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.

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010							
Α .	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В .	This return/report is for: first return/report	final retur	n/report		_			
		short plar	year return/report (less than 12 mo	onths)				
C	Check box if filing under: Form 5558	automatic	extension	,	DFVC program			
	special extension (enter description		, exteriorer.					
Do								
	Irt II Basic Plan Information—enter all requested information Name of plan	ation		1h	Three-digit			
	GERT DEVELOPMENT CORPORATION			15	nlan number			
					(PN) • 001			
				1c	Effective date of plan			
					04/01/2009			
	Plan sponsor's name and address (employer, if for single-employer processed to the second sec	plan)		2b	Employer Identification Number (EIN) 06-1728139			
LULI	GERT DEVELOFMENT CORPORATION			20	Plan sponsor's telephone number			
	NE 3RD ST				352-369-8300			
UCA	LA, FL 34470			2d	Business code (see instructions)			
		. "0		26	236110			
LUET	Plan administrator's name and address (if same as Plan sponsor, er GERT DEVELOPMENT CORPORATION 2647 NE 3RD	nter "Same ST) ")	30	Administrator's EIN 06-1728139			
	OCALA, FL 3	4470		3c	Administrator's telephone number 352-369-8300			
					352-369-8300			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor	rs name		4c	PN			
5a	Total number of participants at the beginning of the plan year				5			
b				5b	6			
C	Total number of participants with account balances as of the end of			30				
	complete this item)		•	. 5c	6			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of a							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No			
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
		70	(a) Beginning or rear)4	(b) End of Year 88669			
	Total plan assets Total plan liabilities	7a 7b						
C	Net plan assets (subtract line 7b from line 7a)	7 C	9770)4	88669			
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total			
а	Contributions received or receivable from:		(a) Amount		(b) Total			
_	(1) Employers	8a(1)						
	(2) Participants	8a(2)	378	3				
	(3) Others (including rollovers)	8a(3)	419	1				
b	Other income (loss)	8b	1595	1				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			23925			
d	Benefits paid (including direct rollovers and insurance premiums		3291	1				
	to provide benefits)	8d	3291	_				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	4	9				
g	Other expenses	8g			00000			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			32960			
į	Net income (loss) (subtract line 8h from line 8c)	8i			-9035			
- 1	Transfers to (from) the plan (see instructions)	Ωi						

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
)a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2F 2G 2J 2K 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Co	des in t	the instruction	ons:		
art	t V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No	1	Amoun	ıt	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Χ				
С		s the plan covered by a fidelity bond?	10c		Χ				
d	Did t	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			X				
е		shonesty?e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	10d						
·	insur	rance service or other organization that provides some or all of the benefits under the plan? (See justions.)	10e	X					331
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		X				
i	If 10	h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
art	VI	Pension Funding Compliance							
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					П	es X	No
2		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo					Y	es X	No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							•
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr							
lf '	-	ing the waiver			Day		Year _		_
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	t of a		12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?					Y	es X	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough			ntrol		Пү	es X	No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

c 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.)

13c(1) Name of plan(s):

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	07/15/2011	CHRIS LUETGERT
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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance wit	h the instructions to the Form 5500	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Pa	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 0	1/01/2	010 and ending		12/31/201	0		
Α	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participar	it plan		
В	This return/report is for: first return/report							
	an amended return/report	short plar	year return/report (less than 12 mor	ths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC program			
•	special extension (enter description)			ļ	u , ,			
Da	Irt II Basic Plan Information—enter all requested informa		A		200-2200	opeld and the letter of the Manager WEET and the Ma		
	Name of plan	ation		1h	Three-digit			
	Luetgert Development Corporation		To a contract of the contract	110	plan number			
			a constant of the constant of		(PN) ▶	001		
			et all and a second a second and a second an	1c	Effective date of	plan		
0-				01-	04/01/2009			
za	Plan sponsor's name and address (employer, if for single-employer Luetgert Development Corporation	plan)		2 D	Employer Identification (EIN) 06-1728	cation Number 3139		
					Plan sponsor's te			
	2647 NE 3rd St				(352)369-8	300		
				2d	Business code (s 236110	ee instructions)		
	Ocala	nter "Same	FL 34470	3h	Administrator's E	INI		
Ja	Plan administrator's name and address (if same as Plan sponsor, each sponsor as Plan sponsor, each sponsor as Plan	inter Garn	,	JD	Administrator 3 L	JIN .		
			ľ	3с	Administrator's te	elephone number		
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso		eport filed for this plan, enter the	4b) EIN			
	isino, Ent, and the plan number from the last fetamineport. Opense	1 3 Hallio		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a				
b	Total number of participants at the end of the plan year			5b				
С	Total number of participants with account balances as of the end of		}					
	complete this item)			5c		6		
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of					X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		*****************	M 163 140		
Pa	rt III Financial Information	<u> </u>	or and made motoda add rolling					
7	Plan Assets and Liabilities	200	(a) Beginning of Year	Τ	(b) End	of Year		
a	Total plan assets	7a	97,70	4		88,669		
b	Total plan liabilities	7b		\top				
C	Net plan assets (subtract line 7b from line 7a)	7c	97,70	4		88,669		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b) T			
a	Contributions received or receivable from:			- L				
	(1) Employers	8a(1)		_				
	(2) Participants	8a(2)	3,78			Africa di National		
	(3) Others (including rollovers)	8a(3)	4,19	⊣ .				
b	Other income (loss)	8b	15,95	1		e de la Santa de Caración de C		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				23,925		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32,91	1	an is an			
е	Certain deemed and/or corrective distributions (see instructions)	8e		7				
f	Administrative service providers (salaries, fees, commissions)	8f	4	9				
g	Other expenses	8g		7				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					32,960		
i	Net income (loss) (subtract line 8h from line 8c)	8i				(9,035)		
i	Transfers to (from) the plan (see instructions)		The state of the s					

Form	5500	1SE	201	Λ

SIGN HERE

Signature of employer/plan sponsor

		-
Page	2-	

							_				
	t IV										
9a	If th	e plan provides pension benefits, enter the applicable pension fe	ature codes from	the	List of Plan Char	acteris	stic Co	des in	the instructi	ons:	
h	lf th	2E 2F 2G 2J 2K 3D e plan provides welfare benefits, enter the applicable welfare fea	stura andaa faan	4ha	List of Dian Chara		4:- 0-		lla a da adamentia		
D	11 111	e plan provides wellare benefits, enter the applicable wellare les	iture codes irom	me	List of Plan Chara	icieris	HC CO	aes in 1	ine instructio	ons:	
Раг	ł V	Compliance Questions									
10		ring the plan year:					Yes	No		Amount	
a		s there a failure to transmit to the plan any participant contributio	ns within the tim	е ре	eriod described in				,	anount	
	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correction P	rogr	am)	10a		Х			
b	We on	re there any nonexempt transactions with any party-in-interest? (line 10a.)	(Do not include t	rans	actions reported	10b		х			
C	W	as the plan covered by a fidelity bond?				10c		Х			
d	Did or o	the plan have a loss, whether or not reimbursed by the plan's fid dishonesty?	delity bond, that v	was	caused by fraud	10d		х			
е	We	re any fees or commissions paid to any brokers, agents, or other	persons by an i	nsui	rance carrier,						
	ins	urance service or other organization that provides some or all of functions.)	,,,,		***************************************	10e	Х				33
f	Ha	s the plan failed to provide any benefit when due under the plan?	***************************************			10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as	of year end.)		*****************	10g		х			
h		nis is an individual account plan, was there a blackout period? (Section 101-3.)				10h		х			
i	If 1	Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101-3	required notice	01 01	ne of the	10i		х			
art		Pension Funding Compliance									
11		nis a defined benefit plan subject to minimum funding requiremen 0))								Yes [R No
12		his a defined contribution plan subject to the minimum funding re								Yes >	_
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat									
а	lf a gra	waiver of the minimum funding standard for a prior year is being nting the waiver.	amortized in this	pla	n year, see instruc	ctions, th	, and e	enter th Day	e date of the	e letter rulin Year	g
lf :		completed line 12a, complete lines 3, 9, and 10 of Schedule I					_				
b	Ent	er the minimum required contribution for this plan year	• • • • • • • • • • • • • • • • • • • •		***************************************			12b			
C	Ent	er the amount contributed by the employer to the plan for this pla	n year					12c			
d	Sub neg	etract the amount in line 12c from the amount in line 12b. Enter th ative amount)	ie result (enter a	min	us sign to the left	of a	[12d			
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadlin	e?				,,,,,,	Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets									
3a	Has	a resolution to terminate the plan been adopted during the plan	year or any prior	r yea	ar?					Yes 2	No
		es," enter the amount of any plan assets that reverted to the em		•			Г	13a			
b	We	re all the plan assets distributed to participants or beneficiaries, to	ransferred to and	the	r plan, or brought i			ontrol		Yes X	No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to ano	ther	plan(s), identify th	ne pla	n(s) to				·····l
1) Name of plan(s):					13	c(2) El	N(s)	13c(3) P	N(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/repor	t will be assess	ed	unless reasonabl	le cau	ıse is	establ	ished.		
SB o	r Sch	nalties of perjury and other penalties set forth in the instructions, ledule MB completed and signed by an enrolled actuary, as well two, correct, and complete.	I declare that I had as the electronic	ver	examined this return/	ırn/reprepert	oort, in , and t	cluding to the b	g, if applicab est of my kr	ile, a Sched nowledge ar	ule nd
	T	100 110 11	10.0-11		Deb Nazzari						
SIGI HER		Signature of plan administrator	6 · 2 - 1		Enter name of in		tol ale	nina aa	nlan admi-	ietrotor	
	1	DIMINICULE DI DIGII GUIIIIIIIBUGUI	LOCK		г шистиание оги	INTERIOR	101 SICH	OFFICE 245	DIMINE HERVE	tall all Di	

Date

Enter name of individual signing as employer or plan sponsor