## 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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I   Annual Report I	dentification Information								
For	calendar plan year 2010 or fise	cal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010				
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)	one-participant plan					
В	This return/report is for:	first return/report	final retur	n/report		_				
		an amended return/report	short plar	year return/report (less than 12 mo	nths)					
C	Check box if filing under:	☐ Form 5558 ☐		extension	,	DFVC program				
0	Check box if filling under.	special extension (enter descripti	1	Octobiolis		_ 5. vo program				
De	urt II   Basia Blan Infar	<u> </u>								
	art II Basic Plan Infor Name of plan	mation—enter all requested inform	nation		1h	Three-digit				
		FIT SHARING PLAN AND TRUST			10	nlan number				
OLL.		THE OFFICE ATTACKS THE OFFI				(PN) • 001				
					1c	Effective date of plan				
						01/01/1978				
	Plan sponsor's name and add LERT & KLEIN, PC	Iress (employer, if for single-employer	r plan)		2b	Employer Identification Number (EIN) 14-1559572				
OLLI	LETT & RELITY, 1 O				2c	Plan sponsor's telephone number				
	ASHINGTON STREET					845-454-3250				
POU	GHKEEPSIE, NY 12601				2d	Business code (see instructions)				
-20	Diagram de l'allatente de la company	de dans d'Arran Discourse			26	541110				
	LERT & KLEIN, PC	d address (if same as Plan sponsor, e	GTON STF	RÉET	30	Administrator's EIN 14-1559572				
		POUGHKEE	PSIE, NY	12601	3c	Administrator's telephone number				
						845-454-3250				
		lan sponsor has changed since the la per from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN				
	name, Lin, and the plan humb	ret from the last return/report. Spons	JI S Hallie		4c	PN				
5a	Total number of participants a	at the beginning of the plan year			5a	47				
b	Total number of participants a	at the end of the plan year			5b	49				
С	Total number of participants v	with account balances as of the end c	of the plan y	rear (defined benefit plans do not						
				•	5c	49				
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No				
b		the annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No				
		ther 6a or 6b, the plan cannot use F		•						
Pa	rt III Financial Inform		0	or and made motoda add rorm do						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	4702609	9	5388998				
b	Total plan liabilities		7b	5640	)					
С	Net plan assets (subtract line	7b from line 7a)	. 7c	4696969	9	5388998				
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or received			55889	9					
	(1) Employers		` '							
	• • •		` '	187850	2					
	• • • • • • • • • • • • • • • • • • • •	rs)	- ` '		_					
b	` ,			48016	1	723906				
C	, , ,	, 8a(2), 8a(3), and 8b)	. 8c			723900				
d		t rollovers and insurance premiums	8d	25824	824					
е		ctive distributions (see instructions)								
f		ers (salaries, fees, commissions)		6053	3					
g	·			(	0					
h	·	, 8e, 8f, and 8g)				31877				
i		ne 8h from line 8c)				692029				
:	`	see instructions)			0					
	Transicis to (Iron) the plan (									

Form 5500-SF 2010	Page <b>2-</b>

		•	
Part IV	Dian	('hara	cteristics
гант	ган	Ullala	ししせいろいしょ

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

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature codes fron	n the List of Plan Char	acterist	tic Co	des in t	the instru	ctions	:		
art	: <b>V</b>	Compliance Questions									
0	Du	uring the plan year:			Yes	No		Ame	ount		
а	Wa	as there a failure to transmit to the plan any participant contributions within the tir 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction)		10a		X					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include line 10a.)		10b		X					
С	W	/as the plan covered by a fidelity bond?		10c	X					500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X					
е	ins	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)				X					
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X					
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X					
h		this is an individual account plan, was there a blackout period? (See instructions is 20.101-3.)		10h		X					
i		10h was answered "Yes," check the box if you either provided the required notice ceptions to providing the notice applied under 29 CFR 2520.101-3		10i							
art		Pension Funding Compliance				ı					
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," se							Yes	☐ No	
12		this a defined contribution plan subject to the minimum funding requirements of							Yes	X No	
	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in thanting the waiver.	Mor	nth							
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	), and skip to line 13.		_		ı				
b	En	ter the minimum required contribution for this plan year				12b					
		ter the amount contributed by the employer to the plan for this plan year				12c					
	ne	btract the amount in line 12c from the amount in line 12b. Enter the result (enter gative amount)			_	12d				1	
е	Wi	Il the minimum funding amount reported on line 12d be met by the funding deadli	ne?				Yes	1	No	N/A	
art	VII	Plan Terminations and Transfers of Assets							1		
3а	Ha	as a resolution to terminate the plan been adopted during the plan year or any price	or year?				1		Yes	X No	
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year				13a					
	of :	ere all the plan assets distributed to participants or beneficiaries, transferred to ar the PBGC?							Yes	X No	
С		during this plan year, any assets or liabilities were transferred from this plan to an nich assets or liabilities were transferred. (See instructions.)	other plan(s), identify t	he plai	n(s) to	1					
1	3c(	1) Name of plan(s):			<b>13c(2)</b> EIN(s)				13c(3)	PN(s)	
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be asses	ssed unless reasonal	ole cau	se is	establ	ished.				
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I shedule MB completed and signed by an enrolled actuary, as well as the electron is true, correct, and complete.	nave examined this ret	urn/rep	ort, ir	cludin	g, if appli				
CI C		Filed with authorized/valid electronic signature. 04/25/2011	LEONARD KLEI	N							
SIG	N E										

SIGN	Filed with authorized/valid electronic signature.	04/25/2011	LEONARD KLEIN
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 Fc ¬ Annual Return/Report of Small ¬ mployee **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).

2010

OMB Nos. 1210-0110

1210-0089

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	1 /01 /0	0.1.0					
For	r-1	1/01/2	010 and ending		12/31/2010			
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)					
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plan	year return/report (less than 12 mo	nths)				
C	Check box if filing under: Form 5558		extension	,	DFVC program			
C	Shook box it iming direct.		·		Bi vo program			
	special extension (enter description							
	art II Basic Plan Information—enter all requested information	ation						
1a	Name of plan Gellert & Klein PC 401K Profit Sharing P	lan		1b	Three-digit plan number			
		Iall			(PN) ▶ 001			
	and Trust			1c	Effective date of plan			
					01/01/1978			
2a	Plan sponsor's name and address (employer, if for single-employer Gellert & Klein, PC	plan)		2b	Employer Identification Number			
	Gellert & Klein, PC			L	(EIN) 14-1559572			
				2c	Plan sponsor's telephone number (845) 454-3250			
	75 Washington Street			24	Business code (see instructions)			
	Poughkeepsie		NY 12601	Zu	541110			
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same		3b	Administrator's EIN			
	Bother .							
				3c	Administrator's telephone number			
1	If the name and/or EIN of the plan sponsor has changed since the las	et roturn/ro	nort filed for this plan, enter the	4h	EIN			
4	name, EIN, and the plan number from the last return/report. Sponso		port filed for this plant, enter the	40	EIN			
				4c	PN			
5a	Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year						
b	Total number of participants at the end of the plan year			5b	49			
С	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans do not		1.0			
	complete this item).			5c	49			
6a					X Yes No			
b	Are you claiming a waiver of the annual examination and report of 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	art III Financial Information	0000	<u> </u>					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	4,702,60	9	5,388,998			
b	Total plan liabilities	7b	5,64	10	0			
c		7c	4,696,96		5,388,998			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	(b) Total			
a					1-7			
<u>.</u>	(1) Employers	8a(1)	55,88	39				
	(2) Participants	8a(2)	187,85	6				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	480,1€	51				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			723,906			
d	Benefits paid (including direct rollovers and insurance premiums		05 00					
	to provide benefits)	8d	25,82	. 4				
е	Certain deemed and/or corrective distributions (see instructions)	8e		_				
f	Administrative service providers (salaries, fees, commissions)	8f	6,05	3				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			31,877			
i	Net income (loss) (subtract line 8h from line 8c)	8i			692,029			
j	Transfers to (from) the plan (see instructions)	8j		0				

Signature of employer/plan sponsor

Dogo	2	
Page	<b>Z</b> -	

	_			9~						
Part I	I۷	Plan Characteristics								
9a If	the	e plan provides pension benefits, enter the applicable pension featur	e codes from the	List of Plan Char	acteris	stic Co	des in	the instruc	ctions:	
<b>b</b> If	the	2E 2J 3D e plan provides welfare benefits, enter the applicable welfare feature	e codes from the l	ist of Plan Chara	cteris	itic Cod	les in	the instruc	tions:	
Part V	_	Compliance Questions								
<b>10</b> C	Dur	ing the plan year:			· · · · · ·	Yes	No		Amoun	 t
		s there a failure to transmit to the plan any participant contributions v CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х			-
		re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)			10b		Χ			
<b>C</b> /	Wa	s the plan covered by a fidelity bond?			10c	X			Į.	500,00
		the plan have a loss, whether or not reimbursed by the plan's fidelity ishonesty?			10d		Х			
ir	ทรเ	re any fees or commissions paid to any brokers, agents, or other per grance service or other organization that provides some or all of the b fructions.)	benefits under the	plan? (See	10e		Х			
		the plan failed to provide any benefit when due under the plan?			10f		Х			
g D	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end )						·	
h If	f th	is is an individual account plan, was there a blackout period? (See in 0.101-3.)	nstructions and 29	CFR	10g 10h		X			
<b>i</b> If	f 1	Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or on-	e of the	10ii					·
Part V		Pension Funding Compliance			101			l		···
<b>11</b> is	s th	is a defined benefit plan subject to minimum funding requirements?								s N
		nis a defined contribution plan subject to the minimum funding requir							Ye	s X N
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amo		vear, see instruc	ctions.	, and e	nter th	ne date of t	he letter	ruling
gı	ıraı	iting the waiver.		Mon						
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (								
		er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan ye tract the amount in line 12c from the amount in line 12b. Enter the re					12c			
ne	eg	ative amount)					12d	Yes	☐ No	N/A
		the minimum funding amount reported on line 12d be met by the fun	nding deadline?					165	INO	IN//
art V		Plan Terminations and Transfers of Assets						-		
3а н	las	a resolution to terminate the plan been adopted during the plan year	ir or any prior yeai	?				1	Ye	s X N
		es." enter the amount of any plan assets that reverted to the employ	·				13a		<del></del>	
01	of th	e all the plan assets distributed to participants or beneficiaries, trans ne PBGC?					ntrol 		Ye	s X N
w	vhi	ch assets or liabilities were transferred. (See instructions.)	s plan to another p	man(s), identity ti			(O) FI	<b>A</b> 1/. \	10.	(A) (D) (-)
130	2(1	Name of plan(s):				130	(2) EI	N(S)	130	3) PN(s)
Caution	n:	A penalty for the late or incomplete filing of this return/report wi	ill be assessed u	nless reasonab	le cau	ıse is e	establ	ished.		
SB or S	Sch	alties of perjury and other penalties set forth in the instructions, I decedule MB completed and signed by an enrolled actuary, as well as the true, correct, and complete.								
	<u> </u>	and outlook and complete.	1/1/2011	conard Kh	ein	5/2	1. 1	= Flil	ces	TVU
SIGN HERE	-	Signature of ptan administrator Da	ate	Enter name of ir		<del>-                                    </del>	ning as	- 0 19		1 4 4,
01011	1									
SIGN HERE	-	Signature of employer/plan sponsor	ate	Enter name of ir	ndividi	ual sior	ning as	s emplover	or plan s	ponsor

Date

Enter name of individual signing as employer or plan sponsor