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

	art 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	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	onths)						
C	Check box if filing under: Form 5558	automatic	extension		DFVC program					
	special extension (enter description									
Pa	rt II Basic Plan Information—enter all requested informa									
	Name of plan	20011		1b	Three-digit					
	SCHERR AND LAZARE LLP RETIREMENT PLAN				plan number 001					
					(PN) •					
				1c	Effective date of plan 01/01/1998					
22	Dian anancar's name and address (ampleyer if for single ampleyer	nlon)		2h	Employer Identification Number					
	Plan sponsor's name and address (employer, if for single-employer SCHERR AND LAZARE LLP	piari)		20	(EIN) 45-0465843					
				2c	Plan sponsor's telephone number					
	ND STREET AT NECK, NY 11021-2433			0.1	516-466-4464					
				2d	Business code (see instructions) 621210					
3a	Plan administrator's name and address (if same as Plan sponsor, er SCHERR AND LAZARE LLP 7 BOND STR	nter "Same	e")	3b	Administrator's EIN					
DRS	SCHERR AND LAZARE LLP TO BOND STR GREAT NECI	EET K NY 110	, 21-2433		45-0465843					
	SKEAT NEST	14, 141 110	21 2400	3с	Administrator's telephone number 516-466-4464					
1 1:	the name and/or EIN of the plan sponsor has changed since the las	et return/re	nort filed for this plan, enter the	4b						
	name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	40	EIN					
					PN					
5a	a Total number of participants at the beginning of the plan year			5a	9					
b	b Total number of participants at the end of the plan year			5b	8					
С				5 0	8					
	complete this item)			5c	□ □ □					
oa b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a		,		Tes [] No					
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No					
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	500.						
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year					
	Total plan assets	7a	50416		630234					
b	Total plan liabilities	7b		0						
С	Net plan assets (subtract line 7b from line 7a)	7c	50416	5	630234					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	1772	1						
	(2) Participants	8a(2)	6070	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	49988							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			128409					
d	Benefits paid (including direct rollovers and insurance premiums	- 00								
	to provide benefits)	8d	234	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			2340					
i	Net income (loss) (subtract line 8h from line 8c)	8i			126069					
i	Transfers to (from) the plan (see instructions)	Ωi		0						

	F	Form 5500-SF 2010 Page 2-						
Par	t IV	Plan Characteristics						
	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan	Characte	ristic Co	des in	the instruc	ctions:	
b		2G 2J 3B 3H e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Character	istic Co	des in 1	the instruc	tions:	
D	11 1110	e plan provides wellare benefits, enter the applicable wellare readile codes from the List of Flan	Character	istic Co	ues III I	ne manuc	uoris.	
art	: V	Compliance Questions						
0	Duri	ing the plan year:		Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions within the time period describ CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		a	X			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions rep ine 10a.))	X			
С	Wa	s the plan covered by a fidelity bond?	100	X				70000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by lishonesty?		t	X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie urance service or other organization that provides some or all of the benefits under the plan? (Se ructions.)	е	e	X			
f	Has	s the plan failed to provide any benefit when due under the plan?	10	f	X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	109	1	X			
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)			X			
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10	i				
art	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions are only))					Yes	s No
2	ls th	his a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or	section :	302 of	ERISA?	Yes	No X
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see nting the waiver						
lf	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li			Day		. oa	
b	Ente	er the minimum required contribution for this plan year		Г	12b			
С		er the amount contributed by the employer to the plan for this plan year			12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)				12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A

Part VII Plan Terminations and Transfers of Assets

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

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.)

which assets or liabilities were transferred. (See instructions.)

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

13c(2) EIN(s)

Yes X No

13c(3) PN(s)

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, 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.	06/23/2011	JEFFREY SCHERR
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

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

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Addition to the same	art I Annual Report Identification Information										
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	2010	and ending		12/31/2010					
Α	This return/report is for: X single-employer plan	multiple-employer plan (not multiemployer)				one-participant plan					
В	This return/report is for: first return/report	final return	n/report								
	an amended return/report	short plan	year return/repo	rt (less than 12 mont	hs)						
С	Check box if filing under: Form 5558	automatic	extension			DFVC program					
	special extension (enter description)	n)									
Pa	irt II Basic Plan Information—enter all requested information			· · · · · · · · · · · · · · · · · · ·							
	Name of plan				1b	Three-digit					
	DRS. SCHERR AND LAZARE LLP RETIREMENT PI	.AN				plan number					
					4 -	(PN) 001					
					10	Effective date of plan 01/01/1998					
2a	Plan sponsor's name and address (emplo yer, if for single-employer	plan)			2b	Employer Identification Number					
	DRS SCHERR AND LAZARE LLP					(EIN) 45-0465843					
	7 BOND STREET				2c	Plan sponsor's telephone number					
	/ DOND STREET				24	516-466-4464 Business code (see instructions)					
	GREAT NECK NY 11021-2433				Zu	621210					
3a	Plan administrator's name and address (if same as Plan sponsor, et DRS_SCHERR_AND_LAZARE_LLP	nter "Same	")		3b	Administrator's EIN					
					30	45-0465843					
	7 BOND STREET GREAT NECK NY 11021-243	3			30	Administrator's telephone number 516-466-4464					
	f the name and/or EIN of the plan spons or has changed since the las		ort filed for this	plan, enter the	4b	EIN					
	name, EIN, and the plan number from the last return/report. Sponsor	r's name			4c	PN					
5a	Total number of participants at the beginning of the plan year				5a	9					
b	Total number of participants at the end of the plan year			· -	5b	8					
C	Total number of participants with account balances as of the end of			<u> </u>	30						
	complete this item)				5c	8					
_	Were all of the plan's assets during the plan y ear invested in eligib		•	•		X Yes No					
b Are you claiming a waiver of the annual examination and re port of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
	If you answered "No" to either 6a or 6b, the plan cannot use F										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities	190	(a) Begi	nning of Year	<u> </u>	(b) End of Year					
а	Total plan assets	7a		504165	5	630234					
b	Total plan liabilities	7b		C							
С	Net plan assets (subtract line 7b from line 7a)	7c		504165	5	63023					
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amount	(b) Total						
а	Contributions received or receivable from:	0.41)		17701							
	(1) Employers	8a(1)		17721	⊣ ′∞						
	(2) Participants	8a(2)		60700	1						
h	(3) Others (including rollovers)	8a(3) 8b		49988	+						
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		40000	1	128409					
c d	Benefits paid (including direct rollovers and insurance premiums	80				128409					
	to provide benefits)	. 8d		2340	니						
е	Certain deemed and/or corrective distributions (see instructions)	8e		- C		in the state of th					
f	Administrative service providers (salaries, fees, commissions)	8f		C							
g	Other expenses	8g		C							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1000	und the second		2340					
i	Net income (loss) (subtract line 8h from line 8c)	8i			1	126069					
	Transfers to (from) the plan (see instructions)	0:			100000						

	Form 5500-SF 2010 Page 2	2		_					
Dar	1 IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List	of Plan Chara	cteris	tic Ca	des in	the instru	ctions:		
	2E: 2G: 2J 3B 3H								
ь	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	of Plan Chara	clerisi	ic Co	ies in	ine instru	cuons:		
Part	V Compliance Questions								
10	During the plan year:		_	Yes	No		Amo	Lint	
a		described in	Γ		-	-	Allio	unc	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).		10a		Х				
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions are line 10.)		406		x				
_	on line 10a.)		10b	.,,		·		-	70000
ے د			100	X			•		
ď	or dishonesty?		10d		Х				
ę	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance service or other organization that provides some or all of the benefits under the pla					1			
	instructions.)		10e		Х				
f	Has 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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CF	FR			x	Sang Talija			
	2520.101-3.)		10h	_				<u> </u>	
	If 10h was answered "Yes," check the box if you either provided the required notice or one of exceptions to providing the notice applied under 29 CFR 2520.101-3		70i		<u> </u>				Alan Perakana Ryan melalah Residua
Part									
11 	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruct 5500))						. []	Yes	No
12	is this a defined contribution plan subject to the minimum funding requirements of section 41	12 of the Code	or se	ction	302 of	ERISA?.	. []	Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12c below, as applicable.)								
4	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year								.ng
lf	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski								
þ	Enter the minimum required contribution for this plan year				12b				
c					120				
d	negative amount)			_	12d				
	Will the minimum funding amount reported on line 12d be mot by the funding deadline?					Yes		10	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		••••••				$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				13a	<u> </u>			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	n(s), identify the	he pla	n(s) to) 				
	13c(1) Name of plan(s).			13c(2) EIN(s) 13c(3) PN					PN(s)
	eministration of the control of the								
Caut	tion: A penalty for the late or incomplete filing of this return/report will be assessed unle	ess reasonab	le cat	ıse ıs	estab	lished.	_ '		
Unde SB c	er ponalties of perjury and other penaltics set forth in the instructions, I declare that I have examon Schedule MB completed and signed by an enrolled actuary, as well as the electronic version	mined this reli	штп/ге	port, Ir	ncludin	g, if appli	cable, y know	a Scho ledge	edule and
belle	of, it is true, correct, and complete.								
SIG	N 9cl (723/2016) Jet	ffrey Sc	heri	•					
HEF		nter namo of it	ndi <u>vi</u> di	وای (مد	ning e	o pian ad	ministra	ator	
SIG	Na Company								
HEF	聖書部門 , 원장 발가 발가 나는 그를 가는 그를 가는 그를 가는 그를 가는 것이 없다.	nter name of in	ndivid:	ial sig	ning a	s employ	er or pl	an spc	onsor