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), 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

2010

					Inspection	ablic
Part I	Annual Report Ident	ification Information				
For cale	ndar plan year 2010 or fiscal pl	lan year beginning 01/01/20)10	and ending 12/31	/2010	
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or		
		a single-employer plar	n; a DFE (specify)		
B This	return/report is:	the first return/report;	the final	return/report;		
		an amended return/rep	port; a short	plan year return/report (less	than 12 months).	
C If the	plan is a collectively-bargained					
	k box if filing under:	Form 5558;	_	tic extension;	the DFVC program;	
D Chec	k box ii iiiiiig under.	special extension (ente		and externel erry		
Part	II Pasia Blan Inform		, ,			
	ne of plan	ation—enter all requested in	nonnation		1b Three-digit plan	001
	AND ASSOCIATES, P.C. RET	TREMENT PLAN			number (PN) ▶	001
					1c Effective date of pl	an
					01/01/1998	
	sponsor's name and address ress should include room or su		loyer plan)		2b Employer Identification Number (EIN)	ation
•	AND ASSOCIATES, P.C.	inte no.)			13-3865993	
TOTILIT	71112710000171120, 1 .0.				2c Sponsor's telephor	ne
					number	
	IN STREET, SUITE 1200	111	111 JOHN STREET, SUITE 1200 NEW YORK, NY 10038		718-720-1500	
NEW YO	ORK, NY 10038	NEV			2d Business code (see instructions)	
					541110	
Coution	. A nanalty for the late or inc	amplete filing of this return	roport will be accessed	Luniose reseanable eques	is established	
	: A penalty for the late or inc	· · ·	•		i, including accompanying sche	dules
					elief, it is true, correct, and con	
SIGN	Filed with authorized/valid elec	ctronic signature.	10/17/2011	SANDRA DOHERTY		
HERE	Signature of plan administr	rator	Date	Enter name of individual	signing as plan administrator	
	Signature of plan administr	iatoi	Date	Litter flame of individual	signing as plan administrator	
SIGN						
HERE	Signature of employer/plan	enoneor	Date	Enter name of individual	signing as employer or plan sp	oneor
	orginature of employer/plan	i apoliaui	Date	Litter hame or murridual	signing as employer or pian sp	011001
SIGN						
HERE				1		

Date

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

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "San HER AND ASSOCIATES, P.C.	ne")		ministrator's EIN 3865993
	JOHN STREET, SUITE 1200 W YORK, NY 10038		nu	ministrator's telephone mber 3-720-1500
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 this plan, enter the name, EIN	l and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	12
6	Number of participants as of the end of the plan year (welfare plans complet	re only lines 6a, 6b, 6c, and 6d).		<u> </u>
2	Active participants		. 6a	13
а	Active participants		. Ua	10
b	Retired or separated participants receiving benefits		. 6b	
С	Other retired or separated participants entitled to future benefits		. 6c	4
d	Subtotal. Add lines 6a , 6b , and 6c		. 6d	17
			•	
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	. 6e	
f	Total. Add lines 6d and 6e		. 6f	17
g	Number of participants with account balances as of the end of the plan year	· ·	C ==	40
	complete this item)		. 6g	10
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	0
7	Enter the total number of employers obligated to contribute to the plan (only		7	-
	If the plan provides pension benefits, enter the applicable pension feature of 2A 2E 3D for the plan provides welfare benefits, enter the applicable welfare feature code			
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor	9b Plan benefit arrangement (check all that (1) Insurance (2) Code section 412(e)(3) (3) Trust General assets of the specific production (2) Trust (4) General assets of the specific production (2) Insurance (2) (3) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	insuranc	
10 a	Check all applicable boxes in 10a and 10b to indicate which schedules are 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	b General Schedules (1) H (Financial Information (2) X I (Financial Information (3) A (Insurance Information (4) C (Service Provide (5) D (DFE/Participation (5))	nation) nation – mation) er Inform	Small Plan) nation)
	Information) - signed by the plan actuary	(6) G (Financial Trans	saction S	Schedules)

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

2010

This Form is Open to Public Inspection

·	mspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010	and ending 12/31/2010
A Name of plan ASHER AND ASSOCIATES, P.C. RETIREMENT PLAN	B Three-digit 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
ASHER AND ASSOCIATES, P.C.	13-3865993
Complete Schedule Lif the plan covered fewer than 100 participants as of the beginning	of the plan year. You may also complete Schedule Lif you are filing as a

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	487885	539703
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	487885	539703
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	54549	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		54549
е	Benefits paid (including direct rollovers)	2e		
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions).	2h	2731	
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		2731
k	Net income (loss) (subtract line 2j from line 2d)	2k		51818
1	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.

	<u>. </u>		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			X	

	Schedule I (Form 5500) 2010 Page 2-				
		<u> </u>	Yes	- No	Amount
3f	Loans (other than to participants)	3f	163	X	Amount
g	Tangible personal property			Χ	
Pa	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
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		200000
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		
I	Has the plan failed to provide any benefit when due under the plan?	41		X	
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			
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	. \	es 🛚	No	Amount:
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identransferred. (See instructions.)	entify t	he plan	(s) to v	which assets or liabilities were

 5b(1) Name of plan(s)
 5b(2) EIN(s)
 5b(3) PN(s)

Form 5500 (2010) v.092307.1

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Form 5500	Annual Return/	Report of Employee Benefit Plan	OMB Nos. 1210-01
Department of the Treasury Internal Revenue Service	and 4085 of the Employee	Paties for employee benefit plans under sections 104	1210-00
Department of Labor Employee Benefits Security Administ atten	Compl	2010	
Pansion Senefit Guaranty Corporation		nstructions to the Form 5500.	This Form is Open to Public
Part Manual Report Ide	ntification Information		Inspection
For calendar plan year 2010 or fiscal	plan year beginning 01/01/2	010 and ending 12/31	roud o
A This return/report is for;	a multiemployer plan;	a multiple-employer plan; or	<u> </u>
	a single-employer plan		
B This return/report is:	the first return/report;	the final return/report;	
	an amended return/re		han 12 marths
C If the plan is a collectively-bargains			nan izmoninsj.
D Check box if filing under:	Form 5558:		<u>г</u> ⊁Ц
- Street Tok it tilling Wilder.	special extension (ente	☐ automatic extension;	the DFVC program;
Partition Basic Blood Inform			
Part II Basic Plan Inform	18 tion—enter all requested in	nformation	
ASHER AND ASSOCIATES, P.C. RE	TIREMENT PLAN		1b Three-digit plan 001 number (PN) ▶
			1c Effective date of plan 01/01/1998
2a Plan sponsor's name and address (Address should include room or si	(employer, if for a single-empl	loyer plan)	2b Employer Identification
ASHER AND ASSOCIATES, P.C.	ute no.)		Number (EIN) 13-3865993
			2C Sponsor's telephone number
111 JOHN STREET, SUITE 1200 NEW YORK, NY 10038	1113	JOHN STREET, SUITE 1200	718-720-1500
	NEW	/ YORK, NY 10038	2d Business code (see instructions) 541110
			50 K 10 K
Caution: A penalty for the late or inc.	Annolote Stine of this water-		
		eport will be assessed unless reasonable cause is	
	the electronic version of this n	ons, I declare that I have examined this return/report, in eturn/report, and to the liest of my knowledge and belie	ncluding accompanying schedules.
Carparation // //	,		A Contact, and complete.
HERE X Kalenda	ester)	- XINIHII X KOBBETA	ASHER.
Signature of plan administra	ret P	Date Enter name of individual sig	ning as plan administrator
SIGN X Kalcellak	Je Show	LIOSIASI V RODANA	Δ
Signature of employer/plen	st onsor	Date Enter name of included a single	
SIGN		Enter name of individual sig	ning as employer or plan sponsor
HEREM Signature of DFE			
For Paperwork Reduction Act Notice :	nd OMB Control Number	Date Enter name of individual sign	ting as DFE

Form 5500 (2010)	Form	5500	(2010)
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	Plan administrator's name and address (if same as plan sponsor, enter "Sam HER AND ASSOCIATES, P.C.	ne")	1	dministrator's EIN -3865993
	1 JOHN STREET, SUITE 1200 W YORK, NY 10038		nı	dministrator's telephone umber 8-720-1500
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:	report filed for this plan, enter the name, EIN	l and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	4-2
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).		2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
а	Active participants		6a	13
b	Retired or separated participants receiving benefits		6b	
С	Other retired or separated participants entitled to future benefits		. 6c	4
d	Subtotal. Add lines (ia, 6b, and 6c		6d	17
е	Deceased participan's whose beneficiaries are receiving or are entitled to rec	eive benef ts	6e	
f	Total. Add lines 6d and 6e		6f	17
g	Number of participants with account balances as of the end of the plan year (
	complete this item)		. 6g	10
	Number of participants that terminated employment during the plan year with less than 100% vested	accrued benefits that were	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only r	multiemployer plans complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature code 2A 2E 3D f the plan provides welfare benefits, enter the applicable welfare feature codes			
9a	(m)	9b Plan benefit arrangement (check all tha	at apply)	
9a	(1) Insurance	(1) Insurance		
9a	(1) Insurance (2) Code section 412(e)(3) insurance contracts	(1) Insurance (2) Code section 412(e)(3)		
9a	(1) Insurance (2) Code section 412(e)(3) insurance contracts	(1) Insurance (2) Code section 412(e)(3)	insuranc	
	(1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust	(1) Insurance (2) Code section 412(e)(3) (3) Trust (4) General assets of the sp	insuranc oonsor	ce contracts
10	(1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor	(1) Insurance (2) Code section 412(e)(3) (3) Trust (4) General assets of the space tached, and, where indicated, enter the number	insuranc oonsor	ce contracts
10	(1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are att	(1) Insurance (2) Code section 412(e)(3) (3) Trust (4) General assets of the spacehold, and, where indicated, enter the numb b General Schedules	oonsor oer attac	ce contracts
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