

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☒ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>GEORGE A STREZA MD., PC PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>01/01/1995</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GEORGE A STREZA MD, PC</u> <u>SAME</u> <u>633 W ASTER CT</u> <u>CHANDLER, AZ 85248</u>	2b Employer Identification Number (EIN) <u>86-0403757</u>	2c Sponsor's telephone number <u>602-840-1466</u>	2d Business code (see instructions) <u>621111</u>

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 accompanying schedules, statements and attachments, 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	<u>Filed with authorized/valid electronic signature.</u>	<u>03/24/2011</u>	<u>GEORGE STREZA</u>
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

GEORGE A STREZA MD

633 W ASTER CT
CHANDLER, AZ 85248**3b** Administrator's EIN

26-9448159

3c Administrator's telephone number

602-840-1466

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:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

1

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

0

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

0

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

0

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

0

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

0

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☐**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☐**H** (Financial Information)(2) ☒**I** (Financial Information – Small Plan)(3) ☐**A** (Insurance Information)(4) ☐**C** (Service Provider Information)(5) ☐**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

<div>SCHEDULE I</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
	<div>A Name of plan</div> <div>GEORGE A STREZA MD., PC PROFIT SHARING PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>GEORGE A STREZA MD, PC</div>	<div>D Employer Identification Number (EIN)</div> <div>86-0403757</div>	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	474504	0
b Total plan liabilities	1b	0	0
c Net plan assets (subtract line 1b from line 1a)	1c	474504	0
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	0	
(2) Participants	2a(2)	0	
(3) Others (including rollovers)	2a(3)	0	
b Noncash contributions	2b	0	
c Other income	2c	23862	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		23862
e Benefits paid (including direct rollovers)	2e	498366	
f Corrective distributions (see instructions)	2f	0	
g Certain deemed distributions of participant loans (see instructions)	2g	0	
h Administrative service providers (salaries, fees, and commissions)	2h	0	
i Other expenses	2i	0	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		498366
k Net income (loss) (subtract line 2j from line 2d)	2k		-474504
l Transfers to (from) the plan (see instructions)	2l		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a			
b Employer real property	3b			
c Real estate (other than employer real property)	3c			
d Employer securities	3d			
e Participant loans	3e			

	Yes	No	Amount
3f Loans (other than to participants)	3f		
g Tangible personal property	3g		

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b	X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c	X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d	X	
e Was the plan covered by a fidelity bond?	4e	X	50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X	7069
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h	X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	X	150000
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X	
l Has the plan failed to provide any benefit when due under the plan?	4l	X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount: 0

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NAT.FIN. SVCS. FOR FIDELITY MAN. AS IRA AGENT	04-3523567	001
INTERVEST NAT. BNK. AS IRA AGENT	13-4038731	002

**George A. Streza M.D., P.C.
Profit Sharing Plan**

**STATEMENT OF ASSETS
As of December 31, 2010**

Cash Accounts

Bank of America Money Market	0.00	
Advanta Bank CD	0.00	
Advanta Bank CD #2	0.00	
Interwest National Bnk CD	0.00	
Indy Mac Bank CD/OneWest	0.00	
Total Cash Accounts		0.00

Receivables

Employer Contributions	<u>\$0.00</u>	
Total Receivables		\$0.00

Other Assets

Bank of America Investment Acct.	0.00	
Sedona Diversified Property	0.00	
West Valley Limited Partnership	0.00	
ETrade Brokerage Acct.	0.00	
Total Other Assets		0.00

Total Assets Held at Period End		<u>0.00</u>
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Liabilities		\$0.00
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Total net Assets Held at Period End		<u>0.00</u>
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**George A. Streza M.D., P.C.
Profit Sharing Plan**

**ASSETS AND LIABILITIES STATEMENT
As of December 31, 2010
(as reported on Form 5500)**

Assets	Beginning Of Period	End Of Period
Cash (CDs)	250,000	0.00
Receivables	\$0.00	\$0.00
Investments		
Other Assets (ETrade/West Valley/Sedona div)	224504	0.00
Total Assets	474504	0.00
 Liabilities	 \$0.00	 \$0.00
Payables	\$0.00	\$0.00
Other Liabilities	\$0.00	\$0.00
Total Liabilities	<u>\$0.00</u>	<u>\$0.00</u>
Total Net Assets	<u>\$474,504</u>	<u>0.00</u>

**George A. Streza M.D., P.C.
Profit Sharing Plan**

**CHANGE IN NET ASSETS STATEMENT
For the plan year ended
December 31, 2010**

Income

Contributions		
Employer Contributions	\$0.00	
Employee Deferrals	\$0.00	
Other (Rollovers)	\$0.00	
Non-Cash Contributions	\$0.00	
Total Contributions		\$0.00
Other Income (Loss)		23,862
Total Income		23,862

Expenses

Distribution of Benefits		
Directly to Participants or their Beneficiaries	51,186	
Other (Direct Rollovers to IRA's)	447,180	
Total Distributions		498,366
Administrative Expenses		\$0.00
Other Expenses(changes in Asset Valuations)		0.00
Total Expenses		<u>498,366</u>
Net Income		(474,504)

**GEORGE A. STREZA M.D., PC
PROFIT SHARING PLAN**

**SUMMARY OF ACCOUNTS
FOR THE PLAN YEAR ENDED
DECEMBER 31, 2010**

	Beginning Balancem 1/1/2010	Contributions (Distributions/Rollovers)	Earnings	Ending Balance 12/31/2010
PROFIT SHARING PLAN				
GEORGE A. STREZA MD (.0650)	30843	(32394)	1551.03	0.00
DEFINED BENEFIT PLAN				
GEORGE A. STREZA MD(.6733)	319484	(335,550)	16,066.28	0.00
ROLLOVER ACCOUNT				
GEORGE A. STREZA MD (.2107)	99978	(105,006)	5027.72	0.00
KEOGH ROLLOVER ACCOUNT				
GEORGE A. STREZA MD (.051)	24200	(25417)	1216.92	0.00
TOTAL (100%)	<u>474,504</u>	<u>(498366)</u>	<u>23,862</u>	<u>0.00</u>

**CERTIFICATE OF PARTICIPATION
IN
GEORGE A. STREZA M.D., P.C.
PROFIT SHARING PLAN
AS OF
DECEMBER 31, 2010**

Name: **George A. Streza M.D.** (100.00%)

We are pleased to present you with the following summary of your plan account

PROFIT SHARING PLAN

BALANCE, BEGINNING OF YEAR 01/01/10	30843
Gain (or loss) in value of fund	1551
Employer Contributions/(Distributions)	(32394)
BALANCE, END OF YEAR 12/31/10	<u>0.00</u>

DEFINED BENEFIT PLAN ROLLOVER

BALANCE, BEGINNING OF YEAR 01/01/10	319484
Gain (or loss) in Value of Fund	16,066.28
Employer Contributions/(Distributions)	(335,550)
BALANCE END OF YEAR 12/31/10	<u>0.00</u>

ROLLOVER ACCOUNT

BALANCE, BEGINNING OF YEAR 01/01/10	99978
Gain (or loss) in Value of Fund	5028
Employer Contributions/(Distributions)	(105006)
BALANCE END OF YEAR 12/31/10	<u>0.00</u>

KEOGH ROLLOVER ACCOUNT

BALANCE, BEGINNING OF YEAR 01/01/10	24200
Gain (or loss) in Value of Fund	1217
Employer Contributions/(Distributions)	(25417)
BALANCE END OF YEAR 12/31/10	<u>0.00</u>

TOTAL ACCOUNT BALANCE	<u>0.00</u>
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You have a vested interest of one hundred percent (100%) of your account balance.