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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 5500	0-SF.		•
Part I		dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B This ref	turn/report is:	x the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	n)				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name	of plan				1b	Three-digit	
SAMUEL GF	RUBMAN, MD, PC 401(K) PLAN				plan number	
						(PN) ▶	002
					1c	Effective date of	f plan
						01/01	/2013
	ponsor's name and add RUBMAN, MD, PC	lress; include room or suite number (er	nployer, if for a single-	employer plan)			fication Number 30325
70 FACT 40	TUCTOFFT				2c	Sponsor's telep	
#12K	TH STREET				2d		(see instructions)
NEW YORK	X, NY 10003				24	62111	,
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	ame Same as Plar	n Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
							•
		plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b	EIN	
name	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the			
name a Spons	, EIN, and the plan num or's name	ber from the last return/report.		·	4c		2
a Spons 5a Total	, EIN, and the plan num or's name number of participants a				4c 5a		2
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a	at the beginning of the plan year	lan year (defined bene	efit plans do not	4c 5a 5b		2
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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Voor			
	Total plan assets	7a		0			(b) Liid 0	161			
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c		0				161	812		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To				
	Contributions received or receivable from:		(a) Amount				(6) 10	tai			
	(1) Employers	8a(1)	3494	6							
	(2) Participants	8a(2)	2300	0							
	(3) Others (including rollovers)	8a(3)	10310	2							
b	Other income (loss)	8b	96	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1620)12		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	20	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							200		
i	Net income (loss) (subtract line 8h from line 8c)	8i						161	812		
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics		•								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2R 3D	feature co	odes from the List of Plan Char	acteris	tic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristi	c Coc	les in t	he instructio	ns:			
_											
Par				-			1				
10	During the plan year:				Yes	No	,	moun	t		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Χ					
С	Was the plan covered by a fidelity bond?			10c		X					
d	1	-	•	10d		X					
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
-	insurance service, or other organization that provides some or all					X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
Part	vi Pension Funding Compliance	1-3		10i							
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete :	Sched	dule SE	3 (Form				_
44-	5500) and line 11a below)							Y	es	X I	No
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICAS		- F	,	N.
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?	Y	es	X I	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	anter th	ne date of th	a lettor	· milio		
	granting the waiver.		Mon		unu t	Day		e lettei /ear _	ruill	.a	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				461	ı			_	
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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С	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		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X 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 coof the PBGC?	ontrol		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treesury Internal Revenue Service

Depertment 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 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

2013

This Form is Open to Public Inspection

Court.	Zone Sted	Ordance with the matrix	ZHORIS TO THE FORM SSOO	7-01-1		
	Annual Report Identification Information					
Οſ	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31	1/2013	<u> </u>
Α -	This return/report is for: x a single-employer plan	a multiple-employer p	lan (not multiemployer)	∏ a ∢	one-participant	t plan
В.	This return/report is:	the final return/report				
	an amended return/report	a short plan year retur	m/report (less than 12 mo	onths)		
Ċ (Check box if filing under: 👿 Form 5558	automatic extension		DF	FVC program	
	special extension (enter descrip	otion)				
Ť	Basic Plan Information enter all requested in	oformation				· · ·
	Name of plan	<u> </u>		1b Three	e-digit	
	Samuel Grubman, MD, PC 401(k) Plan			plan	number	002
	Samuer executary and so acres areas	•		(PN)	ctive date of pla	
	·		·		01/2013	
2a	Plan sponsor's name and address; include room or suite numbe Samuel Grubman, MD, PC	r (employer, if for a single	employer plan)	· .	oloyer Identifica I) 20–55303	
			•	2c Spor	nsor's telephon	e number
	70 East 10th Street		ļ		2) 616-412	
	#12K				iness code (see	a instructions)
	New York NY 10003				.111	
3а	Plan administrator's name and address X Same as Plan Spor	nsor Name 🔲 Same as I	Plan Sponsor Address	3b Adm	ninistrator's EIN	ı
			.!	3c Adm	iinistrator's tele	phone number
-	If the same and/or SIN of the plan spansor has changed since t	be last return/report filed	for this place enter the	4b EIN		
4	If the name and/or EIN of the plan sponsor has changed since to name, EIN, and the plan number from the last return/report.	he last returnieport nieu i	or this plan, enter the	40 En-		
а	Sponsor's name			4c PN		
5a	Total number of participants at the beginning of the plan year			5a		2
þ	Total number of participants at the end of the plan year		3	5b		2
С	Number of participants with account balances as of the end of the complete this item)			5c		2
6a	Complete this item)			<u> </u>		X Yes No
b	Are you claiming a waiver of the annual examination and report			 PA)		E
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibili	M		-		X Yes 🔲 No
	If you answered "No" to either line 6a or line 6b, the plan ca					
c	If the plan is a defined benefit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?	Y	es No [Not determined
Ca	ution: A penalty for the late or incomplete filing of this return	/report will be assessed	i unless reasonable car	use is esta	blished.	
Un	der penalties of perjury and other penalties set forth in the instruc	tions, I declare that I have	e examined this return/re	port, includ	ling, if applicabl	
SB	or Schedule MB completed and signed by an enfolled actuary, a					
	lief, it is true, confect, and complete//	- 140 /a-/-	r-			
	Sleughten	07/37//	Samuel Grubman,	MID		
	Signature of plan admir grayor	Date	Enter name of Individua	al signing as	s plan administ	rator
	M Kaul Kelly	09/27/19	Samuel Grubman,	MD		
	Signature of employer/plan sponsor	Date	Enter name of individua			
Pre	eparer's name (including firm name, if applicable) and address; in	clude room or suite numb	er (optional)	Preparer's	s telephone nun	nber (optional)
				a department	STEEL ST	
		•				

Form 5500-SF 2013 Page 2 Part Ma Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets 7a 161,812 Total plan liabilities..... 7b Net plan assets (subtract line 7b from line 7a) 7c 0 161,812 Income. Expanses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 8a(1) 34.946 (2) Participants 8a(2) 23,000 (3) Others (including rollovers) 103,102 8a(3) Other income (loss) 8Ь 964 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 162,012 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) ... 80 Administrative service providers (salaries, fees, commissions) 8f 200 \mathbf{g} 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 200 Net income (loss) (subtract line 8h from line 8c) 81 161.812 Transfers to (from) the plan (see instructions) 8i artiva Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part Va Compliance Questions During the plan year: Yes Nφ Amount 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10h x Was the plan covered by a fidelity bond? 10c x 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 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 x 10e Has the plan failed to provide any benefit when due under the plan? 10f x Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g × If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) 10h 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 Period Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... Yes X No (If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling granting the walver ------ Month __ 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

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C	Enter the amount contributed by the emp	loyer to the plan for this p	lan year			12¢	
d	Subtract the amount in line 12c from the negative amount)					12d	
e	Will the minimum funding amount reporte					🔲 Ү	es No N/A
gan	VII Plan Terminations and T	• •					
13a	Has a resolution to terminate the plan be	en adopted in any plan ye	ar7			☐ Yes	X No
	If "Yes," enter the amount of any plan as					13a	
b	Were all the plan assets distributed to pa	rticipants or beneficiaries,	, transferred to an	other plan, or brought u	nder the c	ontrol	Yes X No
C	If during this plan year, any assets or liab which assets or liabilities were transferre-	ilities were transferred fro)	
•	I3c(1) Name of plan(s):			"	130	(2) EIN(s)	13c(3) PN(s)
Ran	VIII Trust Information (option	ıal)		, I.,,			
14a .	Name of trust				,	14b Trus	st's EIN