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

2009

This Form is Open to Public

					Inspection	шыно
Part I	Annual Report Identi	ification Information				
For calendar plan year 2009 or fiscal p				and ending 12/31/20	09	
A This	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or		
	·	a single-employer plan;	a DFE (s	pecify)		
			ъ .	· · · · · · · · · · · · · · · · · · ·		
R This	return/report is:	the first return/report;	the final i	eturn/report;		
D 111131	ctum/report is.	an amended return/report;		lan year return/report (less tha	an 12 months)	
C 16 (b	ada a Sana na Handhadh dha ana Sanad				=	
		l plan, check here	_			
D Chec	k box if filing under:	Y Form 5558;	automati	c extension;	the DFVC program;	
-		special extension (enter des	cription)			
Part	Basic Plan Informa	ation—enter all requested informa	ation			
	ne of plan				1b Three-digit plan	001
MARANI	DA E. FRITZ, PC MONEY PUR	CHASE PLAN			number (PN) >	
					1c Effective date of pl 01/01/2001	an
2a Plan	sponsor's name and address	(employer, if for a single-employer r	olan)		2b Employer Identifica	ation
	ress should include room or su	,	,		Number (EIN)	
MARANI	DA E. FRITZ				13-4152513	
					2c Sponsor's telephor	ne
MARANI	DA E. FRITZ				number 212-471-6200	
	W AND CULBERTSON		AND CULBERTSO		2d Business code (se	Δ
	RD AVENUE, 4TH FLOOR PRK, NY 10017		D AVENUE, 4TH FLO RK, NY 10017	JOR	instructions)	C
			•		541110	
Courtion	A nonclivi for the lete or inc		t will be seened	unlana ranganahla agusa ia	aatabliahad	
		omplete filing of this return/repor nalties set forth in the instructions, I				dulaa
	' ' '	the electronic version of this return			0 1 7 0	,
SIGN	Filed with authorized/valid elec	tronic signature.	10/14/2010	GEORGE FARLEY		
HERE	Signature of plan administr	ator	Date	Enter name of individual sig	ning as plan administrator	
	orginature or plan administr	atoi	Date	Enter hame of marviadar sig	Tilling as plan administrator	
SIGN						
HERE	Clausatura of ameniaus deles		Data	Fator a case of in dividuo 1 -1-		
	Signature of employer/plan	sponsor	Date	Enter name of individual sig	ning as employer or plan sp	onsor
SIGN						
HERE						
	Signature of DFE		Date	Enter name of individual sig	ning as DFE	

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

Form 5500 (2009) v.092307.1

	Form 5500 (2009)	Page 2	
3.3	Dian administrator's name and address (if same as plan apparer, enter "Came")		

	Plan administrator's name and address (if same as plan sponsor, enter "Sar RANDA E. FRITZ	ne")		ministrator's EIN 4152513
M <i>A</i> HII 780	RANDA E. FRITZ ISHAW AND CULBERTSON THIRD AVENUE, 4TH FLOOR W YORK, NY 10017		3c Adı	ministrator's telephone mber 2-471-6200
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			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	e only lines 6a, 6b, 6c, and 6d).)	l
а	Active participants		6a	1
b	Retired or separated participants receiving benefits		6b	
С	Other retired or separated participants entitled to future benefits		6c	
d	Subtotal. Add lines 6a , 6b , and 6c		6d	1
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	6e	
f	Total. Add lines 6d and 6e		6f	1
g	Number of participants with account balances as of the end of the plan year		C ~-	
	complete this item)		6g	
h	Number of participants that terminated employment during the plan year witless than 100% vested		6h	
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 co	odes from the List of Plan Characteristic Codes	in the i	nstructions:
	2C 2G 2E			
b	f the plan provides welfare benefits, enter the applicable welfare feature code	s from the List of Plan Characteristic Codes in	the inst	ructions:
9a	Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all tha	t apply)	
	(1) Insurance	(1) Insurance		
	Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3) i	nsuranc	e contracts
	(4) Trust	(3) X Trust	0000#	
10	(4) General assets of the sponsor	(4) General assets of the sp		had (Cas instructions)
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ittached, and, where indicated, enter the numb	ei allac	ned. (See instructions)
а	Pension Schedules	b General Schedules		
	(1) R (Retirement Plan Information)	(1) H (Financial Inform	,	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X I (Financial Inform	ation – S	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3) A (Insurance Inform	mation)	
	actuary	(4) C (Service Provide	r Inform	ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participatin	ng Plan	Information)
	Information) - signed by the plan actuary	(6) G (Financial Trans	action S	chedules)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

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).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

* '	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009	and ending 12/31/2009
A Name of plan MARANDA E. FRITZ, PC MONEY PURCHASE PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARANDA E. FRITZ	D Employer Identification Number (EIN) 13-4152513

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
а	Total plan assets	. 1a	31591	45074
b	Total plan liabilities	. 1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	31591	45074
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	13483	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		13483
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		13483
1	Transfers to (from) the plan (see instructions)	. 2I		

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
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
	Participant loans			X	

Schedule I (Form 5500) 2009	Page 2- 1

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			Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		Χ			
			•	•			
Pa	art II Compliance Questions						
4	During the plan year:		Yes	No		Amount	
а	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			X			
h	corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		^			
	year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		Х			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e		X			
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		Х			
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			
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		Х			
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			
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				
ı	Has the plan failed to provide any benefit when due under the plan?	41		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		Х			
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	. [] Ye	es 🛚 N	No A	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id transferred. (See instructions.)	entify t	he plan	(s) to w	hich assets o	or liabilities	were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5	b(3) PN(s)

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Foi	m 5500	Annual Return/Repor	rt of Employee	Benefit Plan	OMB Nos. 1210-0110 1210-0089
Internal	ont of the Treasury Ravenue Service	This form is required to be filed for and 4065 of the Employee Retirem sections 6047(e), and 6058(a) of	ent Income Security A of the Internal Revenu	e Code (the Code).	2009
Employe	rtment of Labor e Benefita Socurity iministration	Complete all e	entries in accordance one to the Form 550	e with 0.	
Pansion Bene	fit Guaranty Corporation				This Form is Open to Public Inspection
Part I A	nnual Report Ider	ntification Information		and ending 12/31/2	:009
	lan year 2009 or fiscal	a multiemployer plan;	a multiple-	employer plan; or	
A This return.	/report is for:	X a single-employer plan;	a DFE (spo	ecify)	
B This return	/report is:	the first return/report; an amended return/report;		tum/report; n year return/report (less th	
C If the plan	is a collectively-bargain	red plan, check here			
	If filing under:	X Form 5558;	automatic	extension;	the DFVC program;
		special extension (enter des	scription)		
Part II	Basic Plan Infor	mation—enter all requested Informa	ation		dh Three distribut
1a Name of	plan				1b Three-digit plan number (PN) ▶ 001
MARANDA E	, FRITZ. PC MÖNEY P	URCHASE PLAN			1C Effective date of plan 01/01/2001
2a Plan spo (Address	nsor's name and addresshould include room or	ss (employer, If for a single-employer suite no.)	plan)		2b Employer Identification Number (EIN) 13-4152513
MARANDA E					2c Sponsor's telephone number 212-471-6200
HINSHAW A	ND CULBERTSON VENUE, 4TH FLOOR	780 THIR	W AND CULBERTSOI RD AVENUE, 4TH FLC RK, NY 10017	N DOR	2d Business code (see instructions) 541110
				responsible cause	is established.
Caution: A p	enalty for the late or i	incomplete filling of this return/report	, I declare that I have	examined this return/report	, including accompanying schedules,
statements a	nd attachments, as wel	r penalties set forth In the instructions. Il as the electronic version of this retui	rn/report, and to the b		
Sign M	a - 1 - 1 a E	- Fab	(2)19/13/10(8) Maran	
HERE -	gnature of plan admin	piatrator	Date	Enter name of individual	signing as plan administrator
SIGN	Janes Janes	1 Elip	D9/3/20		la Futz
UEDE -	gnature of employer/g	nlan sponsor	Date	Enter name of individual	signing as employer or plan sponsor
51	gnature or employers				
SIGN				Enter name of individual	signing as DFE
HERE	gnature of DFE	AND Carted Numbers of	Date the instructions for	F Form 5500.	Form 5500 (2009 v.092307.1
For Paperw	ork Reduction Act No	otice and OMB Control Numbers, se	THE RESERVE		V,V22301,

	Form 5500 (2009)		age 2				
	Plan administrator's name and address (if same as plan sponsor, enter "Same" RANDA E. FRITZ)			13-4	ministrator's EIN 4152513	
MA HIN 780	MARANDA E. FRITZ HINSHAW AND CULBERTSON 780 THIRD AVENUE, 4TH FLOOR NEW YORK, NY 10017				3c Administrator's telephor number 212-471-6200		
NE							
4	If the name and/or EIN of the plan sponsor has changed since the last return/re the plan number from the last return/report:	port filed f	or this pl	en, enter the name, Elt	N and	4b EIN	
а	Sponsor's name				****	70 110	
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 of	only lines 6	a, 6b, 6	a, and 6d).			
•					6a	1	
a	Active participants Retired or separated participants receiving benefits		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6b		
þ	Retired or separated participants receiving benefits				6c		
C	Other retired or separated participants entitled to future benefits				6d	1	
d	Subtotal. Add lines 6a, 6b, and 6c	,,	,	***************************************	C.		
е	Deceased participants whose beneficiarles are receiving or are entitled to rece	eive benefi	s		6e		
f	Total. Add lines 6d and 6e			ion	Jr		
g	Number of participants with account balances as of the end of the plan year (complete this item)	only define	, CO TILIN	thou bians	6g		
h	Number of participants that terminated employment during the plan year with	accrued b	nefits th	nat were	6h		
7	less than 100% vested	nultiemple	yer plan	s complete this Item)	<u>7</u>	- In-twistlesse'	
	Enter the total number of employers obligated to contribute to the plan (only to it the plan provides pension benefits, enter the applicable pension feature could be a second of the plan provides welfare benefits, enter the applicable welfare feature codes.	ies moin u	R [19] 01	T (M) Gillion			
		9b Plan	benefit	arrangement (check all	that appl	ly)	
9:	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2) (3)	N N	Insurance Code section 412(e) Trust	(3) insura	ince contracts	
	(3) X Trust (4) General assets of the sponsor	(4)		General assets of the	umber at	tached. (See instructions)	
1	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	ittached, a	id, wher	8 Indicated, enter the n	William or		
	a Pension Schedules	b Ge	neral Sc	hedules H (Financial In			
	De (Detirement Plan Information)	(1) (2)	×		formation	- Small Plan)	
	(1) R (Retirement Plan Honey (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(3)	-	A (Insurance I	Informatio ovider Info	on) ormation)	
	actuary	(4) (5)	F	p (DFE/Partic	ipating Pi	lan Information)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(6)		G (Financial T	ransactio	on Schedules)	