Form 5500-SF

Department of the Treasury

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).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2009 or fiscal plan year beginning and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number LOUIS W. JACOBS D.P.M. P.C. PROFIT SHARING PLAN 004 (PN) ▶ 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number LOUIS W. JACOBS D.P.M., P.C. 11-2315780 (EIN) 2c Plan sponsor's telephone number 516-932-1239 **42 EAST VIEW COURT** JERICHO, NY 11753 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN LOUIS W. JACOBS D.P.M., P.C. **42 EAST VIEW COURT** 11-2315780 JERICHO, NY 11753 **3c** Administrator's telephone number 516-932-1239 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 631198 932023 a Total plan assets..... 7a Λ **b** Total plan liabilities..... 7b 932023 Net plan assets (subtract line 7b from line 7a)..... 7с 631198 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 0 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 300825 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с 300825 Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f 0 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 300825 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) 0

D IV	Diam	Ol	. 4! - 4!
Part IV	Plan	Charac	cteristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 3B

b	If th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the l	_ist of Plan Charad	cteris	tic Cod	des in	the instruct	tions:	
Part	٧	Compliance Questions								
10	Du	ing the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	•		10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)			10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X			7	0000
d		the plan have a loss, whether or not reimbursed by the plan's fidelit		•	10d		X			
е	ins	re any fees or commissions paid to any brokers, agents, or other pe urance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		X			
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	/ear end.)		10g		X			
h		is is an individual account plan, was there a blackout period? (See i) CFR	10h					
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements? 0))							Yes X	No
12		his a defined contribution plan subject to the minimum funding requi							Yes X	No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)							
		waiver of the minimum funding standard for a prior year is being am								
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			h		Day		Year	
-		er the minimum required contribution for this plan year	•	-			12b			
		er the amount contributed by the employer to the plan for this plan y				1	12c			
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left o	of a		12d			
	_	the minimum funding amount reported on line 12d be met by the fu						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	ar or any prior yea	r?					Yes X	No
	lf "۱	es," enter the amount of any plan assets that reverted to the emplo	yer this year				13a			
b		re all the plan assets distributed to participants or beneficiaries, tran ne PBGC?	nsferred to another	plan, or brought u	nder	the co	ntrol		Yes X	No
С		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plai	n(s) to				
1:	3c(1) Name of plan(s):				130	c(2) El	N(s)	13c(3) Pi	N(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed ι	ınless reasonable	e cau	se is	establ	ished.	1	
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I deledule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	,	iled with authorized/valid electronic signature.	0/14/2010	DAVID WETSMAN	٧					
HERI		Signature of plan administrator	Date	Enter name of inc	dividu	ıal sig	ning as	s plan adm	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

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

2009

This Form is Open to Public Inspection

		Annual Report				1 /01 /0			10/01/00	
For	calendar	plan year 2009 or fis			0 1	1/01/2	009 and ending		12/31/200	19
Α	This return	n/report is for:	X single-employ	er plan		multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
В	This return	n/report is for:	first return/rep	ort		final returi	n/report			
			an amended r	eturn/report	$-\overline{\sqcap}$	short plan	year return/report (less than 12 r	nonths)		
С	Check box	x if filing under:			П	automatic	extension		☐ DFVC progra	ım
	01.001.20		special extens	ion (enter desc	ш					
D.	art II	Basic Plan Info								
	Name of		onnation—enter a	ali requesteu ii	IIOIIIIa	itiOII		1h	Three-digit	
Iu		W. JACOBS D	.P.M. P.C.	PROFIT SH	ARIN	IG PLAI	V		plan number	
									(PN)	004
								1c	Effective date of	
- 0-								01-	01/01/1990	
Za	Plan spoi	nsor's name and ad W. JACOBS D	Idress (employer, if .P.M., P.C.	for single-emp	loyer p	olan)		20	Employer Identification (EIN) 11-231	fication Number 5780
								2c		elephone number
	42 EAS	ST VIEW COUR	Т						(516) 932-1	
								2d	Business code (see instructions)
-20	JERICH			Di			NY 11753	2h	621111 Administrator's I	
Sa	SAME AGIT	ninistrator's name ar	nd address (if same	as Plan spons	sor, en	iter Same	;)	30	Administrators	=IIN
								3с	Administrator's t	elephone number
							port filed for this plan, enter the	4b	EIN	
	name, ⊑ir	N, and the plan num	iber from the last re	turn/report. Sp	onsor	s name		4c	PN	
5a	Total nui	mber of participants	at the beginning of	the plan vear.					<u> </u>	2
b			0 0							2
C			•	•			ear (defined benefit plans do not	JD		
						. ,		5c		2
6a	Were al	l of the plan's assets	s during the plan ye	ar invested in	eligible	e assets?	(See instructions.)			X Yes No
b							ndent qualified public accountant			
			•	-	-		ons.) SF and must instead use Form			X Yes No
Pa		Financial Infor		pian cannot u	ise ro	1111 5500-	or and must mstead use roim	3300.		
7		sets and Liabilities	············				(a) Beginning of Year		(b) End	of Vear
a		ın assets				7a	631, 1	1 9 8	(b) Elia	932,023
b	•	ın liabilities			- t	7b	0017	0		0
		assets (subtract line			Г	7c	631,			932,023
8		Expenses, and Train	•			70	(a) Amount		(b) T	
a		tions received or re		i oai	-		(a) Amount		(6) 1	- Ctar
_		oloyers				8a(1)		0		
	(2) Part	icipants			[8a(2)		0		
	(3) Othe	ers (including rollove	ers)			8a(3)		0		
b	Other inc	come (loss)				8b	300,	325		
С	Total inc	come (add lines 8a(1	1), 8a(2), 8a(3), and	8b)		8c				300,825
d	Benefits	paid (including direct	ct rollovers and insu	ırance premiur	ms					
		le benefits)			i i	8d		0		
е		deemed and/or corre			F	8e		0		
f	Administ	trative service provid	ders (salaries, fees,	commissions)	ا	8f		0		
g		penses			_ F	8g		0		
h	Total exp	penses (add lines 8	d, 8e, 8f, and 8g)			8h				0
i		me (loss) (subtract l	,			8i				300,825
		s to (from) the plan								

00-01/2000 1.04 AM FROM: CF0A/FART 356-1654 CRDA TO: 1 733 571-2025 PAGE: 608 CF 004

	Furm 5500-SF 2009							
es erê	V Plan Characteristics		be Coo	se in t	ne instr	n C d CB	R:	
a	Plan Characteristics the pian provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics	rimo. Io	JU 00.					
ъ	36-30-36 fithe plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Chers.	cterial	ic Cod	es in th	ie iristr	uction	*	
art	V. Compliance Questions	<u></u>	Yes	No		Δη	ncunt	
~	Charles have above unable	\vdash						· · · · · · · · · · · · · · · · · · ·
	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 Comparior Program)	10a		<u> </u>				Ar
	Were there any ocnexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	×	×				10,00
C	Was the pien covered by a fidelity bono?		 ^					
	Did the plan base a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by freudor dishonesty?	10d		X				
6	Were any fees or commissions bald 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	<u> </u>	х				
	instructions.). Has the plan failed to provide any behalit when due under the plan?	101		х				
f	Mas the dish talled to provide any penalit when two cross are provided and provided and any penality when the provided and	100		×				
g	Did the plan have any participant toans? (If "Yes " enter amount as of year end ;	104	†			·		
h	2220 404.3 1	10 n	<u> </u>	ļ				
i	H 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	<u> </u>		1'		·	:
ert	15 / Parata Canding Campilance						··	
11	is this a defined benefit plan subject to minimum funding requirements? (if "Yes" see instructions and con		W		3 (≓orn	3 11 diam-		. ∏ No
	for the Usermanta of Section 432 of the Cod							
12	is this a defined contribution plan subject to the minimum runging requirements of ascitor, and of the	e or s	ection	30 2 o f	ERISA	?	Y÷	5 🔀 No
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (if "Yes." complete 12s or 12b, 12c, 12d, and 12s below, as applicable.)	e or s	echeu	3020	CK:OA	17 11		
12 a	(if "Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applicable.)	e or s	ecpon s. and	anter t	erion na date	of the	iatter (uiing
Ð	(if "Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a poor year is being amortized in this plan year, see instructional to a waiver of the minimum funding standard for a poor year is being amortized in this plan year.	e or so actions alb	ecpon s. and	anter t	erion na date	of the	iatter (uiing
Ð	(if "Yea," complete 12a or 12b, 12c, 12d, and 12a below, as applicable.) If a waiver of the minimum funding standard for a poor year is being amortized in this pian year, see instructions the waiver. Mo You completed line 12a, complete lines 3, 8, and 10 of Schadule M8 (Form 5500), and skip to line 13	e or s actions nun	action s, and	anter t	erion na date	of the	iatter (uiing
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8 6 6	(if "Yea," complete 12s or 12b, 12c, 12d, and 12s below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mo you completed line 12s, complete tines 3, 8, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the amployer to the plan for this plan year. Subtract tine amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).	e or suctions	ecuch	enter to Day 12b 12c 12d	erion na date	of the	iatter (aing
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e e am	if "Yea," complete 1% or 125, 125, 126, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver. Mo you completed line 12a, complete times 3, 8, and 10 of Schedule MB (Form 5500), and akip to line 13 Enter the minimum required contribution for this plan year. 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 negative amount). 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 during the plan year or any prior year? if "yea" enter the amount of any plan seases that reverted to the employer this year. Were all the plan seases distributed to participants or beneficiaries, transferred to another plan, or brough	e or suctions nith	ection is a mile and a	enter it Day 12b 12c 12d 13a contro	ne date	of the	No Ye	N/A
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e e e 13a	If "Yes," complete 12s or 12b, 12c, 12d, and 12s below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver. You completed line 12s, complete times 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 enter the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. 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 negative amount). 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 during the plan year or any prior 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 brough of the PBGC? If during this plan year, eny assets or liabilities were transferred from this plan to another plan(s), (dentify which assets or liabilities were transferred. (See instructions.)	e or suctions nith	ection is a mile and a	enter it Day 12b 12c 12d 13a contro	ne date	of the	No Ye	N/A R N N
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