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

2013

This Form is Open to Public Inspection

			, complete an entirio	iii accoraaiico	with the motion	tions to the Form 550	<u> </u>		
	art I		Identification Informa	tion					
For	calenda	ar plan year 2013 or fis	scal plan year beginning (01/01/2013		and ending	12/31/2	2013	
Α .	This ret	turn/report is for:	a single-employer plan	a mu	ıltiple-employer pla	n (not multiemployer)		a one-particip	oant plan
В	This ret	turn/report is:	x the first return/report	the fi	nal return/report				
			an amended return/repo	rt a sho	rt plan year return	report (less than 12 m	onths))	
C	Check I	box if filing under:	X Form 5558	autor	matic extension			DFVC progra	ım
			special extension (enter	description)					
Pa	art II	Basic Plan Info	rmation—enter all request	ed information					
1a	Name	of plan					1b	Three-digit	
LAW	OFFICE	E OF JOSEPH E LEVI	PC 401(K) PROFIT SHARIN	IG PLAN				plan number	004
							10	(PN) ▶ Effective date o	001
							10	01/01/	
		sponsor's name and add	dress; include room or suite r	number (employ	ver, if for a single-e	employer plan)	2b	Employer Identif	fication Number
							2c	Sponsor's telep	hone number
30 BI	ROAD (STREET, 24TH FLOOR	R					212-584	
NEW	/ YORJI	K, NY 10004					2d	Business code (54111	
3a	Plan a	dministrator's name an	nd address XSame as Plan S	Sponsor Name	Same as Plan	Sponsor Address	3b	Administrator's I	EIN
							3c	Administrator's t	telephone number
								, tarrimotrator o	elephone number
4			e plan sponsor has changed s		turn/report filed for	this plan, enter the	4b	EIN	
а		sor's name	mber from the last return/repo	и.			4c	PN	
	•		at the beginning of the plan	/ear			5a		2
b	Total r	number of participants	at the end of the plan year				5b		2
С			account balances as of the e		•	•	5c		2
62		,	s during the plan year investe						X Yes No
b			the annual examination and	_					M 163 140
	under	r 29 CFR 2520.104-46?	? (See instructions on waiver	eligibility and co	onditions.)		·····		X Yes No
	If you	ı answered "No" to ei	ther line 6a or line 6b, the p	olan cannot use	e Form 5500-SF a	and must instead use	Form	5500.	
С	If the p	plan is a defined benefi	it plan, is it covered under the	PBGC insuran	ice program (see E	ERISA section 4021)?		Yes No	Not determined
	ution: A	A penalty for the late (or incomplete filing of this	eturn/report w	vill be assessed u	nless reasonable ca	use is	established.	
Cau		•	ner penalties set forth in the in						able, a Schedule
		adula MD aamplatad ar		arv. as well as t	the electronic vers	ion of this roturn/ronor	t and	to the best of my	knowledge and
Und SB		true, correct, and comp	nd signed by an enrolled actu plete.	,,		ion or this return/repor	i, anu		Knowicage and
Und SB belie	ief, it is t	true, correct, and comp		,		ion of this return/repor	t, and		Knowledge and
Und SB belie	ief, it is t	true, correct, and comp	valid electronic signature.		Date	Enter name of individ		gning as plan adn	
Und SB belie	ief, it is t BN RE	Filed with authorized/v	valid electronic signature.			·		gning as plan adn	
Und SB belie	ief, it is t BN RE BN	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator	D		Enter name of individ	lual siç	, ,	ninistrator
SIG HEF	EN RE EN RE	Filed with authorized/ Signature of plan action Signature of employers	valid electronic signature. dministrator		Date Date	Enter name of individ	lual sig	gning as employe	ninistrator
SIG HEF	EN RE EN RE	Filed with authorized/ Signature of plan action Signature of employers	valid electronic signature. dministrator yer/plan sponsor		Date Date	Enter name of individ	lual sig	gning as employe	ninistrator r or plan sponsor
SIG HEF	EN RE EN RE	Filed with authorized/ Signature of plan action Signature of employers	valid electronic signature. dministrator yer/plan sponsor		Date Date	Enter name of individ	lual sig	gning as employe	ninistrator or or plan sponsor
SIG HEF	EN RE EN RE	Filed with authorized/ Signature of plan action Signature of employers	valid electronic signature. dministrator yer/plan sponsor		Date Date	Enter name of individ	lual sig	gning as employe	ninistrator or or plan sponsor
SIG HEF	EN RE EN RE	Filed with authorized/ Signature of plan action Signature of employers	valid electronic signature. dministrator yer/plan sponsor		Date Date	Enter name of individ	lual sig	gning as employe	ninistrator r or plan sponsor

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of	Voar		
	Total plan assets	7a	(a) beginning or rea		+		(b) Liid O	4400	0	
	Total plan liabilities	7b			+					
	Net plan assets (subtract line 7b from line 7a)	7c						4400)	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To			
	Contributions received or receivable from:		(a) Amount				(6) 10	aı		
	(1) Employers	8a(1)	4400	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						44000)	
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								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						4400	0	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instruction	18:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	_	mount		
a				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
	·					X				
C				10c						
d	or dishonesty?	······		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)			10e		X				
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 a	s of year e	end.)	10g		Χ				
— h		(See instru	uctions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
Dow	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part 11	Is this a defined benefit plan subject to minimum funding requirem							П у		N.
	5500) and line 11a below)							Yes	X	No
	Enter the unpaid minimum required contribution for current year fr		,		-	11a				
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction (302 of	ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ntie===	0.5.1	nt 11	o deta -f#	. lo#= :	lie =	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and 6	Day		e letter ru 'ear	ıırıg	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1	401	I			
b	Enter the minimum required contribution for this plan year					12b	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 Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan
This form is required to be filed under sections 104 and 4065 of the Employee

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).

Short Form Annual Return/Report of Small Employee

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

Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning		and ending	
A This return/report is for: X a single-employer plan	a multiple-employe	r plan (not multiemployer)	a one-participant plan
B This return/report is:	the final return/repo	ort ,	
an amended return/report	a short plan year re	eturn/report (less than 12 mo	n(bs)
C Check box if filing under:	automatic extensio	n 🔺 🗢	DFVC program
special extension (enter description	on)		
Basic Plan Information—enter all requested inform	nation		
1a Name of plan Law office of Joseph E Levi PC 401(k) Profit Sharing Plan	•		Three-digit plan number (PN) ▶ 001
			C Effective date of plan 1/1/2013
2a Plan sponsor's name and address; include room or suite number (e	employer, if for a sing	le-employer plan) 2	b Employer Identification Number (EIN) 46-3790124
Law office of Joseph E Levi PC			C Sponsor's telephone number
			12-584-2740
30 Broad Street, 24th Floor New Yorjk, NY 10004			d Business code (see instructions) 41110
3a Plan administrator's name and address X Same as Plan Sponsor Na	ame X Sain as		b Administrator's EIN
		$\frac{1}{3}$	C Administrator's telephone number
Same	X	•	• Administrator a telephone number
	_		
. (~ .		
4 If the name and/or EIN of the plan sponsor has changed since a	a return/report filed	for this plan, enter 4	b ein
the name, EiN, and the plan number from the last return/ngood	•	<u></u>	
Sponsor's name			C PN
5a Total number of participants at the beginning of the plantean			
b Total number of participants at the end of the plan year		5	b 2
C Number of participants with account balances as if the proof the proof to the proof to the proof the proof to th			
6a Were all of the plan's assets during the plan'yax invested in eligible			X Yes No
D Are you claiming a waiver of the annual examination and report of a			
under 29 CFR 2520.104-46? (See instructions of waiver eligibility a	and conditions.)	•••••	X Yes No
If you answered "No" to either lip to or line 6b, the plan cann			
C If the plan is a defined benefit plan, si co ered under the PBGC in		· •	Yes No Not determined
Caution: A penalty for the like or a complete filing of this return/			
Under penalties of perjury and other renalties set forth in the instructions,			
SB or Schedule MB completed or signed by an enrolled actuary, as well belief, it is true, correct, and complete	as the electronic ven	sion of this return/report, and	I to the best of my knowledge and
1 6 1			
fort a. it	10/12/2014	Joseph E. Levi	
Signature of plan administrator	_Date		igning as plan administrator
fash E. la-	10/12/2014	Joseph E. Levi	
Signature of employer/plan sponsor	Date		igning as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include	room or suite numbe	er (optional)	reparer's telephone number (optional)

	Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Yea	r
a	Total plan assets	7a			0			44,000
b	Total plan liabilities	7b			0			0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			0			44,000
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
a	Contributions received or receivable from:			•			(2) 1002	
	(1) Employers	8a(1)		4	4,000			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)			0			
<u>b</u>	Other income (loss)	8 b		•	0			
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						44,000
d	para (mediano promisio			1				
	to provide benefits)	8d						
<u> </u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						44,000
	Transfers to (from) the plan (see instructions)	8j						
	Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension t	feature co	les om a List of Plan C	haracte	ristic C	odes in	the instructions:	
	2E, 2J							
b	If the plan provides welfare benefits, enter the applicable welfare fe	atura code	from the List of Plan Ch	naracteri	istic Co	odes in th	ne instructions:	
	Compliance Questions	-						
10					. 1	1		
	During the plan year:	11 11 11			Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contributions v in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	nin the time	e period described Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-in-exert?			100				_
	reported on line 10a.)		***************************************	10b		X		
<u>C</u>				10c		X		
d	Did the plan have a loss, whether or not reimbursed by the lan's fi	delity bond	i, that was caused by					
е	fraud or dishonesty?			10d		<u> </u>		
-	Were any fees or commissions paid to any brokers agents, or other carrier, insurance service, or other organization that provides some	r persons or all of th	by an insurance e benefits under					
				10e		Х		
<u>f</u>	Has the plan failed to provide any benefit, then the under the plant	?		10f		X		
g	Did the plan have any participant logist all Yes," enter amount as			10g		X	,	
h	If this is an individual account lian, as there a blackout period? (S	ee instruc	tions and 29 CFR					
	2520.101-3.)			10h		_X		
•	If 10h was answered "Y ," chick the box if you either provided the exceptions to providing a protice a plied under 29 CFR 2520.101-	required r	notice or one of the	10i				
	Pension Funding Compliance	<u></u>		101				
11	Is this a defined benefit plan subject to minimum funding requireme	nte? (If "Ve	es " see instructions and	omplete	Saba	dula CD		
	5500) and line 11a below)	(и те			, SCIE		Yes	X No
<u>11a</u>						l1a		0
12	Is this a defined contribution plan subject to the minimum funding requirer						Yes	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a							
a	If a waiver of the minimum funding standard for a prior year is being	amortized	in this plan year, see ins	tructions	s, and	enter the	date of the letter	ruling
	granting the waiver.		Month			Day	Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to lin	e 13.				
<u>b</u>	Enter the minimum required contribution for this plan year] 1	2b		
			· · · · · · · · · · · · · · · · · · ·					

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<u> </u>	Enter the amount contributed by the employer to the plan for this plan year		12c		
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)		12d		
8	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
	Plan Terminations and Transfers of Assets.			•	
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes 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, control of the PBGC?		the		Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)		(s) to	•	
1;	3c(1) Name of plan(s):		(2) [EIN(s)	13c(3) PN(s)
	•	(1)			
	Trust Information (optional)				
14a	Name of trust)	14b	Trust's EIN	
		,			