Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	2011
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	Int II Basic Plan Information—enter all requested informa				
	Name of plan	111011		1b	Three-digit
	REY RUBIN, M.D. DEFINED BENEFIT PLAN				plan number
					(PN) • 002
				1C	Effective date of plan 01/01/2003
2a	Plan sponsor's name and address; include room or suite number (en	molover if	for a single-employer plan)	2h	Employer Identification Number
	REY RUBIN, M.D.	ripioyer, ii	Tor a single employer plant	20	(EIN) 11-3276347
				2c	Sponsor's telephone number
1660	EAST 14TH STREET				718-339-6622
	OKLYN, NY 11229-1171			2d	Business code (see instructions)
				01	621399
	Plan administrator's name and address (if same as plan sponsor, en REY S. RUBIN, MD 1660 EAST 14			30	Administrator's EIN 11-3276347
	ADDRESS LIN BROOKLYN, I	VE 2		3c	Administrator's telephone number
	,				718-339-6622
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	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	
С	Number of participants with account balances as of the end of the pl				
	complete this item)			5c	
	Were all of the plan's assets during the plan year invested in eligible				X Yes No
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				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	690638		992744
b	Total plan liabilities	7b	0		0
C	Net plan assets (subtract line 7b from line 7a)	7c	690638		992744
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	90/1)	296305		
	(1) Employers	8a(1)	0		
	(2) Participants	8a(2)	0		
b	(3) Others (including rollovers)	8a(3) 8b	5801		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	333.		302106
d	Benefits paid (including direct rollovers and insurance premiums	00			
	to provide benefits)	8d	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			0
į	Net income (loss) (subtract line 8h from line 8c)	8i			302106
j	Transfers to (from) the plan (see instructions)	8j	0		

Form	5500.	SE	201	
COLLI	:):)()()-	7	/()	

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Part IV Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- 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						
10	_ <u> </u>		Yes	No			
	During the plan year: 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	162	X	Al	mount	0
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		X			0
С	Was the plan covered by a fidelity bond?	10D		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		Х			
е	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		Х			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						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			,	X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, 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 instruction granting the waiver. Montou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u>_</u>	Yes	No	N/A
Part				<u>_</u>			
	Has a resolution to terminate the plan been adopted in any plan year?			Пү	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				<u></u>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol			
	of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) EII	۷(s)	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/18/2012	ANDY SIEGEL
HERE	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

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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as a	an attach	men	t to Form	5500 or	5500	-SF.						
Fc	r caleı	ndar p	lan year 20	11 o	r fiscal plan y	⁄ear	beginning 0	1/01/2011					and end	ling	12/31/2	2011			
•	Rour	nd off	amounts to	ne	arest dollar.														
•	Caut	ion: A	penalty of	\$1,0	00 will be ass	ses	sed for late filing o	of this repo	ort ur	nless reaso	onable ca	ause i	s establish	ned.					
	Name				IED DEVICES							В	Three-di	igit				002	
JE	FFRE'	Y RUE	BIN, M.D. D	EFIN	NED BENEFI	IΡ	LAN						plan nun	nbei	r (PN)	•	•	002	
_	Diam a				!: 0		. Farra 5500 an 550	00.05				_		. I al a	tifi ti	NI	(TINI\	
			ors name a: BIN, M.D.	ssno	own on line 2	a o	f Form 5500 or 55	00-SF				D	Employer	iae	ntification	ı ıvur	mber (i	EIN)	
-			,									11	-3276347						
_	Туре с	of plan	· V Cinglo		Multiple-A	П	Multiple-B		E Dr	rior year pla	n cizo:	100	or fewer	П	101-500	П	Moro ti	han 500	
_	rype c						іминріе-в		FI	ioi yeai pia	in size.	100) or rewer		101-300	Ш	wore u	nan 500	
P	art I	В	asic Info	rma															
1	Ent	er the	valuation d	ate:	ļ	Mor	nth <u>12</u> [Day <u>31</u>		_ Year _	2011	_							
2	Ass	ets:																	
	а	Mark	cet value												2a				696439
	b	Actu	arial value												2b				696439
3	Fur	nding t	arget/partic	ipan	t count break	dov	vn:		_		(1) N	lumbe	er of partic	ipar	nts		(2) F	Funding Tai	rget
	а	For	retired parti	cipar	nts and benef	ficia	aries receiving pay	ment		3a					0				0
	b	For	terminated [,]	este	ed participant	S				3b					1				348
	С	For	active partic	ipan	nts:														
		(1)	Non-veste	d be	nefits					3c(1)									0
		(2)	Vested bei	nefits	3					3c(2)									582894
		(3)	Total activ	e						3c(3)					5				582894
	d	Tota	ıl							3d					6				583242
4	If th	ne plar	n is in at-risl	sta	tus, check the	e bo	ox and complete li	nes (a) an	nd (b))		П							
	а	Fund	ding target o	isre	garding preso	cribe	ed at-risk assumpt	tions				ш		Г	4a				
	b		0 0		0 0 1		mptions, but disre							-					
							secutive years and								4b				
5	Effe	ective	interest rate												5				5.13 %
6	Tar	get no	rmal cost												6				117037
Sta	teme	nt by	Enrolled A	tua	ry														
	accorda	ance wit	th applicable lav	v and	regulations. In my	y opi	this schedule and accominion, each other assumpence under the plan.	npanying scho ption is reaso	edules onable	s, statements (taking into a	and attachn ccount the e	nents, if experier	any, is comp nce of the pla	lete a	nd accurate reasonable	. Each	n prescrit ctations)	ped assumption and such other	was applied in assumptions, in
			nor my best est	mate	or armorpated exp	20116	nico unuei ule piani.												
	SIGN															0	0/00/0	040	
ı	IERI	E										_				U	8/09/2	012	
۸.D	F		ED 404	- ^ 8		tur	e of actuary										Date		
AR	IHUR	E. IE	ILER,ASA,	=A,N	/IAAA							_					11-011	57	
						int	name of actuary							I	Most rece	ent e	nrollm	ent number	
PE	NN PE	NSIO	N CENTER	, INC	D							_				2	212-68	7-6151	
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			JE, 3RD FL Y 10016-23																
		-																	
					Add	res	s of the firm					_							
16.4			(- (1				laata 1	.l	h 1 - 1 - 1		- 1.	0-1	1	-112				
	e actuation	•	is not fully r	etiec	ted any regu	ıatıc	on or ruling promu	igated und	aer th	ne statute	in compl	eting	tnis sched	ule,	cneck the	e box	x and s	see	

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Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year	carryove	er and prefunding b	ala	nces						
								(a) (Carryover balance	;	(b)	Prefundi	ng balance
7		•	0 ,		cable adjustments (line 13					0			117235
8				•	unding requirement (line 3					0			0
9	Amount	remainii	ng (line 7 minus lir	ne 8)						0			117235
10	Interest	on line 9	using prior year's	actual ret	urn of14.07%					0			16495
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:								
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)								83250
					rate of% exc								0
	C Tota	ıl availabl	e at beginning of co	ırrent plan y	ear to add to prefunding b	aland	ce						83250
	d Port	ion of (c)	to be added to p	efunding b	alance								0
12	Other re	eductions	s in balances due	to elections	or deemed elections					0			30000
13	Balance	at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line	12)				0			103730
P	art III	Fun	ding percenta	iges									
14	Funding	g target a	ttainment percent	age								14	100.71 %
15	Adjuste	d funding	g target attainmen	t percentag	e							15	119.41 %
	Prior ye	ar's fund	ling percentage fo	r purposes	of determining whether o	arry	over/prefunc	ding balar	nces may be used	to reduce)	16	97.44 %
17	If the cu	ırrent val	ue of the assets o	f the plan is	s less than 70 percent of	the f	unding targe	et, enter s	such percentage			17	0.00 %
Pa	art IV	Con	tributions and	d liquidit	ty shortfalls								
18	Contrib			•	ear by employer(s) and e	mplo	yees:						
(M	(a) Dat M-DD-Y		(b) Amount pa employer		(c) Amount paid by employees		(a) Dat (MM-DD-Y		(b) Amount p employer		(nt paid by byees
02	/12/2012			100000		0							
08	/16/2012			196305)							
						-	Totals ►	18(b)		296305	18(c)		0
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan wi	h a י	valuation da	te after th	ne beginning of th	e year:			
	a Cont	ributions	allocated toward	unpaid mini	mum required contribution	ns fr	rom prior yea	ars		19a			0
	b Contr	ributions	made to avoid res	strictions ac	ljusted to valuation date .					19b			0
	C Contr	ibutions a	allocated toward mi	nimum requ	uired contribution for currer	t yea	ar adjusted to	valuation	n date	19c			287472
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:								
	a Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?								Yes X No
	b If 20a	a is "Yes,	" were required qu	uarterly inst	tallments for the current y	ear ı	made in a tir	mely man	ner?		<u></u>		Yes No
	C If 20a	a is "Yes,	" see instructions	and comple	ete the following table as	appl	icable:						
					Liquidity shortfall as of	end	of quarter o		- ·			<i>(</i> 1)	
		(1) 19			(2) 2nd	^		(3)	3rd	0		(4) 4th	
			0			0				0			0

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get ı	normal cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 1.99%		2nd segment: 5.12%		3rd segment: 6.24 %		N/A, full yield curve used
	b At	policable month	(enter code)					21b	0
22								22	62
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu	
		1	_				oomood coparate		
-		Miscellane							
		· ·	•		uarial assumptions for the c				· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes 🔀 No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No
27					nding rules, enter applicable			27	
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years		
28	Unpa	id minimum requ	uired contributions for all	l prior	years			28	0
29					I unpaid minimum required o			29	0
30	Rema	aining amount of	f unpaid minimum requir	ed cor	ntributions (line 28 minus line	e 29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	a Tai	rget normal cost	(line 6)					31a	117037
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	4146
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	a Ne	et shortfall amort	ization installment					0	0
	b Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	112891
					Carryover balance		Prefunding balar	nce	Total balance
35			use to offset funding		·	0		0	0
36			•					36	112891
37					ontribution for current year a			37	287472
38	Prese	ent value of exce	ess contributions for curr	ent ye	ar (see instructions)				
	a To	tal (excess, if an	ny, of line 37 over line 36	6)				38a	174581
	b Po	ortion included in	line 38a attributable to	use of	prefunding and funding star	ndard (carryover balances	38b	0
39	Unpa	id minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of line 36	over	line 37)	39	0
40	Unpa	id minimum requ	uired contributions for al	l years	<u></u>			40	0
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20	010 (see instructions)		
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	ırsuant to an alternative amo	ortizati	on schedule:		
_	a Sch	nedule elected							2 plus 7 years 15 years
	b Elig	gible plan year(s)) for which the election i	n line 4	41a was made			200	8 2009 2010 2011
42	Amou	int of acceleratio	n adjustment					42	
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

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

This Form is Open to Public Inspection

		e with	the instructions to the Form 5500	D-SF.		
Part I Annual Report Identification Inform	nation			4.	0/04/0044	
For calendar plan year 2011 or fiscal plan year beginning	1/1/20	11	and ending	- 14	2/31/2011	
A This return/report is for: single-employer plan	∐ mul	ltiple-en	nployer plan (not multiemployer)		one-participant	plan
B This return/report is for:	nfina	ıl return/	report			
an amended return/re	port 🗌 sho	ort plan y	ear return/report (less than 12 mor	nths)		
C Check box if filing under: Form 5558	∏ auto	omatic e	extension		DFVC program	1
special extension (ent	ter description)				_	
Part II Basic Plan Information—enter all reque			···			
1a Name of plan	ested information	<u> </u>		1b	Three-digit	
JEFFREY RUBIN, M.D. DEFINED BENEFI	T PLAN				plan number (PN)	002
				1c	Effective date of p	
2a Plan sponsor's name and address (employer, if for sing	gle-employer plan	1)		2b	Employer Identific	ation Number
JEFFREY RUBIN, M.D.				20	(EIN) 11:	3276347
					7183396	622
1660 EAST 14TH STREET				20	Business code (se 621	399
BROOKLYN NY			112291171			
3a Plan administrator's name and address (if same as Pla	ın sponsor, enter	"Same"	")	3b	Administrator's E	
JEEEDEV C. DUDIN MD				3c	113276	
JEFFREY S. RUBIN, MD					Administrator's te 718339	6622
1660 EAST 14TH STREET						
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 re	eturn/rec	ort filed for this plan, enter the	4b	EIN	
name, EIN, and the plan number from the last return/rep						
				40	PN .	
5a Total number of participants at the beginning of the pla	an year			5a	<u> </u>	5
b Total number of participants at the end of the plan year	ır			5b		5
C Total number of participants with account balances as complete this item)				5c		0
6a Were all of the plan's assets during the plan year inve						Yes No
b Are you claiming a waiver of the annual examination a	and report of an i	ndepen	dent qualified public accountant (IQ	PA)		Yes ∏ No
under 29 CFR 2520.104-46? (See instructions on wait If you answered "No" to either 6a or 6b, the plan of						U
Part III Financial Information						
7 Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	of Year
a Total plan assets		7a	690638	3		992744
b Total plan liabilities		7b	0			0
C Net plan assets (subtract line 7b from line 7a)		7c	690638	3		992744

			-		T			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a c	Contributions received or receivable from: (1) Employers	8a(1)	296	305				
	(2) Participants			0	7			
•	(3) Others (including rollovers)			0				
	Other income (loss)		5	801				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						30	02106
d B	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	i i		0	-			
	Certain deemed and/or corrective distributions (see instructions).				\dashv			
	Administrative service providers (salaries, fees, commissions)			0	-			
_	Other expenses		· · · · · · · · · · · · · · · · · · ·		-			0
	Total expenses (add lines 8d, 8e, 8f, and 8g)				+		20	
	Net income (loss) (subtract line 8h from line 8c)	i I			-		30	2106
J	Transfers to (from) the plan (see instructions)	···· 8j		0	1			
Part	t IV Plan Characteristics		<u>-</u>					
9a	If the plan provides pension benefits, enter the applicable pension	on feature codes	from the List of Plan Chara	cteris	tic Co	des in the	instructions:	
	1A 3D							
			# 41 + 4 D) Observe					
b	If the plan provides welfare benefits, enter the applicable welfare	e feature codes f	rom the List of Plan Chara	cterist	ic Cou	es in ine	instructions:	
_					_			
Part	V Compliance Questions							
	V Compliance Questions During the plan year:				Yes	No	Amou	ınt
	During the plan year:	butions within the	e time period described in on Program)	10a	Yes	No X	Amou	ınt
10 a	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere	iduciary Correctionst? (Do not inclu	on Program)de transactions reported		Yes	X	Amou	unt
10 a	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intered on line 10a.)	iduciary Correctionst? (Do not inclu	on Program)de transactions reported	10b	Yes		Amou	unt
10 a	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.)	iduciary Correctionst? (Do not inclu	on Program)de transactions reported		Yes	X	Amou	int
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intered on line 10a.) Was the plan covered by a fidelity bond?	iduciary Correctionst (Do not inclu	on Program)de transactions reported	10b	Yes	×	Amou	unt
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.)	iduciary Correctionst? (Do not inclument) n's fidelity bond, to	de transactions reportedhat was caused by fraud an insurance carrier,	10b 10c	Yes	X X	Amou	int
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.)	iduciary Corrections: """ """ """ """ """ """ """	de transactions reported	10b 10c 10d	Yes	X X X	Amou	int
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.)	iduciary Corrections: est? (Do not inclusted in the content of th	that was caused by fraud an insurance carrier, under the plan? (See	10b 10c	Yes	X X	Amou	int
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.)	iduciary Corrections: est? (Do not inclusted) n's fidelity bond, to the persons by all of the benefits	that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f	Yes	X X X X	Amou	int
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amoun If this is an individual account plan, was there a blackout period	iduciary Corrections: (Do not inclusive in the control of the benefits of the benefits of the series of year end.) (See instructions)	that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d	Yes	X X X X X	Amou	int
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amoun 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 provide	iduciary Corrections: est? (Do not inclusions) n's fidelity bond, the other persons by all of the benefits of the benefits of the series of the control of the control of the required not the	that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g	Yes	X X X X	Amou	ınt
10 a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.)	iduciary Corrections: est? (Do not inclusions) n's fidelity bond, the other persons by all of the benefits of the benefits of the series of the control of the control of the required not the	that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g 10h	Yes	X X X X X	Amou	unt
10 a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amoun 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 provide exceptions to providing the notice applied under 29 CFR 2520.	iduciary Corrections: est? (Do not inclusted) n's fidelity bond, the other persons by all of the benefits of	that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X ule SB (F	-orm 🔽	Yes N
b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-intere on line 10a.)	iduciary Corrections: est? (Do not inclusted) n's fidelity bond, the other persons by all of the benefits of the benefits of the benefits of the control of the required not	that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X ule SB (F	-orm ×	

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 ruli granting the waiver.

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

Part VII	Plan	Terminati	ons and	Transf	iers of	f Assets
----------	------	-----------	---------	--------	---------	----------

	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 contraction of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the contraction of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the contraction of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the contraction of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the contraction of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the contraction of the plan assets distributed to participants or beneficiaries, transferred to another plan assets distributed to participants or beneficiaries.	control

Yes	×	No
-----	---	----

☐ Yes 🕅 No

Caution	: A penalty for the late or incomplete fili	ng of this return/report will be assessed upless 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	Den Mer	9/8/12	Jeffrey Miny
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	ore will de	9/8/12	Jeffrey Wan
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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

v.012611

File as an attachme	ent to Form 550			10011		
For calendar plan year 2011 or fiscal plan year beginning 1/1/2011		and ending	12/31	/2011		
Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonal	ble cause is established.				
A Name of plan		B Three-digit			000	
JEFFREY RUBIN, M.D. DEFINED BENEFIT PLAN		plan numbe	r (PN)	•	002	
JEFFRET ROBIN, W.D. DEFINED BENEFIT FEAR						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entificatio	n Number	(EIN)	
JEFFREY RUBIN, M.D.			1	1327634	7	
E Type of plan: x Single Multiple-A Multiple-B	Prior year plan si	ize: 🛮 100 or fewer	101-500	More	than 500	
Part I Basic Information						
Construction of the Constr						
2 Assets:]	2a		696439	9
a Market value			2b			
b Actuarial value				(0)	696439	2
3 Funding target/participant count breakdown:		(1) Number of participa	nts	(2	Funding Target	
a For retired participants and beneficiaries receiving payment		0			0	
b For terminated vested participants	3b	1			348	
c For active participants:						
(1) Non-vested benefits	3c(1)				0	
(2) Vested benefits	. 3c(2)		1.43		582894	
(3) Total active	3c(3)	5			582894	
d Total	3d	6			583242	
4 If the plan is in at-risk status, check the box and complete lines (a) and		Π				
			4a		A CONTRACTOR OF THE PARTY OF TH	
b Funding target reflecting at-risk assumptions, but disregarding trar at-risk status for fewer than five consecutive years and disregarding			4b			
5 Effective interest rate			5		5.13	%
6 Target normal cost			6		117037	
Statement by Enrolled Actuary					111001	
The best of the least does the information quality in this exhaults and accompanying school	ules, statements and	attachments, if any, is complete	and accura	te. Each pres	cribed assumption was a	ipplied in
To the best of my knowledge, the information supplied in this scriedule and accompanying scried accordance with applicable law and regulations. In my opinion, each other assumption is reasonal combination, offer my best estimate of anticipated experience under the plan.	ible (taking into accou	unt the experience of the plan ar	id reasonab	le expectation	s) and such other assur	aptions, in
SIGN Arthur Lecter				8/9/20	12	
				3977 397		
Signature of actuary				Date		
ARTHUR E. TEILER,ASA,EA,MAAA				11011		
Type or print name of actuary					ment number	
PENN PENSION CENTER, INC.				2126876		
Firm name		Tel	ephone n	umber (ind	cluding area code)	
2 PARK AVENUE, 3RD FL.						
NEW YORK NY 100 Address of the firm	162305					
If the actuary has not fully reflected any regulation or ruling promulgated under	er the statute in	completing this schedule	e, check t	he box an	d see	
For Paperwork Reduction Act Notice and OMB Control Numbers, see th	e instructions	for Form 5500 or 5500-	SF.	Sche	dule SB (Form 55	00) 2011
FULL CARCINGIA L'EGUCCION ACT MONICE AND ONLE CONTROL MANDETS, SEE MI			9000E EX	100000000000000000000000000000000000000		

Pane	2	_

Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year carryove	r and prefunding bal	ances							
					 	(a) C	arryover balance		(b) P	refundi	ng balance	
			ning of prior year after appli				0		•	11723	5	
8	Portion	elected f	or use to offset prior year's f	unding requirement (line 35	from		0			0		
9			ng (line 7 minus line 8)				0			1172	35	
10			using prior year's actual ret				0			1649	5	
11			ess contributions to be added									
••	•		e of excess contributions (tin							8325	0	
	b Inte	erest on (a	a) using prior year's effective	rate of% excep	t as					0		
		•	e at beginning of current plan							8325	0	
			to be added to prefunding t							0		
12	_		s in balances due to election				0			3000	0	
			nning of current year (line 9			-	0			1037	30	
	art III	T	ding percentages									
			attainment percentage		· 					14	100.71	 %
			target attainment percenta							15	119.41	/ %
			ling percentage for purposes									
			nding requirement							16	97.44	%_
17	If the c	urrent val	ue of the assets of the plan	s less than 70 percent of the	e funding targe	et, enter s	uch percentage	•••••		17		%
P	art IV	Con	tributions and liquidi	ty shortfalls								
18	Contrib		ade to the plan for the plan y		oloyees:							
(N	(a) Da 1M-DD-Y		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Da (MM-DD-Y		(b) Amount p employer		(0		int paid by oyees	
	2/12/20	012	100000	0								
	8/16/20	012	196305	0								
										,		
					Totals ▶	18(b)		96305	18(c)			0
19	Discou	nted emp	loyer contributions – see ins	tructions for small plan with	a valuation da	ate after th	e beginning of th	e vear:				_
			allocated toward unpaid mir					19a		0		
			made to avoid restrictions a	•				19b		0		
			allocated toward minimum req					19c		2874	172	
20			outions and liquidity shortfall		our dajuotou k	o valadion		1.00				
		•	nave a "funding shortfall" for					L		Г	Yes 🖺	No
	_	•	" were required quarterly ins	•						_	;	No
	C If 20	a is "Yes,	" see instructions and comp	ete the following table as ap	plicable:			F			- <u> </u>	
				Liquidity shortfall as of e		of this plar	n year					
		(1) 1:		(2) 2nd	_	(3)		+		(4) 4t	n	
	,		0	O	<u> </u>		(<u> </u>				_0_

Pa	rt V	Assumptio	ns used to d	etermine f	unding target and ta	rget n	ormal cost		
21	Disco	unt rate:							
	a Se	egment rates:	1st seg 1.99		2nd segment: 5.12 %		3rd segment: 6.24 %		N/A, full yield curve used
	b Ar	pplicable month	(enter code)					21b	0
22	Weigh	hted average re	tirement age					22	62
23	Morta	lity table(s) (se	e instructions)	× Pre	scribed - combined	Pres	cribed - separate	Substitu	te
Pa	rt VI	Miscellane	ous items						
	_			prescribed act	uarial assumptions for the o	urrent	olan year? If "Yes," see	instructions	regarding required
25	Has a	method chang	e been made for	the current pla	an year? If "Yes," see instr	uctions	regarding required attacl	hment	Yes 🔀 No
26	Is the	plan required to	o provide a Sche	dule of Active	Participants? If "Yes," see	instruct	ions regarding required	attachment	Yes 🔀 No
27					nding rules, enter applicable			27	
Pa	rt VII	Reconcili	ation of unp	aid minimu	ım required contribu	tions	for prior years		
28	Unpa	id minimum req	uired contribution	ns for all prior	years			28	0
29					unpaid minimum required			29	0
30	Rema	aining amount o	f unpaid minimu	n required cor	ntributions (line 28 minus lin	e 29)		30	0
Pa	rt VIII	Minimum	required co	ntribution 1	for current year				
31	Targe	et normal cost a	and excess asset	s (see instruct	ions):				
	a Ta	rget normal cos	t (line 6)					31a	117037
	b Ex	cess assets, if	applicable, but n	ot greater than	31a			31b	4146
32	Amor	tization installm	ents:				Outstanding Bala	nce	Installment
	a Ne	et shortfall amor	tization installme	nt				0	0
	b w	aiver amortizati	on installment					0	0
33	lf a w (aiver has been	approved for this	s plan year, en	ter the date of the ruling let) and the waived am		ting the approval	33	
34	Total	funding require	ment before refle	ecting carryove	er/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34	112891
					Carryover balance		Prefunding balar	nce	Total balance
35			use to offset fun	_		0		0	0
36	Addit	ional cash requi	irement (line 34 ı	minus line 35).				36	112891
37				•	ontribution for current year	•		37	287472
38	Pres	ent value of exc	ess contributions	for current ye	ar (see instructions)				
	a To	otal (excess, if a	ny, of line 37 ove	er line 36)				38a	174581
	b Po	ortion included in	n line 38a attribu	table to use of	prefunding and funding sta	ndard o	arryover balances	38b	0
39	Unpa	id minimum req	uired contributio	n for current y	ear (excess, if any, of line 3	6 over	ine 37)	39	0
40	Unpa	aid minimum red	uired contributio	ns for all years	3			40	0
Pa	rt IX	Pension	funding relie	ef under Pe	ension Relief Act of 2	010 (see instructions)		
41	If a sl	hortfall amortiza	ition base is bein	g amortized p	ursuant to an alternative am	ortizati	on schedule:		
	a Scl	hedule elected							2 plus 7 years 15 years
	b Elig	gible plan year(s	s) for which the e	election in line	41a was made			200	08 2009 2010 2011
42	Amou	unt of acceleration	on adjustment					42	
					d over to future plan years			43	

Attchment to Schedule SB, Line 19 - Discounted Employer Contributions

PLAN NAME:

JEFFREY RUBIN, M.D., DEFINED BENEFIT PLAN

EIN # 11-3276347 PLAN # 002

PLAN YEAR:		1/1/2011	to	12/31/2011	
Effective interest rate: [Days	5.13%			
12/31/2011	365.00				
2/12/2012	43.00	100000.00			99412.37
8/16/2012	229.00	196305.00			190239.24
Sub Total		296305.00			289652
Ī	Missed Quar	terly Interes	<u>t</u>		
2011 Cost =		117037			
2010 COST		98624			
		24656	<u>5.13%</u>	<u>10.13%</u>	
4/15/2011	303	24,656.00	1045.52	2056.22	-1011
7/15/2011	212	24,656.00	726.94	1421.28	-694
10/15/2011	120	24,656.00	408.88	794.71	-386
1/15/2012	28	24,656.00	94.80	183.18	-88
Sub Total		98624.00	2276.14	4455.39	-2179.25
Totals					287472

8/30/12 10:40

Schedule SB, line 22 Description of Weighted Average Retirement Age As of December 31, 2011

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, 2011

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, 2011

Plan effective

January 1, 2006

date

Plan Year January 1 to December 31

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 1000

hours and attains the age of 21

Normal Retirement

Eligibility

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

Schedule SB, Part V Summary of Plan Provisions As of December 31, 2011

denominator, in no event, less than 0 years

Termination Benefit All participants are fully vested at all times

Schedule SB, line 26 Schedule of Active Participant Data As of December 31, 2011

Attained	Under									
Age	1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29		35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	1	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	1	1	1	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	1	0	0	0	0	0	0

Form **5558**Rev. June 2011)

(Rev. June 2011) 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.

File With IRS Only

ı aı	dentification						
-	Name of filer, plan administrator, or plan sponsor (see instructions) JEFFREY RUBIN, M.D.	В	Emplo	yer ident	ing number (s		ıs)
	Number, street, and room or suite no. (If a P.O. box, see instructions) 1660 EAST 14TH STREET	┢	1 Socia		276347 number (SSN)	(see instruction	ns)
	City or town, state, and ZIP code BROOKLYN NY 112291171						
C	Plan name		Plar			n year endi	
			numb	er	MM	DD	YYYY
	JEFFREY RUBIN, M.D. DEFINED BENEFIT PLAN 1	0	0	2	12	31	2011
	2						ļ
	3						
Par	Extension of Time To File Form 5500 Series, and/or Form 8	3955-5	SSA				
2	I request an extension of time until 10 / 15 / 2012 to file Form Note. A signature IS required if you are requesting an extension to file Form 8	3955-SS	SA.	see ins			
Par	The application is automatically approved to the date shown on line 1 and, the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions)	h this e	extens	ion is r	a) the Form equested, a	5558 is filed and (b) the d	d on or before
Par 3	the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the	th this en norma	extens I due	ion is r	equested, a	nd (b) the d	d on or before date on line 1
_	the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions) I request an extension of time until/	m 5330	extens I due	e date	equested, a	nd (b) the d	d on or before date on line
3	the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions) I request an extension of time until/	m 5330	extens I due	e date	equested, a	nd (b) the d	d on or before
3 a	the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions) I request an extension of time until/	m 5330	extens I due	e date	of Form 533	0.	d on or before
3 a	the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions) I request an extension of time until // to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330	extens I due	e date	of Form 533	0.	d on or before
3 a	the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions) I request an extension of time until // to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330	extens I due	e date	of Form 533	0.	d on or before
3 a	the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions) I request an extension of time until // to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330	extens I due	e date	of Form 533	0.	d on or before
3 a	the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions) I request an extension of time until // to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330	extens I due	e date	of Form 533	0.	d on or before date on line 1
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Form **5558** (Rev. 6-2011)

Date ▶

Cat. No. 12005T