pa	rt V Assumptio	ns used to determine f	unding target and targ	et normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %	3rd segm 6.7	ent: 7 %	N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)			21b	0
22	Weighted average ret	irement age			22	65
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescribed - separate	Substitut	te
Pa	rt VI Miscellane	ous items				
24	Has a change been m	nade in the non-prescribed act	uarial assumptions for the curr			· · · · · · · · · · · · · · · · · · ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructi	ons regarding required a	attachment	Yes X No
			Participants? If "Yes," see ins			<del></del>
27	If the plan is eligible for	or (and is using) alternative fur	nding rules, enter applicable co	de and see instructions	27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributio	ns for prior years		
28		•	ears	• •	28	0
29	Discounted employer	contributions allocated toward	I unpaid minimum required cor	tributions from prior yea	rs 29	0
20	· · · · · · · · · · · · · · · · · · ·		stributions (item 20 minus item			0
			ntributions (item 28 minus item	29)	30	
		required contribution f	<u> </u>			0
			ructions)		•	0
32	Amortization installme			Outstanding		Installment
	a Net shortfall amorti	ization installment			0	0
	<b>b</b> Waiver amortizatio	n installment			0	0
33	If a waiver has been a (Month	approved for this plan year, en Day Year	ter the date of the ruling letter) and the waived amour	granting the approval	33	
34	• •	0 ,	er/prefunding balances (item 3		.34	0
			Carryover balance	Prefunding	balance	Total balance
35	Balances used to offs	et funding requirement		0	0	0
36	Additional cash requir	rement (item 34 minus item 35	)		36	0
37	Contributions allocate	ed toward minimum required co	ontribution for current year adju	sted to valuation date	37	102775
38	Interest-adjusted exce	ess contributions for current ve	ear (see instructions)		38	102775
39			ear (excess, if any, of item 36 of			0
40		uired contribution for all years			40	0

#### 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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	ance with	the instructions to the Form 550	U-3F.	<u> </u>
Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 1/1/	2009	and ending	1:	2/31/2009
		nployer plan (not multiemployer)		ne-participant plan
	final return			
		year return/report (less than 12 mo	nths)	
	automatic	• • •	•	DFVC program
special extension (enter description				
Part II Basic Plan Information—enter all requested informa	•			
1a Name of plan			1b	Three-digit
JEFFREY RUBIN, M.D. DEFINED BENEFIT PLAN				plan number 002 (PN)
			1c	Effective date of plan 1/1/2003
2a Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 113276347
JEFFREY RUBIN, M.D.			2c	Plan sponsor's telephone number 7183396622
1660 EAST 14TH STREET			2d	Business code (see instructions) 621399
1000 EAGT 14111 OTNEET				02.000
BROOKLYN				
NY				
112291171				
3a Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	")	3b	Administrator's EIN 113276347
JEFFREY S. RUBIN, MD			3c	Administrator's telephone number
			<u> </u>	7183396622
4000 FACT 44TH CTDEET				
1660 EAST 14TH STREET ADDRESS LINE 2				
BROOKLYN				
NY				
112291171				
4 If the name and/or EIN of the plan sponsor has changed since the las name. EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN
налів, шт, ано ше ріан пошрет пош ше так гетипілерогі. Sponsor	i o nante		4c	PN
5a Total number of participants at the beginning of the plan year			F-	
b Total number of participants at the end of the plan year			5a 5b	5
C Total number of participants with account balances as of the end of			ac	3
complete this item)			5c	0
6a Were all of the plan's assets during the plan year invested in eligible		•		Yes No
<b>b</b> Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)		Yes No
If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	OU.	
7 Plan Assets and Liabilities	<u> </u>	(a) Beginning of Year	Т	(b) End of Year
a Total plan assets	7a	301482	2	447823
b Total plan liabilities		(		0
C Net plan assets (subtract line 7b from line 7a)		301482		447823

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(t	) Total		
-	Contributions received or receivable from:	0-(4)	110	)529					
	(1) Employers(2) Participants			0	1				
	(3) Others (including rollovers)			0	1				
	Other income (loss)		35	812	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						1	4634	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(	
_	Net income (loss) (subtract line 8h from line 8c)		· · · · · · · · · · · · · · · · · · ·				14	46341	1
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
Par									
					Von I N		<b>A</b>		
10	During the plan year:	tions within the	time period described in		Yes N	<b>D</b>	Amor	unt	
10				10a	Yes N		Amo	unt	C
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	ciary Correction (Control of the Control of the Con	on Program)de transactions reported				Amo	unt	C
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Correction: (Do not include	on Program)de transactions reported	10a	>	(	Amor	unt	
10 a b	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correction (Do not include the control of the	n Program)de transactions reported	10a 10b	>		Amo	unt	C
10 a b	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or transactions.	fidelity bond, the	n Program)	10a 10b 10c	> > >		Amo	unt	C
10 a b c	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)	ciary Correction: (Do not include the control of th	n Program)	10a 10b 10c 10d	> > > >		Amor	unt	0
10 a b c d d	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plantary in the plan	fidelity bond, there persons by of the benefits units.	an Program)	10a 10b 10c 10d 10e	> > > >		Amor	unt	0 0
10 a b c d d e f g	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plant bid the plan have any participant loans? (If "Yes," enter amount a	fidelity bond, the persons by of the benefits to the soft year end.)	n Program)	10a 10b 10c 10d	> > > > > >		Amo	unt	0
10 a b c d d e f g	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bond, the persons by of the benefits units.	an Program)	10a 10b 10c 10d 10e	> > > >		Amor	unt	0 0
10 a b c d d e f g	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	fidelity bond, the persons by of the benefits the persons by of the benefits the persons of year end.).  (See instruction the required not the persons of year end.).	n Program)	10a 10b 10c 10d 10e 10f 10g	> > > > > >		Amor	unt	0 0
10 a b c d d e f g	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plath Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond, the persons by of the benefits the persons of year end.).  (See instruction the required not 1-3	an Program)	10a 10b 10c 10d 10e 10f 10g 10h	> > > > > > >			unt	0 0
10 a b c d e f g h i Part	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plath Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500)).	fidelity bond, the persons by of the benefits units of year end.). (See instruction the required not 1-3	n Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	> >> >> >> >> >> >> >> >> >> >> >> >> >	SB (Form		Yes	0 0
10 a b c d d e f g h i	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plath Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	fidelity bond, the persons by of the benefits the persons by of the benefits the persons of year end.).  (See instruction the required not 1-3	n Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	> >> >> >> >> >> >> >> >> >> >> >> >> >	SB (Form		Yes	0 0

granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 year..... 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 negative amount) ..... No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII **Plan Terminations and Transfers of Assets** 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Yes 🗷 No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?

Caution: A penalty for the late or incomplete filing	g 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	Jely Mel	8/2	1/2010	JEFFREYS. RUBN M
HERE	Signature of plan administrator	Date /		Enter name of individual signing as plan administrator
SIGN	see Mal	8/21	10	- extra s. rubin ma
HERE	Signature of employer/plan sponsor	Date		Enter name of individual signing as employer or plan sponsor

#### Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Par	t I Identification						
A	Name of filer, plan administrator, or plan sponsor (see instructions) JEFFREY S. RUBIN, MD	B X		•	ring number (s		ns).
	Number, street, and room or suite no. (If a P.O. box, see instructions)		11		32	76347	
	1660 EAST 14TH STREET City or town, state, and ZIP code	$-\Box$	Social	security	number (SSN)		
	BROOKLYN NY 11229-1171					;	
			Plan		Plan	year endi	10-
С	Plan name		numb	· -	MM	DD	YYYY
1	JEFFREY S. RUBIN, MD DEFINED BENEFIT PLAN	0	0	2	12	31	2009
2			<u> </u>				
3							
Par	Extension of Time to File Form 5500 or Form 5500-EZ	(see ins	struci	ions)			
1	I request an extension of time until	rm 5500	or Fo	orm 550	00-EZ.		
	The application is automatically approved to the date shown on line normal due date of Form 5500 or 5500-EZ for which this extension is remonths after the normal due date.						
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ	d filed af	ter the	due d	ate for the p	lans listed i	n C above.
Vote.	A signature is not required if you are requesting an extension to file Form 5500	or Form	5500	-F7			
	I request an extension of time until/ to file Form 5330, after the state of the state			due date	e of Form 533	30.	
а	Enter the Code section(s) imposing the tax	. •	а				
b	Enter the payment amount attached				•	<b>b</b> 0	
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the reversion State in detail why you need the extension	n/amendr	ment c	late .	•	С	
		••••••	•••••				
			•••				
							•••••
			•••••				•••••
					•••••	•••••	•••••
	2						
	penalties of perjury, I declare that to the best of my knowledge and belief, the stateme ized to prepare this application.	nts made	on this	form ar	e true, correct,	, and complet	e, and that I a
Signa	ture ▶		Date	<b>&gt;</b>			

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department 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).

2009

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachme	ent to Form	5500 or 55	00-SF.		18.8.8		
For	calendar plan year 2009 or fiscal plan year beginning 1/1/2009			and ending	12/31	/2009		
	cound off amounts to nearest dollar.							
• (	aution: A penalty of \$1,000 will be assessed for late filing of this report	unless reaso	nable caus	se is established	•			
AN	ame of plan	3 Three-digit			002			
JEFFREY RUBIN, M.D. DEFINED BENEFIT PLAN						<b>&gt;</b>		
C P	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer Ide	entificatio	n Number (	FIN)	
	FREY RUBIN, M.D.		- 1	2 Employer id		W		
JEI	FRET ROBIN, W.D.				1.	13276347		
Ет	pe of plan: X Single Multiple-A Multiple-B	Prior year pla	n size: 🔀	100 or fewer	101-500	☐ More t	han 500	
10 mg		7						
Pa			· · · · · · · · · · · · · · · · · · ·					
2	Enter the valuation date: 12/31/2009							
2	Assets:			1	20	Salata and the C	337294	1
	a Market value				2a			
	b Actuarial value	······	2007		2b	225	337294	+
3	Funding target/participant count breakdown		(1) Nur	mber of participa				
	a For retired participants and beneficiaries receiving payment			0			0	
	b For terminated vested participants	. 3b		1	TO THE PERSON OF	TO THE PART OF THE	0	
	<b>c</b> For active participants:							
	(1) Non-vested benefits	1					0	
	(2) Vested benefits	. 3c(2)	91 12				244153	
	(3) Total active	. 3c(3)		5			244153	
	d Total	. 3d		6		2	244153	
4	If the plan is at-risk, check the box and complete items (a) and (b)			]				
	a Funding target disregarding prescribed at-risk assumptions				4a			
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding tran				4b			
	at-risk for fewer than five consecutive years and disregarding load	ing factor			3.173			
5	Effective interest rate				5		6.67	%
6	Target normal cost				6		81365	
a c	ement by Enrolled Actuary  the best of my knowledge, the information supplied in this schedule and accompanying scheductordance with applicable law and regulations. In my opinion, each other assumption is reasonal ombination, offer my best estimate of anticipated experience under the plan.							
	ERE Arthur & Teil	7		8/17/201	0			
	Signature of actuary		Date					
AR	THUR E. TEILER,ASA,EA,MAAA		0801157					
	Type or print name of actuary		Most recent enrollment number					
PE	NN PENSION CENTER, INC.		2126876151					
2 F	Firm name ARK AVENUE, 3RD FL.	Tele	phone no	umber (inclu	iding area code)			
	W YORK							
NY								
101	1400005							
100	1162305 Address of the firm							
			*****					
	actuary has not fully reflected any regulation or ruling promulgated unde ctions	r the statute i	in completi	ng this schedule	, check th	ne box and	see [	

Part II	Beginning of year carryove	er and prefunding bal	ances					
				(a) Carryover balance (I		(b) Prefunding balance		
	at beginning of prior year after applic	•		0	0		0	
8 Portion	used to offset prior year's funding req	uirement (Item 35 from prio	r year)	0	0			
9 Amount	remaining (Item 7 minus item 8)			0	0			
	on item 9 using prior year's actual re			0	0			
	ar's excess contributions to be added							
a Exce	ess contributions (Item 38 from prior y	/ear)			0			
<b>b</b> Inter	est on (a) using prior year's effective	rate of			0			
	l available at beginning of current plan				0			
<b>d</b> Porti	on of (c) to be added to prefunding b	alance			0			
12 Reduction	on in balances due to elections or de	emed elections		0	0			
13 Balance	3 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)							
Part ill	Funding percentages							
14 Funding target attainment percentage								%
	Adjusted funding target attainment percentage							
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to recurrent year's funding requirement							72.66	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage								%
Part IV	Contributions and liquidi	ty shortfalls						
18 Contribu	utions made to the plan for the plan y	<del></del>	oloyees:					
(a) Date (b) Amount paid by (c) Amount paid by (a) D (MM-DD-YYYY) employer(s) employees (MM-DD-						(c) Amount paid by employees		
8/11/20	10 110529	0						
- <u>-</u> -								

P	art IV Contributions and liquid	ity sho	rtfalls						
18	18 Contributions made to the plan for the plan year by employer(s) and employees:								
				Totals ▶	18(b)	110529	18(c)		0
19	Discounted employer contributions - see ins	structions	for small plan with a	a valuation da	ate after the beginning of the	ne year:			
	a Contributions allocated toward unpaid mir	nimum re	quired contribution f	rom prior yea	ırs	. 19a	0		
	<b>b</b> Contributions made to avoid restrictions a	djusted t	o valuation date			. 19b	0		
	C Contributions allocated toward minimum rec	quired con	tribution for current y	ear adjusted t	o valuation date	. 19c	1027	75	
20	Quarterly contributions and liquidity shortfall	s:		_					
	a Did the plan have a "funding shortfall" for	the prior	year?				Σ	Yes 🗌	No
	b If 20a is "Yes," were required quarterly in:	stallments	s for the current yea	r made in a ti	mely manner?		<u>P</u>	Yes [	No
	C If 20a is "Yes," see instructions and comp	lete the f	ollowing table as ap	plicable:					
	(1) (1)		dity shortfall as of en	nd of Quarter			(4) 44		
	(1) 1st 0	(2)	2nd 0	+	(3) 3rd	<u></u>	(4) 4ti	1	0
	O]		<u> </u>	<u> </u>					<u> </u>
	art v Assumptions used to deter	mine fi	unding target a	nd target i	normal cost	-			
21				- a target	Tomar oost				
21	a Segment rates: 1st segment:		2nd segm	ent:	3rd segment:		امان النام المعامل		
	4.71 %	•	6.67	%	6.77 %		N/A, full yiel	a curve us	<del></del>
	<b>b</b> Applicable month (enter code)					21b			0
22						22	65		
_23	Mortality table(s) (see instructions)	× Pres	scribed - combined	Pre	scribed - separate	Substitut	te		
Pa	art VI Miscellaneous items								
24	•								NI-
	attachment							Yes X	
	Has a method change been made for the cu	<u>·</u>						Yes K	No
26								Yes 🗙	No
27	If the plan is eligible for (and is using) aftern regarding attachment					27			
Pa	art VII Reconciliation of unpaid n	ninimu	m required con	tributions	for prior years				
28	·		<del></del>			28	0		
29	Discounted employer contributions allocated	d toward	unpaid minimum rec	quired contrib	utions from prior years	29			
	(item 19a)								
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)								
Part VIII Minimum required contribution for current year									
31		see instru	ections)		1	31			0
32	Amortization installments:				Outstanding Balar	_ '	Instal	ment	•
	a Net shortfall amortization installment				r.	0			0
	b Waiver amortization installment				<del></del>	0			0
33	If a waiver has been approved for this plan	year, ente				33			
34	( ) and the waived amount								
<b>J</b>	item 33)	•	•	•		34			0
					Prefunding balan	се	Total b	alance	
35	Balances used to offset funding requiremen	ıt		0	)	0			0
36	Additional cash requirement (item 34 minus item 35)					36			0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)					37	102775		
38	38 Interest-adjusted excess contributions for current year (see instructions).					38	102775		
39	<del></del>					39	0		
40						40		<del></del>	0

40 Unpaid minimum required contribution for all years .....

Schedule SB, line 22 Description of Weighted Average Retirement Age As of December 31, 2009

All participants are assumed to retire at the latter of their Normal Retirement Age, or the end of the current plan year

Schedule SB, Part V
Statement of Actuarial
Assumptions/Methods
As of December 31, 2009

For

Assumption Funding

Turnover None

Disability None

Future Salary Increases None

Assumed Retirement Normal Retirement

Assumed Benefit Form Percent Assumed Plan Normal Form 0%

Percent Assumed Lump Sum 100% Percent Assumed Life Only 0%

Percent Assumed Joint and Survivor 0%

Actuarial Value of Assets Market Value

Schedule SB, Part V Summary of Plan Provisions As of December 31, 2009

denominator, in no event, less than Oyears

Termination Benefit All participants are fully vested at all times

### Attchment to Schedule SB, Line 19 - Discounted Employer Contributions

**PLAN NAME:** 

### JEFFREY RUBIN M.,D., DEFINED BENEFIT PLAN

PLAN YEAR:	_	1/1/2009	to	12/31/2009							
Effective interest rate:	Days	6.67%									
<b>12/31/2009</b> 8/11/2010		110529.00			106253.57						
Sub Total		110529			106254						
	Missed Quarterly Interest										
2009 Cost =		81365									
		18307.125	<u>6.67%</u>	<u>11.67%</u>							
4/15/2009	483	18,307.13	1633.01	2879.12	-1246						
7/15/2009	392	18,307.13	1314.58	2304.05	-989						
10/15/2009	300	18,307.13	997.82	1738.52	-741						
1/15/2010	208	18,307.13	686.17	1188.51	-502						
Sub Total		73228.50	4631.59	8110.19	-3478.60						
Totals					102775						
· <u>·</u>											

C:\Documents and Settings\Greg\My Documents\[Arthur-AttachmnttoSchSB(1).xls]CheckLst 8/11/10 18:17

### Schedule SB, Part V Summary of Plan Provisions As of December 31, 2009

Plan effective

January 1, 2006

date

Plan Year

January 1 to December 31

Eligibility

Employees are eligible to enter on the January 1 or July 1 that is coincident with or next following the date the participant completes 24 months of service with 1

hours

Normal Retirement All participants are eligible to retire upon the latter of attainment of age 62 and 5 years of participation

Normal Retirement Benefit Upon retirement a participant will be entitled to a benefit payable in the normal form which is equal to the following:

Group % Comp 0 9.00% 1 0.50%

per year of participation to a maximum of 10 years of credit

In no event is the benefit greater than 100% of final average compensation

Reduced for years of service less than 10

or greater than \$16250

Reduced for years of participation less than 10 with the dollar limit reduced for payment prior to 62, and increased for payment after 65

Normal Form

A monthly benefit payable for the life of the participant

Accrued Benefit

The accrued benefit is the benefit projected to normal retirement, based upon service continuing until normal retirement and the average at normal retirement being the current average compensation, multiplied by a fraction, the numerator of with is years of service to date, the denominator of which is the total anticipated years of service at normal retirement counting no more than 10 years, but with the