

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). ► 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;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> 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 <u>JEFFREY RUBIN, M.D. DEFINED BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>002</u>	1c Effective date of plan <u>01/01/2003</u>	
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1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>JEFFREY RUBIN, M.D.</u> <u>1660 EAST 14TH STREET</u> <u>BROOKLYN, NY 11229-1171</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>11-3276347</u></td> </tr> <tr> <td>2c Plan sponsor's telephone number <u>718-339-6622</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621399</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>11-3276347</u>	2c Plan sponsor's telephone number <u>718-339-6622</u>	2d Business code (see instructions) <u>621399</u>	
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2c Plan sponsor's telephone number <u>718-339-6622</u>					
2d Business code (see instructions) <u>621399</u>					
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>JEFFREY S. RUBIN, MD</u> <div style="text-align: right;"><u>1660 EAST 14TH STREET</u> <u>ADDRESS LINE 2</u> <u>BROOKLYN, NY 11229-1171</u></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>3b Administrator's EIN <u>11-3276347</u></td> </tr> <tr> <td>3c Administrator's telephone number <u>718-339-6622</u></td> </tr> </table>	3b Administrator's EIN <u>11-3276347</u>	3c Administrator's telephone number <u>718-339-6622</u>		
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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. Sponsor's name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>4b EIN</td> </tr> <tr> <td>4c PN</td> </tr> </table>	4b EIN	4c PN		
4b EIN					
4c PN					
5a Total number of participants at the beginning of the plan year	5a <u>4</u>				
b Total number of participants at the end of the plan year	5b <u>5</u>				
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c <u>0</u>				
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">(a) Beginning of Year</th> <th style="text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a <u>301482</u></td> <td><u>447823</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td>7b <u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a)</td> <td>7c <u>301482</u></td> <td><u>447823</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a <u>301482</u>	<u>447823</u>	b Total plan liabilities	7b <u>0</u>	<u>0</u>	c Net plan assets (subtract line 7b from line 7a)	7c <u>301482</u>	<u>447823</u>																														
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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 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	0
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	0
c Was the plan covered by a fidelity bond?		X	0
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	0
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	0
f Has the plan failed to provide any benefit when due under the plan?		X	0
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

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 during the plan year or any prior 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.	10/09/2010	ANDREW SIEGEL
	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) 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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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 JEFFREY RUBIN, M.D. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JEFFREY RUBIN, M.D.	D Employer Identification Number (EIN) 11-3276347
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 12 Day 31 Year 2009	
2 Assets:	
a Market value	2a 337294
b Actuarial value	2b 337294
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 1 0
c For active participants:	
(1) Non-vested benefits	3c(1) 0
(2) Vested benefits	3c(2) 244153
(3) Total active	3c(3) 5 244153
d Total	3d 6 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 Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 6.67 %
6 Target normal cost	6 81365

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	08/17/2010
Signature of actuary	Date
ARTHUR E. TEILER, ASA, EA, MAAA	08-01157
Type or print name of actuary	Most recent enrollment number
PENN PENSION CENTER, INC.	212-687-6151
Firm name	Telephone number (including area code)
2 PARK AVENUE, 3RD FL. NEW YORK, NY 10016-2305	
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) 2009
v.092308.1

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 (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>0.00</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	138.15 %
15 Adjusted funding target attainment percentage.....	15	138.15 %
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	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.....	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
08/11/2010	110529	0			
			Totals ►	18(b)	18(c)
				110529	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 contribution 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	102775
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 checked="" type="checkbox"/> Yes <input 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	(4) 4th
0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %	3rd segment: 6.77 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	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 Interest-adjusted excess contributions for current year (see instructions).....	38	102775
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required 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). ▶ 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; padding: 5px; text-align: center;">2009</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2009 or fiscal plan year beginning		1/1/2009	and ending
		12/31/2009	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan	<input type="checkbox"/> multiple-employer plan (not multiemployer)	<input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report	<input type="checkbox"/> final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> 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
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Part II Basic Plan Information —enter all requested information			
1a Name of plan		1b Three-digit plan number (PN) ▶	002
JEFFREY RUBIN, M.D. DEFINED BENEFIT PLAN			
		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
BROOKLYN			
NY			
112291171			
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")		3b Administrator's EIN	113276347
JEFFREY S. RUBIN, MD		3c Administrator's telephone number	7183396622
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 last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name		4b EIN	
		4c PN	
5a Total number of participants at the beginning of the plan year		5a	4
b Total number of participants at the end of the plan year.....		5b	5
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		5c	0
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	301482	447823
b Total plan liabilities.....	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	301482	447823

DRAFT COPY - DO NOT SUBMIT!

8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1) 110529	
	(2) Participants	8a(2) 0	
	(3) Others (including rollovers).....	8a(3) 0	
b	Other income (loss).....	8b 35812	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	146341
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 0	
e	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	0
i	Net income (loss) (subtract line 8h from line 8c).....	8i	146341
j	Transfers to (from) the plan (see instructions)	8j 0	

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 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

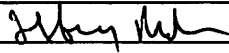
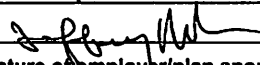
Part V	Compliance Questions	Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	0
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b	X	0
c	Was the plan covered by a fidelity bond?	10c	X	0
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	0
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.)	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
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		

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))..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? .. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.
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.....
c	Enter the amount contributed by the employer to the plan for this plan year.....
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)
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the amount of any plan assets that reverted to the employer this year..... 13a 0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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		8/21/2010	JEFFREY S. RUBIN MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8/21/10	JEFFREY S. RUBIN MD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions) JEFFREY S. RUBIN, MD				B Filer's identifying number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). 11 : 3276347					
	Number, street, and room or suite no. (If a P.O. box, see instructions) 1660 EAST 14TH STREET				<input type="checkbox"/> Social security number (SSN) : :					
	City or town, state, and ZIP code BROOKLYN NY 11229-1171									
C	Plan name				Plan number			Plan year ending—		
								MM	DD	YYYY
1	JEFFREY S. RUBIN, MD DEFINED BENEFIT PLAN				0	0	2	12	31	2009
2										
3										

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application is automatically approved to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until / / to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax **a**

b Enter the payment amount attached **b** 0

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date **c**

3 State in detail why you need the extension

2

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

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 <p>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).</p> <p>► File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 1/1/2009 and ending 12/31/2009

► **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 JEFFREY RUBIN, M.D. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JEFFREY RUBIN, M.D.	D Employer Identification Number (EIN) 113276347	
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: <u>12/31/2009</u>			
2 Assets:			
a Market value	2a	337294	
b Actuarial value	2b	337294	
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	1	0
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		244153
(3) Total active	3c(3)	5	244153
d Total	3d	6	244153
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.67	%
6 Target normal cost	6	81365	

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 ARTHUR E. TEILER, ASA, EA, MAAA Type or print name of actuary PENN PENSION CENTER, INC. Firm name 2 PARK AVENUE, 3RD FL. NEW YORK NY 100162305 Address of the firm	8/17/2010 Date 0801157 Most recent enrollment number 2126876151 Telephone number (including area code)
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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
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>0</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>0</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III | Funding percentages

14	Funding target attainment percentage.....	14	138.15	%
15	Adjusted funding target attainment percentage.....	15	138.15	%
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	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.....	17		%

Part IV | Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

[illegible]

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

	Totals ▶	18(b)	110529	18(c)	0
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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 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	102775

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 checked="" type="checkbox"/> Yes <input 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
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %	3rd segment: 6.77 %	<input type="checkbox"/> N/A, full yield curve used
	b Applicable month (enter code)			21b 0

22 Weighted average retirement age

	22	65
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23 Mortality table(s) (see instructions) ☒ Prescribed - combined

<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute
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Part VI	Miscellaneous items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....

27	
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Part VII	Reconciliation of unpaid minimum required contributions for prior years
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28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... **30** 0

Part VIII	Minimum required contribution for current year
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31 Target normal cost, adjusted, if applicable (see instructions)..... **31** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 () and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	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 Interest-adjusted excess contributions for current year (see instructions)..... **38** 102775

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39** 0

40 Unpaid minimum required contribution for all years **40** 0

**JEFFREY RUBIN, M.D.
DEFINED BENEFIT PENSION PLAN**

**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

**JEFFREY RUBIN, M.D.
DEFINED BENEFIT PENSION PLAN**

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

Assumption	For 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

JEFFREY RUBIN, M.D.
DEFINED BENEFIT PENSION PLAN

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

denominator, in no event, less than 0 years

Termination Benefit	All participants are fully vested at all times
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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%

12/31/2009	365.00			
8/11/2010	223.00	110529.00		106253.57

Sub Total	110529			106254
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Missed Quarterly Interest

2009 Cost =		81365			
		18307.125	6.67%	11.67%	
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
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Totals				102775
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8/11/10 18:17

JEFFREY RUBIN, M.D.
DEFINED BENEFIT PENSION PLAN

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

Plan effective date	January 1, 2006						
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	<p>Upon retirement a participant will be entitled to a benefit payable in the normal form which is equal to the following:</p> <table><tr><td>Group</td><td>% Comp</td></tr><tr><td>0</td><td>9.00%</td></tr><tr><td>1</td><td>0.50%</td></tr></table> <p>per year of participation to a maximum of 10 years of credit</p> <p>In no event is the benefit greater than 100% of final average compensation</p> <p>Reduced for years of service less than 10</p> <p>or greater than \$16250</p> <p>Reduced for years of participation less than 10 with the dollar limit reduced for payment prior to 62, and increased for payment after 65</p>	Group	% Comp	0	9.00%	1	0.50%
Group	% Comp						
0	9.00%						
1	0.50%						
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 which is years of service to date, the denominator of which is the total anticipated years of service at normal retirement counting no more than 10years, but with the						