Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

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

					Inspection	JUIC
Part I	Annual Report Iden	tification Information				
For cale	ndar plan year 2009 or fiscal p	olan year beginning 01/01/2009		and ending 12/31/2	2009	
A This	return/report is for:	a multiemployer plan;	a multip	ole-employer plan; or		
		a single-employer plan;	a DFE	(specify)		
B This	return/report is:	the first return/report;	the fina	I return/report;		
		an amended return/report;	a short	plan year return/report (less th	nan 12 months).	
C If the	plan is a collectively-bargaine	ed plan, check here				
	k box if filing under:	Form 5558;	_	tic extension;	the DFVC program;	
2 0,,00	K BOX II IIIII g dildor.	special extension (enter des		,		
Part	II Rasic Plan Inform	nation—enter all requested informa	· /			
-	ne of plan	mation—enter all requested informa	auon		1b Three-digit plan	
	DA E. FRITZ, PC PROFIT SH	HARING PLAN			number (PN) ▶	002
					1c Effective date of pl	an
					01/01/2001	
	i sponsor's name and addres: ress should include room or s	s (employer, if for a single-employer	plan)		2b Employer Identifica Number (EIN)	ation
`	DA E. FRITZ, PC	dite no.)			13-4152513	
WWW. 17472, 10					2c Sponsor's telephone	
MARAN	DA E. FRITZ				number 212-471-6200	
	W AND CULBERTSON		V AND CULBERTS			
	RD AVENUE, 4TH FLOOR DRK, NY 10017		D AVENUE, 4TH F RK, NY 10017	LOOR	2d Business code (see instructions)	ð
	,		,		541110	
Caution	· A nenalty for the late or in	complete filing of this return/repor	rt will he assesser	l unless reasonable cause i	s established	
	•	enalties set forth in the instructions,				dules
	. , ,	as the electronic version of this return			. , ,	
SIGN	Filed with authorized/valid ele	ectronic signature.	10/14/2010	GEORGE FARLEY		
HERE	Signature of plan adminis	trator	Date	Enter name of individual si	igning as plan administrator	
	<u> </u>					
SIGN						
HERE	Signature of employer/pla	n sponsor	Date	Enter name of individual s	igning as employer or plan sp	onsor
		•			5 1 -7 - 1 20-4	<u> </u>
SIGN						

Date

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

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

Form 5500 (2009) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "Sar RANDA E. FRITZ, PC	ne")		ministrator's EIN 4152513
MA HIN 780	RANDA E. FRITZ, FC RANDA E. FRITZ SHAW AND CULBERTSON THIRD AVENUE, 4TH FLOOR W YORK, NY 10017		3c Ad	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).		
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		60	
h	complete this item)		6g	
	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 2E 2G 3E	odes from the List of Plan Characteristic Code	s in the i	nstructions:
b II	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 that	at apply)	
	(1) Insurance	(1) Insurance		
	(2) Code section 412(e)(3) insurance contracts (3) Trust	(2) Code section 412(e)(3) X Trust	insuranc	e contracts
	(4) General assets of the sponsor	(4) General assets of the sp	onsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a		er attac	hed. (See instructions)
а	Pension Schedules	b General Schedules		
_	(1) R (Retirement Plan Information)	(1) H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) I (Financial Inform	,	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3) A (Insurance Infor		,
	actuary	(4) C (Service Provide		ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participati		
	Information) - signed by the plan actuary	(6) G (Financial Trans	•	,
	, , , , , , , , , , , , , , , , , , , ,	.,		,

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

	opodi.o.i
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 PROFIT SHARING PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 MARANDA E. FRITZ, PC	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	47596	67910
b	Total plan liabilities	. 1b	0	
С	Net plan assets (subtract line 1b from line 1a)	1c	47596	67910
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	20314	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		20314
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		20314
	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)			Х	
d	Employer securities	3d		X	
	Participant loans			X	

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Schedule I	/Farm	EEOO!	2000
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	Schedule I (Form 5500) 2009 Page 2- 1			_			
			Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		Χ			
		- J	1	i			
P	art II Compliance Questions						
4	During the plan year:		Yes	No		Amount	<u> </u>
а	Was there a failure to transmit to the plan any participant contributions within the time period		100	110		Amount	
	described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		Х			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan 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		X			
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		X			
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		X			
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	X				
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	. Y	es 🔀 N	lo A	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	the plan	(s) to w	hich assets	or liabilitie	es were
	5b(1) Name of plan(s)			5b(2)	EIN(s)		5b(3) PN(s)
		\perp					

HERE

SIGN

HERE

Signature of employer/plan sponsor

Signature of DFE

OMB Nos. 1210-0110 Annual Return/Report of Employee Benefit Plan Form 5500 1210-0089 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 Dopartment of the Treasury sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). 2009 internal Revenue Service Department of Labor Complete all entries in accordance with Employee Banefits Security the instructions to the Form 5500. Administration This Form is Open to Public Pension Benefit Guaranty Corporation Inspection Annual Report Identification Information 12/31/2009 and ending For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 a multiple-employer plan; or a multiemployer plan; A This return/report is for: a DFE (specify) ___ a single-employer plan; the final return/report; the first return/report; B This return/report is: a short plan year return/report (less than 12 months). an amended return/report; C If the plan is a collectively-bargained plan, check here. . . the DFVC program; automatic extension; Form 5558; D Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit plan 002 1a Name of plan number (PN) ▶ MARANDA E, FRITZ, PC PROFIT SHARING PLAN 1c Effective date of plan 01/01/2001 2b Employer Identification 2a Plan sponsor's name and address (employer, if for a single-employer plan) Number (EIN) (Address should include room or suite no.) 13-4152513 MARANDA E. FRITZ, PC 2c Sponsor's telephone number 212-471-6200 MARANDA E. FRITZ HINSHAW AND CULBERTSON HINSHAW AND CULBERTSON 2d Business code (see 780 THIRD AVENUE, 4TH FLOOR NEW YORK, NY 10017 780 THIRD AVENUE, 4TH FLOOR Instructions) NEW YORK, NY 10017 541110 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 accompanying schedules, statements and attachments, 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. 13/10 SIGN Enter name of individual signing as plan administrator HERE Date Signature of plan administrato SIGN Enter name of individual signing as employer or plan sponsor

Date

Date

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

v.092307.1

Form 5500 (2009)

Enter name of Individual signing as DFE

	Form 5500 (2009)					
	Plan administrator's name and address (if same as plan sponsor, enter "Same"	")	,			ninistrator's EIN 1152513
MAI HIN 780	RANDA E. FRITZ, PC RANDA E. FRITZ SHAW AND CULBERTSON THIRD AVENUE, 4TH FLOOR V YORK NY 10017				nut	ministrator's telephone mber -471-6200
(VI _{va})	1 10(A), (VI 100 V)				c	a* ,
4	If the name and/or EIN of the plan sponsor has changed since the last return/re	eport filed for th	is pl	lan, enter the name, EIN	and	4b EIN
а	the plan number from the last return/report: Sponsor's name					4c PN
5	Total number of participants at the beginning of the plan year	AA-COURT			5	
_	Number of participants as of the end of the plan year (welfare plans complete	only lines 6a, 8	b, 60	c, and 6d).		
6					_	
а	Active participants.				6a	
b	Retired or separated participants receiving benefits				6b	
¢	Other retired or separated participants entitled to future benefits					
d	Subtotal. Add lines 6a, 6b, and 6c.					
е	Deceased participants whose beneficiaries are receiving or are entitled to receive	eive benefits				
f	Total, Add lines 6d and 8e				6f	
g	Number of participants with account balances as of the end of the plan year (complete this item).	only defined co	ntrib	ution plans	6g	
h	Land ADDA Vooted			A LONG TO THE REAL PROPERTY AND THE PARTY AN	6h	
7	= 1 and a set a surple of employers children to contribute to the plan (ORIV)	multiemployer	nant	a combiete ma ironi	' '	
8a b	If the plan provides pension benefits, enter the applicable pension feature codes 2E 2G 3E If the plan provides welfare benefits, enter the applicable welfare feature codes					
-	Plan funding arrangement (check all that apply)	9b Plan ber	efit á	arrangement (check all th	at apply	<i>'</i>)
9a	(1) Insurance	(1)	-	Insurance		troots
	(2) Code section 412(e)(3) Insurance contracts	(2)		Code section 412(e)(3)	Insurar	ice contraors
	(3) X Trust	(3)	X	Trust General assets of the s	noneor.	
		(4)	Ш	General assets of the	hor atta	ched. (See instructions)
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	ttached, and, w	nere	e indicated, enter the non	,Dar cite	
		b Genera		hedules		
	a Pension Schodules (1) R (Retirement Plan Information)	(1)		H (Financial Info	rmation)	Small Plan\
	MB (Multiamployer Defined Benefit Plan and Certain Money	(2)	×	I (Financial Infor		
	(2) MB (Multiemployer Defined Bertell Flat and Conduction Money) Purchase Plan Actuarial Information) - signed by the plan	(3)	Ц	A (Insurance Info C (Service Provi	det infer	rmation)
	actuary	(4)	Н	C (Service Provi	dine Dia	n Information)
		(5)	11	D (DFE/Marticibs	ITHING LIE	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(6)	H	G (Financial Tra	acantin's	Schedules)