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), 6057(b), 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

2011

This Form is Open to Public Inspection

					Inspection		
Part I	Annual Report Identi	fication Information					
For cale	ndar plan year 2011 or fiscal pla	an year beginning 01/01/2011		and ending 12/31/2	2011		
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or			
		x a single-employer plan;	a DFE (s	pecify)			
		_	_				
B This return/report is: ☐ the first return/report; ☐ the final return/report;							
		an amended return/report;	a short p	lan year return/report (less th	nan 12 months).		
C If the	plan is a collectively-bargained	plan, check here					
D Chec	k box if filing under:	Form 5558;	automati	c extension;	the DFVC program;		
		special extension (enter des	cription)				
Part	II Basic Plan Informa	ation—enter all requested informa	ation				
	ne of plan	·			1b Three-digit plan number (PN) ▶	002	
FRIIZ &	MILLER, PC PROFIT SHARIN	IG PLAN			1c Effective date of plants	an	
					01/01/1996		
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) FRITZ & MILLER PC					2b Employer Identification Number (EIN) 13-3835650		
111120	WILLERY O				2c Sponsor's telephone		
HINSHA	W AND CULBERTSON				number 201-594-0800		
780 THIRD AVE, 4TH FLOOR NEW YORK, NY 10017 780 THIRD AVE, 4TH FLOOR NEW YORK, NY 10017			2d Business code (see instructions) 541110				
Caution	· A nenalty for the late or inco	omplete filing of this return/repor	rt will he assessed	unless reasonable cause is	s established		
Under pe	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.						
						<u>-</u>	
SIGN	Filed with authorized/valid elec	tronic signature.	06/28/2012	GEORGE FARLEY			
HERE Signature of plan administrator Date Enter name of individual signi				igning as plan administrator			
	F 30 300 300						
SIGN							
HERE	Signature of employer/plan	sponsor	Date	Enter name of individual si	igning as employer or plan sp	onsor	
SIGN							
HERE							

Date

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

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "San	ne")			ministrator's EIN
HII	ITZ & MILLER PC NSHAW AND CULBERTSON				3835650 ministrator's telephone
	D THIRD AVE, 4TH FLOOR W YORK, NY 10017			number	
					201-594-0800
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 th	is 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, 6l	o, 6c, and 6d).		
а	Active participants			6a	1
u	Active participants			- Ou	
b	Retired or separated participants receiving benefits			6b	
С	Other retired or separated participants entitled to future benefits			6с	
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				1
g	Number of participants with account balances as of the end of the plan year complete this item)	` •	·	6g	
	,			og	
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only			7	
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the List	of Plan Characteristic Codes	in the ii	nstructions:
	2E 2G 3E				
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	des from the List of	of Plan Characteristic Codes i	in the in	structions:
9a	Plan funding arrangement (check all that apply)	9b Plan benef	fit 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
	(3) X Trust	(3)	Trust		
40	(4) General assets of the sponsor	(4)	General assets of the sp		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, who	ere indicated, enter the numb	er attac	ned. (See instructions)
а	Pension Schedules	b General S	Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	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/Participating	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

2011

This Form is Open to Public Inspection

1 Gridion Benefit Guaranty Golporation	inspection
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 12/31/2011
A Name of plan FRITZ & MILLER, PC PROFIT SHARING PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 FRITZ & MILLER PC	D Employer Identification Number (EIN)
TRIIZ & WILLER FO	13-3835650

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	55023	53337
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	55023	53337
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	-1636	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		-1636
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans	2		
h	(see instructions)			
;	Other expenses	211 2i	50	
	'			50
J k	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	_		-1686
K				-1000
	Transfers to (from) the plan (see instructions)	. 2 I		

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	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e	X		

Page	2	-
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Schedule I (Form 5500) 2011

		Г	Yes	No	Λn	nount
3f	Leans (other than to participants)	3f	162	X	All	iount
	Loans (other than to participants)			X		
g	Tangible personal property	3g		^		
Pa	art II Compliance Questions		ı	1 1		
4	During the plan year:		Yes	No	Aı	mount
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 corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
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			
ī	Has the plan failed to provide any benefit when due under the plan?	41		Χ		
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	Ye	s XN	lo A	mount:	
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	he plan	(s) to wh	hich assets or li	abilities were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5b(3) PN(s)

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0140= 1210-0089

2011

Employee Benefits Security Complete all entries in accordance with Administration the Instructions to the Form 5500.		÷.		
Pension Benefit Guaranty Corporation				This Form is Open to Public Inspection
	ntification Information			
For calendar plan year 2011 or fiscal			and ending 12/31/	2011
A This return/report is for:	a multiemployer plan;	a multiple	-employer plan; or	
	🛛 a single-employer plan;	a DFE (sp	pecify)	
B This return/report is:	the first return/report;	the final re	eturn/report;	
•	an amended return/report;	a short pla	an year return/report (less t	than 12 months).
C If the plan is a collectively-bargain	ed plan, check here			
	Form 5558;		extension;	the DFVC program;
D Check box if filing under:	<u> </u>		OXIONOIN,	T and by the breakanny
	special extension (enter de		The state of the s	
	mation—enter all requested inform	nation		4b There distintes
1a Name of plan	DING DI ANI			1b Three-digit plan 002 number (PN) ▶
FRITZ & MILLER, PC PROFIT SHAF	RING PLAN			1c Effective date of plan
				01/01/1996
2a Plan sponsor's name and addres	ss, including room or suite number (Employer, if for single-	employer plan)	2b Employer Identification 33
				Number (EIN)
FRITZ & MILLER PC				13-3835650
				2c Sponsor's telephone number
HINSHAW AND CULBERTSON				201-594-0800
780 THIRD AVE, 4TH FLOOR NEW YORK, NY 10017		RD AVE, 4TH FLOOR ORK, NY 10017		2d Business code (see
NEW TOTAL, INT TOOT	140.14	5144,141 10017		instructions)
				541110
			Avgraph of the second of the s	
Caution: A penalty for the late or in	ncomplete filing of this return/rer	ort will be assessed i	inless reasonable cause	is established.
Under penalties of perjury and other	populties set forth in the instruction	I declare that I have	examined this return/report	including accompanying schedules.
statements and attachments, as well	as the electronic version of this retu	urn/report, and to the b	est of my knowledge and b	elief, it is true, correct, and complete.
1 1		1.		
SIGN Varant	a 712	6/27/2	- Marandata	12
HERE TO THE TENT		100	Enter name of individual	alan administrator
Signature of plan admini	strator	Date	Enter name of individual	signing as plan administrator
SIGN Legand	12 h	1-127/12	M	Ph -
HERE	1 1000	912	larance	1243
Signature of employer/pl	an sponsor	/Date /	Enter name of individual	signing as employer or plan sponsor
SIGN				
Signature of DFE		Date	Enter name of individual	signing as DFE (3044)

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

Form 5500 (2011) v.012611

Form 5500 (2011) Page **2**

HINSHAW AND CULBERTSON NEW YORK NY 10017 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report. 3 Sponsor's name 4c PN Total number of participants at the beginning of the plan year 6 Number of participants as of the end of the plan year (welfare plans complete only lines \$a, 6b, 6c, and 6d). a Active participants		Plan administrator's name and address (if same as plan sponsor, enter "SamITZ & MILLER PC	ne")		ministrator's EIN 3835650	
## If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: ### Acc PN Total number of participants at the beginning of the plan year	78	THIRD AVE, 4TH FLOOR			3c Administrator's telephone number	
### a sponsor's name Total number of participants at the beginning of the plan year					201-594-0800	
### a sponsor's name Total number of participants at the beginning of the plan year						
5 Total number of participants at the beginning of the plan year 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). a Active participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). b Retired or separated participants receiving benefits. c Other retired or separated participants entitled to future benefits. d Subtotal. Add lines 6a, 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6g h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan contribution plans of thi	4		/report filed for this plan, enter the name, EIN	and	4b EIN	
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). a Active participants	а	Sponsor's name			4c PN	
a Active participants	5	Total number of participants at the beginning of the plan year		5	1	
b Retired or separated participants receiving benefits	6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).			
c Other retired or separated participants entitled to future benefits	а	Active participants		6a	1	
d Subtotal. Add lines 6a, 6b, and 6c	b	Retired or separated participants receiving benefits		6b		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	С	Other retired or separated participants entitled to future benefits		6с		
f Total. Add lines 6d and 6e	d	Subtotal. Add lines 6a, 6b, and 6c		6d	1	
Some complete this item Some complete th	е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	6e		
by If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part	f	Total. Add lines 6d and 6e		6f	1	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	g	· · ·	•	6g		
less than 100% vested	h	,				
Ba If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 3E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 9a Plan funding arrangement (check all that apply) (1)		less than 100% vested				
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 9a Plan funding arrangement (check all that apply) (1)		<u> </u>		<u> </u>	petructions:	
9a Plan funding arrangement (check all that apply) (1)	ou		des from the List of Fran Onaracteristic Godes	3 111 (110 11	istractions.	
(1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor (4) General assets of the sponsor (4) General assets of the sponsor (5) General assets of the sponsor (6) General assets of the sponsor (7) General assets of the sponsor (8) General assets of the sponsor (9) General assets of the sponsor (10) General assets of the sponsor (11) General assets of the sponsor (12) General assets of the sponsor (13) General assets of the sponsor (14) General assets of the sponsor (9) General assets of the sponsor (14) General assets of the sponsor (9) General assets of the sponsor (10) General assets of the sponsor (11) General assets of the sponsor (12) General assets of the sponsor (13) General assets of the sponsor (14) General assets of the sponsor (9) General assets of the sponsor (14) General assets of the sponsor (9) General assets of the sponsor (10) General assets of the sponsor (11) General assets of the sponsor (12) General assets of the sponsor (13) General assets of the sponsor (14) General assets of the sponsor (15) General assets of the sponsor (16) General assets of the sponsor (17) General assets of the sponsor (18) General assets of the sponsor (19) General assets of the sponsor (10) General assets of the sponsor (11) General assets of the sponsor (12) General assets of th	b	If the plan provides welfare benefits, enter the applicable welfare feature cod	es from the List of Plan Characteristic Codes	in the ins	structions:	
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(2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial (4) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor (4) General assets of the sponsor (4) Financial Information (5) I (Financial Information – Small Plan) (6) C (Service Provider Information) (7) D (DFE/Participating Plan Information)	9a	Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all tha	at apply)		
(3)					e contracts	
(4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial (4) General assets of the sponsor (4) General assets of the sponsor (4) Financial Information - Small Plan (5) C (Service Provider Information) (6) D (DFE/Participating Plan Information)			I	iisuiaiio	e contracts	
a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial (4) Financial Information - Small Plan) (3) A (Insurance Information) C (Service Provider Information) D (DFE/Participating Plan Information)				onsor		
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Purchase Plan Actuarial Information) - signed by the plan actuary (3)				nation)		
Purchase Plan Actuarial Information) - signed by the plan actuary (3)		(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X I (Financial Inform	ation – S	Small Plan)	
(3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information)		Purchase Plan Actuarial Information) - signed by the plan	—	mation)		
(e)		actuary 				
Information) - signed by the plan actuary (6) G (Financial Transaction Schedules)				-		
		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

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File as an attachment to Form 5500.

OMB No. 1210-0110

2011

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1 Gridion Benefit Guaranty Golporation	inspection
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 12/31/2011
A Name of plan FRITZ & MILLER, PC PROFIT SHARING PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 FRITZ & MILLER PC	D Employer Identification Number (EIN)
TRIIZ & WILLER FO	13-3835650

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.

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1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	55023	53337
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	55023	53337
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	-1636	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		-1636
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans	2		
h	(see instructions)			
;	Other expenses	211 2i	50	
	'			50
J k	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	_		-1686
K				-1000
	Transfers to (from) the plan (see instructions)	. 2 I		

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	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e	X		

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		Г	Yes	No	Λ.	mount
3f	Loans (other than to participants)	3f	162	X	AI	iiouiit
	Loans (other than to participants)			X		
g	Tangible personal property	3g		^		
Pa	art II Compliance Questions			1		
4	During the plan year:		Yes	No	Α	mount
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 corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
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			
ī	Has the plan failed to provide any benefit when due under the plan?	41		Χ		
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	Ye	s XN	o A	mount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	ne plan	(s) to w	hich assets or l	iabilities were
	5b(1) Name of plan(s)		5b(2) EIN(s) 5b(3) PN(s)			