### 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.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information						
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010						
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan		
В	This return/report is for: first return/report						
	an amended return/report	short plan	year return/report (less than 12 mg	nths)			
С	Check box if filing under:	automatic	extension		DFVC program		
	special extension (enter descriptio	n)			_		
Pa	art II Basic Plan Information—enter all requested informa	ation					
	Name of plan			1b	Three-digit		
CAS	S LEVY & LEONE, LC 401(K) PROFIT SHARING PLAN				plan number 001		
				10	(PN) Effective date of plan		
				10	03/01/1999		
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number		
CAS	S LEVY & LEONE, LC			_	(EIN) 65-0593402		
440	COLUMBIA DRIVE SUITE 500			2c	Plan sponsor's telephone number 561-689-7888		
	T PALM BEACH, FL 33409			2d	Business code (see instructions)		
					541211		
3a CAS	Plan administrator's name and address (if same as Plan sponsor, er S LEVY & LEONE, LC 440 COLUME	nter "Same	SUITE 500	3b	Administrator's EIN 65-0593402		
0, 10	WEST PALM			30	Administrator's telephone number		
					561-689-7888		
	If 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. Sponsor	r's name		4c	PN		
5a	Total number of participants at the beginning of the plan year				28		
b				5b	26		
С	Total number of participants with account balances as of the end of			0.5			
	complete this item)			5c	26		
6a	Were all of the plan's assets during the plan year invested in eligible		'		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	171661	0	1999944		
b	Total plan liabilities	7b		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	171661	0	1999944		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:  (1) Employers	8a(1)	5807	7			
	(2) Participants	8a(2)	6701	7			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	20339	5			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			328489		
d	Benefits paid (including direct rollovers and insurance premiums		4515	5			
	to provide benefits)	8d	4515				
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	. 8g			45155		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	No. 1 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				792597		
!	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i			283334		

	Form 5500-SF 2010 Page <b>2-</b>				
ar	rt IV Plan Characteristics				
1	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characae 2A 2E 2J 2K 3D	acteris	tic Co	des in	the instructions:
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Cod	des in t	the instructions:
rt	t V Compliance Questions				
	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	Χ		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	104		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 10e instructions.) Χ Has the plan failed to provide any benefit when due under the plan? ..... 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Χ 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..... Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (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 instructions, and enter the date of the letter ruling granting the waiver. .......Month \_ Dav If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... 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? ..... 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 Yes X No 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)

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.	09/23/2011	MARTIN CASS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	09/23/2011	MARTIN CASS				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

#### 5500-SF Electronic Filing Authorization

flan Name:

Cass Levy & Leone, LC 401(k) Profit Sharing Plan

EIN/PN:

65-0593402/001

Plan Year:

01/01/2010 - 12/31/2010

I hereby authorize Hackett Pickering Daugherty & Daugherty to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

(sign)

(date)

Plan Sponsor

(sign

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Sensit 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

2010

This Form is Open to Public Inspection

	Pension Sensifi Guaranty Corporation		rdance wit	h the instructions to the Form 5500	)-SF.	<u> </u>		
		dentification Information						
For	the calendar plan year 2010 or	r ilscal plan year beginning	01/0	1/2010 and ending	1.2	2/31/2010		
Α	This return/report is for:	x single-employer plan	multiple-é	mployer plan (not multiemployer)		one-participa	nt plan	
В	B This return/report is for:					<del></del>		
		an amended relum/report	short plan	year return/report (less than 12 month	15)			
C	Check box if filing under:	x Form 5558	1	extension	, (	DFVC progra	m	
_	onout vox ir ming andar.	special extension (enter description	1	- Onto No.	ı	DI TO PIOGIA	;	
	artii Basic Plan Info		·				•	
	ARMA DASIC PIAN INTOI Name of plan	rmation enter all requested info	rmation.		16	Three-dlait	T	
						plan number		
	Cass Levy & Leone, Lo	C 401(k) Profit Sharing P	Lan	ļ		(PN) ►	001	
		~				Effective date of	f plan	
 2a	Plan soonsor's name and addre	ess (employer, if for single-employer p	olan)			03/01/1999 Employer Identit	fication Number	
	Cass Levy & Leone, LA		·ikitij	L		(EIN) 65-059		
	440 Columbia Drive Su	31. 700			2c	Plan sponsor's t	elephone number	
	440 COIMBDIS DIIVS SI	11.40 200		-	24	(561) 689-7888  Business code (see instructions)		
	West Palm Beach	FL 33409				541211	see msirucions)	
Зa	Plan administrator's name and Same	address (if same as plan employer, e	nler "Same	ני	3b	Administrator's f	EIN.	
	раше							
					3с	Administrator's (	elephone number	
				į				
4	If the name and/or EIN of the p	lan sponsor has changed since the la	st return/rep	ort filed for this plan, enter the	4b	EIN		
	name, EIN and the plan numbe	r from the last return/report. Sponsor:	s Name	į.	4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a		28	
		the end of the plan year			5b		26	
C	Yotal number of participants wil	th account balances as of the end of the	he plan yea	r (defined benefit plans do not				
62	Complete this item)		(-2.42-	e instructions.)	5c	<u> </u>	26	
		e annual examination and report of an			• 1		X Yes ☐ No	
	under 29 CFR 2520.104-467 (9	See instructions on waiver eligibility an	d conditions	s.) ` , . ` , ,	, ,		X Yes No	
		r 6a or 6b, the plan cannot use For	n 5500-SF	and must instead use Form 5500.				
	rtill Financial Inform	ation						
7	Plan Assels and Liabilities			(a) Beginning of Year		(b) End	of Year	
a	Total plan assets		. 7a	1,716,610		THE R. P. L.	1,999,944	
b	Total plan liabilities		. 7b	0				
C	Net plan assets (subtract line 7	o from line 7a) , , , ,	. 7c	1,716,610	Ц.		1,999,944	
₿	Income, Expenses, and Transfe		10 M	(a) Amount		(b) T	otal	
a	Contributions received or received	able from:	F . 4	E0 ABB				
	(1) Employers		. 8a(1)	58,077				
	<ul><li>(2) Participants</li><li>(3) Others (including rollovers)</li></ul>		- 8a(2)	67,017	301			
b	Other income (loss)		. <u>8a(3)</u>	203,395				
C	Total income (add lines 8a(1), 8a	a/2) 8a/3) and 9b)	8b 8c		racies.	chill desire en el el const	Windows Commence	
ď	Benefits paid (including direct ro	e(2), oa(3), and ob)	, oc	Produce contribution and annual and a second billion of the second billion of the second	::6057		328,489	
	to provide benefits)		- 8d	45,155				
ę	Certain deemed and/or corrective	ve distributions (see instructions) .	. 8e					
f	Administrative service providers	(salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8d	e, 8f, and 8g)	. 9h				45,155	
i	Net income (loss) (subtract line		. Bi				283,334	
j		instructions)	. 6]		in in	a managana ang salah		

	Form 6500-SF 2010	Page <b>2</b> -		_			-	
ar	IV Plan Characteristics							**************************************
	f the plan provides pension benefits, enter the applicable pension featu 2A 2E 2J 2K 3D f the plan provides welfare benefits, enter the applicable welfare featur							
ai	V Compliance Questions							
<u> </u>	During the plan year:			Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribution	within the time period described in			x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (Con line 10a.)	Do not include transactions reported	10a 10b		х			
c	Was the plan covered by a fidelity bond?		10c	х		<del>                                     </del>	1	,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was caused by fraud			х			
e	Were any fees or commissions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of tinstructions.)	the benefits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?		10f		ж			
g	Did the plan have any participant loans? (If "Yes," enter amount as of		,		ж			
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 29 CFR	10h		х			
	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3		10i				ing a star of the	
'n	Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirement 5500))	-					Ye	s X No
	is this a defined contribution plan subject to the minimum funding req (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 a granting the waiver	e.) amortized in this plan year, see instructi	ons, ar	id ente	er the	date of the		
b	Enter the minimum required contribution for this plan year			. Г	12b			
C	Enter the amount contributed by the employer to the plan for this plan	ıyeer		, L	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus sign to the left of			12d			
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	· · ·	-		Yes		
	Plan Terminations and Transfers of Assets						No	□ N/A
9	Have a revolution to terminate the also been advanted during the plan to							
A		rear or any prior year?		· .	<u> </u>			□N/A s 🕱 No
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year			13a	, , , ,		
b	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	loyer this year , , , , , , , , , , , , , , , , , , ,	der lhe	contr	13a		Ye	
b c	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	loyer this year , , , , , , , , , , , , , , , , , , ,	der lhe	contr	13a ol	IN(s)		s X No
b c	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	loyer this year , , , , , , , , , , , , , , , , , , ,	der lhe	contr	13a ol	EIN(s)		s X No
b	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	loyer this year , , , , , , , , , , , , , , , , , , ,	der lhe	contr	13a ol	IN(s)		s X No
b	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	loyer this year ansferred to another plan, or brought ur this plan to another plan(s), identify the	der the	to 13	13a ol c(2) E			s X No
b c	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, fro of the PBGC?	vill be assessed unless reasonable c	plan(s)	to 13	tol c(2) E	ed. applicable	Ye	s X No s X No
b c	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?  If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See Instructions.)  3c(1) Name of plan(s):  In: A penalty for the late or incomplete filling of this return/report w penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	will be assessed unless reasonable of the clare that I have examined this return/rep	plan(s)	to 13	tol c(2) E	ed. applicable	Ye	s X No s X No
b c	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?  If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See Instructions.)  3c(1) Name of plan(s):  In: A penalty for the late or Incomplete filling of this return/report y penalties of perfury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	will be assessed unless reasonable celare that I have examined this return/rep	plan(s)	to 13	13a ol c(2) E	ed. applicable t of my kno	Ye  13c()	s X No s X No
b c uil der or ief,	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?  If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See Instructions.)  3c(1) Name of plan(s):  In: A penalty for the late or Incomplete filling of this return/report v penalties of perjury and other penalties set forth in the Instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and proplete.	will be assessed unless reasonable of the clare that I have examined this return/rep	plan(s)	to 13	13a ol c(2) E	ed. applicable t of my kno	Ye  13c()	s X No s X No

#### Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part	Identification									
Α	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identin	ons).							
	Cass Levy & Leone, LC  Number, street, and room or suite no. (If a P.O. box, see instructions.)	65-05934	65-0593402							
	440 Columbia Drive Suite 500	<u> </u>	y number (SSI	۷)						
	City or town, state and ZIP code		,	-,						
	West Palm Beach FL 33409									
С	Plan name	Plan	Pla	n year endi	ding					
_		number	MM	YYYY						
1	Cass Levy & Leone, LC 401(k) Profit Sharing Plan	0   0   1	12	31	2010					
2 3 <b>Part</b>		see instructions)								
1	I request an extension of time until 10 / 17 / 2011 to file File application is automatically approved to the date shown on line 1 (abo normal due date of Form 5500 or 5500-EZ for which this extension is request months after the normal due date.  You must attach a copy of this Form 5558 to each Form 5500 and 5500-E	ve) if: (a) the Form 555 ted, and (b) the date or EZ filed after the due	8 is filed on o	more the 2 1						
	A signature is not required if you are requesting an extension to file Form 550  Extension of Time to File Form 5330 (see instructions)	0 01 1 01111 3300-LZ.			.,					
2	I request an extension of time until to file Form 5330, a you may be approved for up to a six (6) month extension to file Form 5330, a		te of Form 53	330.						
а	Enter the Code section(s) imposing the tax	. ▶ a								
b	Enter the payment amount attached		•	b						
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the revision State in detail why you need the extension	/amendment date .	>	С	***************************************					
					· · · · · · · · · · · · · · · · · · ·					