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

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	the instructions to the Form 55	00-SF.					
Pa	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011				
Α -	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)	a one-participant plan					
В -	This return/report is:	the final re	eturn/report						
	an amended return/report	a short pla	in year return/report (less than 12 n	nonths)					
C	Check box if filing under: Form 5558	automatic	extension		DFVC program	n			
	special extension (enter descriptio	n)		_	_				
Pa	Int II Basic Plan Information—enter all requested information	ation							
1a	Name of plan			1b	Three-digit				
WHIT	E & CIRRITO PENSION TRUST			1	plan number				
					(PN) •	. 002			
				10	Effective date of 01/01/1	•			
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b [	Employer Identifi	cation Number			
WHIT	TE, CIRRITO & NALLY, LLP			(	(EIN) 11-317	5569			
				2c 3	Sponsor's teleph				
58 HI	LTON AVENUE PSTEAD, NY 11550			24 (	516-292				
∏⊏IVII	PSTEAD, NT 11330			Zu	Business code (s 541110				
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's E				
WHIT	E, CIRRITO & NALLY, LLP 58 HILTON A' HEMPSTEAD		0	20	11-317				
		,		36 /	40ministrator's te -516-292	elephone number 1818			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/ı	report filed for this plan, enter the	4b	EIN				
9	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	DNI				
	Total number of participants at the beginning of the plan year								
b	Total number of participants at the end of the plan year			- Ou					
C	Number of participants with account balances as of the end of the p			5b					
	complete this item)			. 5c					
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No			
b	Are you claiming a waiver of the annual examination and report of a					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		,		•••••	N 103   140			
Pa	rt III Financial Information	0000	or and made motoda add r orm o						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	of Year			
а	Total plan assets	7a	1109295		(, =	1128531			
b	Total plan liabilities	7b	0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1109295			1128531			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal			
а	Contributions received or receivable from:	- 40	0						
	(1) Employers	8a(1)	0						
	(2) Participants	8a(2)	0						
<b>L</b>	(3) Others (including rollovers)	8a(3)	19236						
b	Other income (loss)	8b	19230			19236			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				13230			
u	to provide benefits)	8d	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0			
į	Net income (loss) (subtract line 8h from line 8c)	8i				19236			
j	Transfers to (from) the plan (see instructions)	8j	0						

Form	5500	SF	201

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Part IV	Plan	Charact	eristics
I altıv	ı ıaıı	Onal aci	にいらいしろ

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	V Compliance Questions							
U	During the plan year:		Yes	No		Amoun	nt	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					4000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Χ				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					.   Y	es	XN
a If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	h	—— F					
	Enter the minimum required contribution for this plan year							
d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	П No	П	N//
art					. 00			
	Has a resolution to terminate the plan been adopted in any plan year?				res X	No.		
Ju	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a	Ш.	CO //	140		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ontrol		Y	<u> </u>	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e pla	n(s) to			□ '	00 [	<u>.</u>
13c(1) Name of plan(s):					N(s)	130	(3) F	PN(s
1.								
1								

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.

SIGN	Filed with authorized/valid electronic signature.	07/16/2012	MICHAEL CIRRITO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/16/2012	MICHAEL CIRRITO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2011

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	Pension Benefit Guaranty Corporation		lance with	the instructions to the Form 5500-	SF.	. :		
-		dentification Information						
For	the calendar plan year 2011 or fi	scal plan year beginning	01/01	./2011 and ending	12	/31/2011		
A	This return/report is for:	x a single-employer plan	a multiple-	employer plan (not multiemployer)	Γ	a one-participant plan		
В	This return/report is:	the first return/report	the final re	turn/report		. , , ,		
		an amended return/report	a short pla	n year return/report (less than 12 mont	hs)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
		special extension (enter description)	)					
P	art II Basic Plan Infor	mation enter all requested infor	mation.					
1a	Name of plan					Three-digit		
	White & Cirrito Pensi	ion Trust				olan number (PN) ► 002		
				-		Effective date of plan		
						01/01/1993		
2a	Plan sponsor's name and addr White, Cirrito & Nall	ess; include room or suite number (em	ployer, if for	single-employer plan)		Employer Identification Number		
	THE COP CALABOV & HELD	,		-		(EIN) 11-3175569		
						Plan sponsor's telephone number (516) 292-1818		
	58 Hilton Avenue			-		Business code (see instructions)		
US	Hempstead	NY 11550				541110		
		address (If same as plan sponsor, ente	er "Same")		3b /	Administrator's EIN		
	SAME	·	•					
					3c /	Administrator's telephone number		
				The second secon				
4	if the name and/or FIN of the n	lan sponsor has changed since the las	t return/ren	ort filed for this plan enter the	4b (			
	name, EIN, and the plan numb	er from the last return/report.	r reminieh	or med for this plan, enter the				
<u>_a</u>					4c PN			
5a		the beginning of the plan year		j	<u>5a</u>	7		
b		the end of the plan year			<u>5b</u>	7		
C	Number of participants with accomplete this item)	count balances as of the end of the pla	n year (defi	ned benefit plans do not	5c	7		
6a	Were all of the plan's assets du	uring the plan year invested in eligible a	ssets? (Se	e instructions.)		······		
b	Are you claiming a waiver of th	e annual examination and report of an	independer	nt qualified public accountant (IQPA)		towns and the second se		
	•	See instructions on waiver eligibility and		•		Yes No		
Kenta Sa	tal Caraches and Consess	er 6a or 6b, the plan cannot use Form	1 5500-SF a	and must instead use Form 5500.				
<b>H</b> e	rt III Financial Inform	nation	Ethern srockers		<del></del>			
<i>(</i>	Plan Assets and Liabilities			(a) Beginning of Year	<b> </b>	(b) End of Year		
a	Total plan assets	• • • • • • • • • • • •	7a	1,109,295	ļ	1,128,531		
b	Total plan liabilities		7b	0	ļ	O		
<u>c</u> 8	Net plan assets (subtract line 7 Income, Expenses, and Transf		. 7c	1,109,295	<u> </u>	1,128,531		
·a	Contributions received or received		12 To 18	(a) Amount		(b) Total		
	(1) Employers		8a(1)	0				
	(2) Participants		. 8a(2)	. 0				
	• • • • • • • • • • • • • • • • • • • •		8a(3)	O				
b	· ·	• • • • • • • • • • • • •	. 8b	19,236				
C		8a(2), 8a(3), and 8b)	8c			19,236		
d		ollovers and insurance premiums	. 8d	0				
е	•	ive distributions (see instructions)	8e	0				
f		s (salaries, fees, commissions)	8f	0				
g	***		8g	0				
h	•	Be, 8f, and 8g)	8h		SCENE OF THE SECOND	0		
i		8h from line 8c).				19,236		
i	- , ,	e instructions)	·	O				

	Form 5500-SF 2011	!	Page <b>2-</b>						
Par	IV Plan Characteristics	***************************************				***************************************	~~~~		
	if the plan provides pension benefits, enter the applicable pension feat	ture codes from the L	ist of Plan Charact	eristic C	Codes	in the	instructions	· :	
	2E 3B 3D if the plan provides welfare benefits, enter the applicable welfare feature.								
Par	tV Compliance Questions					<del></del>			
10	During the plan year:				Yes	No	T	Amount	
a	Was there a failure to transmit to the plan any participant contribution	ns within the time pe	riod described in			<u> </u>			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (	ry Correction Progran	n)	10a		X		<del></del>	
	on line 10a.)			. 10b		X			
C	Was the plan covered by a fidelity bond?			. 10c	ж				40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	elity bond, that was o	aused by fraud	. 10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other p	persons by an insura	nce carrier,						
	insurance services or other organization that provides some or all of instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		· 10g		x			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 29	O CFR			х			
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the						
Par	WI Pension Funding Compliance	<u> </u>		1101		<u></u>	Same Same		3.44.00.09 (1.33)
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))							.  Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re-	***************************************		**************				. Yes	x No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate								
a If	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Mo					letter ruling Year	······································
b	Enter the minimum required contribution for this plan year	• • • • • • • • • • • • • • • • • • • •	-		. [	12b			
C	Enter the amount contributed by the employer to the plan for this pla				`	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	-				12d			
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	□No [	N/A
Part		<u> </u>	· · · · · · · · · · · · · · · · · · ·		•		<del></del>		
13a		r?						Yes	x No
	If "Yes," enter the amount of any plan assets that reverted to the em				٦. ١	13a	1	·	***************************************
b	Were all the plan assets distributed to participants or beneficiaries, to	ransferred to another	plan, or brought u	nder the	con:	trol			
c	of the PBGC?	this plan to another	plan(s), identify the	pian(s)	to	• • •		. Yes	X No
	13c(1) Name of plan(s):			T	13c(2) EIN(s) 13c(3				PN(s)
				<b>-</b>					
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed un	less reasonable (	ause is	s esta	ablishe	ed.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have ex s the electronic version	kamined this return on of this return/rep	/report, oort, and	inclu d to ti	ding, if ne best	applicable, of my knov	a Schedule vledge and	
SIC	10010	7/9/12	Michael Cir	rito					
HE		Date	Enter name of in		l siar	nina as	plan admin	istrator	
	-7		Michael Cir		siyi		priori GUIIIII	iou utos	
SIG	80°,831	Date 7/9/12			t	ina	omele:	ralar ar	
0.69650	orginature of employenthish stransor	Ingle , 1 / 11 C	Enter name of ir	SUDIVIOUS	u sigr	нıg as	employer o	ı pıan sponse	UF