# 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.

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

		Identification Information						
For	calendar plan year 2010 or fi	scal plan year beginning 01/01/20	10	and ending 1	2/31/2	2010		
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
	This return/report is for:	first return/report	final return/report					
_		an amended return/report	short plar	n year return/report (less than 12 mor	nths)			
_	01 11 77 77	H	╡ :		11110)	DEVC program		
C	Check box if filing under:	Form 5558		extension		DFVC program		
		special extension (enter description)	,					
Pa	art II Basic Plan Info	ormation—enter all requested inform	nation					
	Name of plan				1b	Three-digit		
CRA	IG L. LEVITZ, M.D., P.C. 401	(K) PROFIT SHARING PLAN				plan number (PN) • 001		
					10	Effective date of plan		
					10	01/01/2004		
2a	Plan sponsor's name and ad	ddress (employer, if for single-employe	r plan)		2b	Employer Identification Number		
	IG L. LEVITZ, M.D., P.C.	3	, ,			(EIN) 11-3551433		
					2c	Plan sponsor's telephone number		
	WOODSIDE DRIVE /LETT. NY 11557				0.1	516-791-9665		
					2 <b>a</b>	Business code (see instructions) 621111		
3a	Plan administrator's name a	nd address (if same as Plan sponsor,	enter "Same	_")	3b	Administrator's EIN		
CRA	IG L. LEVITZ, M.D., P.C.	171 WOOD	SIDE DRIV	É'		11-3551433		
		HEWLETT,	NY 11557		3с	Administrator's telephone number		
						516-791-9665		
		plan sponsor has changed since the laber from the last return/report. Spons		port filed for this plan, enter the	4b	EIN		
	name, Em, and the plan hun	iber from the last return/report. Spons	oi s name		4c	PN		
5a	Total number of participants	at the beginning of the plan year			5a	2		
b	Total number of participants	at the end of the plan year			5b	2		
С		s with account balances as of the end of		ł	35			
				` .	5c	2		
6a	Were all of the plan's asset	s during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No		
b		f the annual examination and report of						
		? (See instructions on waiver eligibility		•		Yes   No		
Do	If you answered "No" to e	ither 6a or 6b, the plan cannot use I	-orm 5500-	SF and must instead use Form 550	00.			
		mation		T				
7	Plan Assets and Liabilities			(a) Beginning of Year 465609		(b) End of Year 624031		
а	•				_			
b	·		7b	405000	_	0		
<u>C</u>	Net plan assets (subtract lin	e 7b from line 7a)	7с	465609	'	624031		
8	Income, Expenses, and Tra			(a) Amount		(b) Total		
а	Contributions received or re		8a(1)	52500				
	., .,		` `	33000	)			
	` '		` '	0	_			
<b>L</b>	, ,	ers)	od(3)					
b	` ,			12522	•	158422		
C	, ,	1), 8a(2), 8a(3), and 8b)	8c			130422		
d	. ,	ct rollovers and insurance premiums	8d	0				
е	. ,	ective distributions (see instructions)		0	)			
f		ders (salaries, fees, commissions)		0				
-	•	uers (salaries, lees, commissions)		0				
g	·					0		
n i	•	d, 8e, 8f, and 8g)				158422		
!	` , `	line 8h from line 8c)				130722		
	Transiers to drom) the blan	(see instructions)	··· 8i	0				

	Form 5500-SF 2010	Page <b>2-</b>							
Par	rt IV Plan Characte	eristics							
Эа	If the plan provides pensio 2E 2J 3B 3D	n benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in t	the instru	ction	s:	
h		e benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterist	tic Cod	des in t	he instruc	tions	ş·	
	ii iilo pian providos wonare	obtaine, enter the applicable nemare reaction seems the block of that enter	20101101		200 117 11		, ti Oi i i	<i>.</i>	
art	t V Compliance Qu	estions							
0	During the plan year:			Yes	No		Am	ount	
а		smit to the plan any participant contributions within the time period described in the instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	,	pt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by	a fidelity bond?	10c		X				
d		whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				
е	insurance service or other	sions paid to any brokers, agents, or other persons by an insurance carrier, r organization that provides some or all of the benefits under the plan? (See	10e		X				
f	,	vide any benefit when due under the plan?	10f		X				
q	Did the plan have any par	ticipant loans? (If "Yes," enter amount as of year end.)	10q		X				
h	If this is an individual acco	ount plan, was there a blackout period? (See instructions and 29 CFR	10g		X				
i	If 10h was answered "Yes	s," check the box if you either provided the required notice or one of the e notice applied under 29 CFR 2520.101-3	10i						
art	t VI Pension Fundin	g Compliance							
1		an subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	Is this a defined contribut	ion plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of E	ERISA?		Yes	X No
_	•	12b, 12c, 12d, and 12e below, as applicable.)							
а		n funding standard for a prior year is being amortized in this plan year, see instru							
lf :		omplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum require	ed contribution for this plan year			12b				
С	Enter the amount contribu	ted by the employer to the plan for this plan year			12c				
d		e 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			12d				
е	Will the minimum funding	amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	t VII Plan Terminati	ons and Transfers of Assets							
3а	Has a resolution to termina	ate the plan been adopted during the plan year or any prior year?						Yes	X No

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 brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

### Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/08/2011	CRAIG L. LEVITZ, M.D.
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

## 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

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

		dance wit	h the instructions to the Form 550	0-SF.	opodion				
	Part I Annual Report Identification Information								
For		)1/01/2	010 and ending		12/31/2010				
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:   first return/report	final retur	n/report						
	an amended return/report	short plan	year return/reporti(less than 12 moi	nths)					
C	Check box if filing under:		extension	,	DFVC program				
•			CALCUSION		beve program				
	special extension (enter description								
	art II Basic Plan Information—enter all requested information	ation							
1a	Name of plan	ת כנוז ה	TNC	1b	Three-digit				
	CRAIG L. LEVITZ, M.D., P.C. 401(k) PROFI	1 SHAR	ING		plan number (PN) 001				
	PLAN		:	10	Effective date of plan				
			:	,.	01/01/2004				
2a	Plan sponsor's name and address (employer, if for single-employer CRAIG L. LEVITZ, M.D., P.C.	plan)		2b	Employer Identification Number				
	CRAIG L. LEVITZ, M.D., P.C.	• /			(EIN) 11-3551433				
				2c	Plan sponsor's telephone number				
	171 WOODSIDE DRIVE		;		(516)791-9665				
	HEWLETT		NY 11557	20	Business code (see instructions) 621111				
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same		3h	Administrator's EIN				
	SAME	into, ourni		-	real model of a Life				
				3c	Administrator's telephone number				
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso	irs name	'	4c PN					
5a	Total number of participants at the beginning of the plan year		<u>;</u>	5a	2				
b	Total number of participants at the end of the plan year								
			,	5b	2				
С	Total number of participants with account balances as of the end of complete this item)		•	5c	2				
62	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No				
	Are you claiming a waiver of the annual examination and report of								
_	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 Fo	orm 5500-	SF and must instead use Form 550	00.					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	465,60	09 624,03					
b	Total plan liabilities	7b		0	0				
c	Net plan assets (subtract line 7b from line 7a)	7c	465,60	9	624,031				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		53.50						
	(1) Employers		52,50						
	(2) Participants	8a(2)	33,00	0					
	(3) Others (including rollovers)	8a(3)		<u> </u>					
b	Other income (loss)	. 8b	72,92	2					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			158,422				
d	Benefits paid (including direct rollovers and insurance premiums			٦					
	to provide benefits)	. 8d	:	<u> </u>					
e	Certain deemed and/or corrective distributions (see instructions)	8e	1	Š					
f	Administrative service providers (salaries, fees, commissions)		-	0					
g	Other expenses			U					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1		0				
i	Net income (loss) (subtract line 8h from line 8c)	8i	2 de 18 de 1		158,422				
i	Transfers to (from) the plan (see instructions)	8i		0					

		Form 5500-SF 2010 Page <b>2-</b>								
		7								
	t IV	Plan Characteristics  plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char  2E 2J 3B 3D	acteri	stic Co	des in	the instructi	ons:			
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in t	the instruction	ons:			
Parl	V	Compliance Questions								
10	Dur	ing the plan year:		Yes	No	,	Amount			
а	29	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х					
D		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		х					
C	Wa	s the plan covered by a fidelity bond?	10c		Х					
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, arance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Х					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did	the plan have any participant loans? (if "Yes," enter amount as of year end.)	10g		Х					
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х					
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	lule SB	(Form	Yes	⊠ No		
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	<del></del>		
а	lfa	res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru								
lf :		nting the waiverMor ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		rear			
b		er the minimum required contribution for this plan year		Г	12b					
C		er the amount contributed by the employer to the plan for this plan year			12c					
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a		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 during the plan year or any prior year?	******		*****		Yes	X No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	*******	<i>.</i>			Yes	X No		
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t th assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1					
	13c(1) Name of plan(s):					N(s)	13c(3	) PN(s)		
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab								
SB o	or Šch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret redule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and confiplete.	urn/re /repor	port, ir t, and	ncluding to the t	g, if applical best of my k	ole, a Sch nowledge	nedule e and		
SIG	N	6/8/// CRAIG L. I	EVI	rz,	M.D.					

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

CRAIG L. LEVITZ, M.D.

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor