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).

OMB Nos. 1210-0110 1210-0089

2011
This Form is Open to Public

Inspection

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

	art I Annual Report Identification Information							
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α .	This return/report is for:	a multiple	e-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	an year return/report (less than 12 mo	nths)				
С	Check box if filing under: Form 5558	automatic	extension		DFVC program			
•	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested informa	,						
	Name of plan	20011		1b	Three-digit			
	IG L. LEVITZ, M.D., P.C. 401(K) PROFIT SHARING PLAN				plan number			
					(PN) ▶ 001			
				1c	Effective date of plan			
22	Plan sponsor's name and address; include room or suite number (er	mployer if	for a single employer plan)	2h	01/01/2004			
CDAICL LEVITZ M.D. D.C.					Employer Identification Number (EIN) 11-3551433			
			-		Sponsor's telephone number			
171 \	WOODSIDE DRIVE				516-791-9665			
	LETT BAY PARK, NY 11557			2d	Business code (see instructions)			
					621111			
	Plan administrator's name and address (if same as plan sponsor, en G L. LEVITZ, M.D., P.C. 171 WOODSI			3b	Administrator's EIN 11-3551433			
CIVAI	HEWLETT BA			3c	Administrator's telephone number			
					516-791-9665			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI			
	Total number of participants at the beginning of the plan year			тс 5а	2			
b				5b	2			
	Number of participants with account balances as of the end of the p		-	JU				
	complete this item)		•	5c	2			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No			
b	3				X Yes □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•					
Pa	art III Financial Information		or and made motidae add 1 drin 500	<u>v.</u>				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	624031		701897			
b	Total plan liabilities	7b	0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	624031		701897			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		54500					
	(1) Employers	8a(1)		_				
	(2) Participants	8a(2)	33000	_				
	(3) Others (including rollovers)	8a(3)	0024	_				
b	Other income (loss)	8b	-9634		77066			
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			77866			
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						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
i	Net income (loss) (subtract line 8h from line 8c)	8i			77866			
j	Transfers to (from) the plan (see instructions)	8j						

Form	5500	SF	201

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Part IV	Plan Characteristic	s

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 3B 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	V Compliance Questions During the plan year:		Yes	No		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		Amount	
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		X			
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		X			
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		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
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					
art	/I Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
а	(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 instruc granting the waiver. Mont						
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	1		
	Enter the minimum required contribution for this plan year			120 12c			
d	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 c negative amount)	of a		12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes	No	N/A
art '							
	Has a resolution to terminate the plan been adopted in any plan year?				res X N		
	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	ınder	the co	ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			_	
1:	Bc(1) Name of plan(s):		130	c(2) El	N(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	estab	lished.	1	
Unde	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	rn/rep	ort, in	cludin	g, if applica		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/15/2012	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

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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation Complete all entries in accor	rdance wit	h the instructions to the Form 5500)-SF.		
P	art Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011 and ending		12/31/2011	
Δ	This return/report is for:	a multipl	e-employer plan (not multiemployer)		a one-participant plar	າ
	This return/report is: the first return/report	the final	return/report			
ט	an amended return/report	a short ni	an year return/report (less than 12 mo	onths)		
_		T			DFVC program	
С	Check box if filing under: Form 5558	.1	c extension	L	_ bt vo program	
	special extension (enter descripti					
Pa	art II Basic Plan Information—enter all requested inform	nation				
1a	Name of plan				Three-digit plan number	
	CRAIG L. LEVITZ, M.D., P.C. 401(k) PROFI	T SHAF	ING			001
	PLAN				Effective date of plan	
					01/01/2004	
2a	Plan sponsor's name and address; include room or suite number (e	emplover, i	f for a single-employer plan)	2b	Employer Identification I	Vumber
	CRAIG L. LEVITZ, M.D., P.C.				(EIN) 11-3551433	
					Sponsor's telephone nu	mber
					(516) 791-9665	
	171 WOODSIDE DRIVE			2d	Business code (see inst	ructions)
	HEWLETT BAY PARK		NY 11557		621111	
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Sam	∍")	3b /	Administrator's EIN	
	SAME			20	Administrator's telephon	o number
				30 /	Administrator s telephon	e umunei
4	If the name and/or EIN of the plan sponsor has changed since the	last refurn	report filed for this plan, enter the	4b	FIN	······································
4	name, EIN, and the plan number from the last return/report.	tas(Totalii	ropert med for the plant, arrest are	~_		
а	Sponsor'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	Number of participants with account balances as of the end of the					
	complete this item)	************		5c		2
6a	Were all of the plan's assets during the plan year invested in eligib					
b	Well- all Of the plant's associa during the plant year invested in origin	ole assets?	(See instructions.)		X Y	es No
	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQF	P)		
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public accountant (IQF ions.)	'A) 		es No
D-	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	an indeper and condit	ndent qualified public accountant (IQF ions.)	'A) 		
Pε	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information	an indeper and condit	ndent qualified public accountant (IQF ions.)SF and must instead use Form 550	'A) 		
7	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities	an indepe and condi- orm 5500-	ndent qualified public accountant (IQF ions.)SF and must instead use Form 550 (a) Beginning of Year	'A) 	(b) End of Year	es No
7 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets	an indepe and conditions 5500 7a	ndent qualified public accountant (IQF ions.)SF and must instead use Form 550	'A) 	(b) End of Year	
7 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets	an indeperand conditions 5500.	dent qualified public accountant (IQF ions.)	2A) 	(b) End of Year	701,897
7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indeperand conditions 5500.	(a) Beginning of Year 624, 03	2A) 	(b) End of Year	es No
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7 a b c 8 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firf III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	an indeperand conditions 5500 - 7a - 7b - 7c - 8a(1) - 8a(2) - 8a(3)	(a) Beginning of Year 624, 03 (a) Amount 54, 50 33, 00) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	(b) End of Year	701,897
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7 a b c 8 a a b c d e f	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fift III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	an indeperand conditions 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f . 8g . 8h . 8i	(a) Beginning of Year 624, 03 (a) Amount 54, 50 33, 00) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	(b) End of Year	es No 701,897 0 701,897
7 abc 8 a bcd efghij	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fift III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	an indeperand conditions 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f . 8g . 8h . 8i . 8j	dent qualified public accountant (IQF lons.)) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	(b) End of Year	es No 701,897 0 701,897 77,866

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Part IV	Plan Characteristi	c	c

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3B 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

_									
Par	V Compliance Questions								
10	During the plan year:				Yes	No	1	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ons within the time	period described in	10a		Х		Antount	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include tra	nsactions reported	10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fiver dishonesty?	delity bond, that wa	is caused by fraud	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	er persons by an ins the benefits under	urance carrier, the plan? (See			X			
f	Has the plan failed to provide any benefit when due under the plan?			10e					
g				10f		Χ	-		
9 h	Did the plan have any participant loans? (If "Yes," enter amount as a lifthis is an individual account plan, was there a blackout period? (S			10g		X	pagana, Karata saraga	a irea narra dell'i Stato	a Visa e les dieses
• •	2520.101-3.)	ee instructions and	29 CFR	10h	İ	Х	or and other	re regaliere Negazineare	yrandanii Qolladii ale
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or	one of the	10ii					n (for Live Loof official Loof official
Part	VI Pension Funding Compliance					(Comment Constraint
	ls this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see ir	structions and com	olete S	chedu	ile SB	(Form	☐ Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re								X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	ole.)						_	
а	If a walver of the minimum funding standard for a prior year is being	amortized in this pl	an year, see instruc	tions, a	and en	iter the	e date of th	ne letter ru	ıling
lf v	granting the waiverou complete lines 3, 9, and 10 of Schedule N	/D /Earm 5500) as	Mont	h		Day _		Year	
	Enter the minimum required contribution for this plan year				1	2b			
	Enter the amount contributed by the employer to the plan for this plan					2c			
ď	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	e result (enter a mi	nus sian to the left o	fa		2d			
	Will the minimum funding amount reported on line 12d be met by the] Yes [No [7 N/A
art \		randing document	***************************************			[1.00	1 120	1471
13a	Has a resolution to terminate the plan been adopted in any plan year?				Г	T Y	es X No		
	if "Yes," enter the amount of any plan assets that reverted to the emp	Nover this year	***************************************	12	.		29 [X] [VC	, 	
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to anothe	er plan, or brought ur	nder th	e coni	troi		Пу	
С	of the PBGC? f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), identify the	plan(s) to	•••		∐ res	X No
	c(1) Name of plan(s):		1		13c(2) EIN	(e)	130/31	PN(s)
						<u> </u>	<u>(0)</u>	100(0)	1114(3)
autio	n: A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonable	cause	ises	tahlis	hed.	-L	
Inder B or S	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a t is true, correct, and complete.	declare that I have	examined this return	ı/reno	t incl	ıdina	if applicat	ole, a Sche nowledge	edule and
SIGN		4/-1.	CRAIG L. LEV	7TT7	M	Д.			
IERE	Signature of plan administrator		Enter name of indi				Jan admin	introtor	
ele ki		. / /					nait autiliti	iotratui	
SIGN IERE	Signatura Mample	Date 461	CRAIG L. LEV						
ur traget.	Signature of omployer plan-sponsor	Date 1/41	Enter name of indi	vidual	signin	g as e	mployer o	r plan spo	nsor