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).

This Form is Open to Public

Inspection

2011

OMB Nos. 1210-0110

1210-0089

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

Pa	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan	
В .	This return/report is: the first return/report	the final r	eturn/report		_	
		a short pla	in year return/report (less than 12 mo	nths)		
C	Check box if filing under:		extension		DFVC program	
	special extension (enter description				ш . э	
Pa	art II Basic Plan Information—enter all requested inform	,				
	Name of plan	ation		1b	Three-digit	
	SCHERR AND LAZARE LLP RETIREMENT PLAN				plan number	
					(PN) ▶ 001	
				1c	Effective date of plan	
20	Diam an arrange mana and address include mana an arrite murchan /a		for a single condense plan	2 L	01/01/1998	
	Plan sponsor's name and address; include room or suite number (e SCHERR AND LAZARE LLP	mpioyer, ii	for a single-employer plan)	ZD	Employer Identification Number (EIN) 45-0465843	
			<u> </u>	2c	Sponsor's telephone number	
7 BO	ND STREET				516-466-4464	
	AT NECK, NY 11021-2433			2d	Business code (see instructions)	
					621210	
	Plan administrator's name and address (if same as plan sponsor, elscherr and LAZARE LLP 7 BOND STR		")	3b	Administrator's EIN 45-0465843	
יפאכ	SCHERR AND LAZARE LLP 7 BOND STR GREAT NEC		21-2433	30	Administrator's telephone number	
				50	516-466-4464	
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4-	511	
	Sponsor's name Total number of participants at the beginning of the plan year				PN I	
			-	5a	8	
	Total number of participants at the end of the plan year		-	5b		
С	Number of participants with account balances as of the end of the promplete this item)			5c	5	
6a	Were all of the plan's assets during the plan year invested in eligib		•		X Yes No	
	Are you claiming a waiver of the annual examination and report of					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		· ·		X Yes No	
Da	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 550	0.		
7	Plan Assets and Liabilities		(a) Basinning of Vacu		/h) End of Voor	
-	Total plan assets	. 7a	(a) Beginning of Year 630234		(b) End of Year 17123	
	Total plan liabilities	7a 7b	0		0	
	Net plan assets (subtract line 7b from line 7a)		630234		17123	
8	Income, Expenses, and Transfers for this Plan Year	7,0	(a) Amount		(b) Total	
-	Contributions received or receivable from:		, ,		(2) 10141	
	(1) Employers	. 8a(1)	6829			
	(2) Participants	. 8a(2)	55724	_		
	(3) Others (including rollovers)	. 8a(3)	0	_		
b	Other income (loss)	. 8b	2514			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			65067	
d	Benefits paid (including direct rollovers and insurance premiums	64	678178			
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8d . 8e	0			
f	Administrative service providers (salaries, fees, commissions)		0			
			0			
g	Other expenses (add lines 8d, 8e, 9f, and 8d)				678178	
n i	Total expenses (add lines 8d, 8e, 8f, and 8g)			-	-613111	
:	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)		0		010111	
	Transicia to triviti die piati (ace iliatruciolia)	· 8j	U	1		

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Part IV	Plan	Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3B 3H
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions		1	ı			
10	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? (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				70000
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		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 of year end.)	10q		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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mon	ctions,	and e	enter th	e date of the		-
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year			12b			
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
<u>e</u>	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						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	'es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	X No
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.)					_	_
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					1 0-1	s alcel c
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return of Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	08/23/2012	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

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Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2011

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	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning	01/01/	2011	and ending		12/31/2011
Α.	This return/report is for:	a multiple	-employer pla	in (not multiemployer)	Į	a one-participant plan
В -	This return/report is:	the final r	eturn/report			
	an amended return/report	a short pla	ın year return	report (less than 12 m	onths)	
C	Check box if filing under: X Form 5558	automatic	extension			DFVC program
_	special extension (enter descripti	on)				
Pa	rt II Basic Plan Information—enter all requested inform	nation				
	Name of plan				1b	Three-digit
	S. SCHERR AND LAZARE LLP RETIREMENT PLAI	1				plan number 001
					}	(PN) DOT
						1/01/1998
2a	Plan sponsor's name and address; include room or suite number (employer, i	for a single-	mployer plan)	1	Employer Identification Number
DR	S SCHERR AND LAZARE LLP					(EIN) 45-0465843
_	PANE AND THE				1	Sponsor's telephone number
7	BOND STREET					516-466-4464
CID.	EAT NECK NY 11021-2433				1	Business code (see instructions) 621210
		ontor "Same	<u></u>			Administrator's EIN
DR	Plan administrator's name and address (if same as plan sponsor, e S SCHERR AND LAZARE LLP	siner Came	• ,			45-0465843
	BOND STREET EAT NECK NY 11021-2433					Administrator's telephone number 516-466-4464
	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for	this plan, enter the	4b	EIN
_	name, EIN, and the plan number from the last return/report.				4c	PNI
	Sponsor's name					8
	Total number of participants at the beginning of the plan year				5a	5
	•				5b	3
С	Number of participants with account balances as of the end of the complete this item)				5c	5
6a	Were all of the plan's assets during the plan year invested in eligit	ble assets?	(See instruct	ons.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified	l public accountant (IQ	PA)	X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and condit	ONS.) SE and much	instead use Form 55	 በበ.	🔁 100 🖺 110
Pa	rt III Financial Information	GIIII JJUU-	or and most	Misteua aco i orini oo		
7	Plan Assets and Liabilities	200000000000000000000000000000000000000	(a) E	eginning of Year		(b) End of Year
·	Total plan assets	7a		63023	4	17123
b	Total plan liabilities				0	0
C	Net plan assets (subtract line 7b from line 7a)			63023	34	17123
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total
а	Contributions received or receivable from:	1	-			
	(1) Employers	8a(1)		682	.9	
	(2) Participants	8a(2)		5572	34	
	(3) Others (including rollovers)	8a(3)			0	
b	Other income (loss)	8b		251	4	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			11	65067
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		67817	78	
е	Certain deemed and/or corrective distributions (see instructions)	í ·			0	
f	Administrative service providers (salaries, fees, commissions)				0	
g	Other expenses				0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				Y	678178
i	Net income (loss) (subtract line 8h from line 8c)					-613111
:	Transfers to (from) the plan (see instructions)	1	· · · · · · · · · · · · · · · · · · ·	······································	0.	

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	 Plan Characteristics 	
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								·
Part	V Compliance Questions							
10	During the plan year:			Yes	No		Amoun	<u>t</u>
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary)a	х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.))b	х			
С	Was the plan covered by a fidelity bond?		10	c X				70000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?)d	х			_
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	benefits under the	plan? (See)e	x			
f	Has the plan failed to provide any benefit when due under the plan? \dots	****************	1	of	х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)	10)g	X			
ħ	If this is an individual account plan, was there a blackout period? (See I 2520.101-3.)		1 -)h	х			
1	If 10h was answered "Yes," check the box if you either provided the requesceptions to providing the notice applied under 29 CFR 2520.101-3			Di				• :. :
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements?						Ye	s No
а	(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 am granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB	ortized in this plar	Nlonth _	ns, and	enter ti Day	ne date o	f the letter Year	ruling
	Enter the minimum required contribution for this plan year			[12b			
	Enter the amount contributed by the employer to the plan for this plan ye Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	esult (enter a mint	us sign to the left of a	a [12c 12d			
e	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline?	***************************************			Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••		Х,	Yes	No	
	if "Yes," enter the amount of any plan assets that reverted to the employ	er this year		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?						[] Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See Instructions.)	s plan to another	plan(s), identify the	olan(s) t) 			·
1;	3c(1) Name of plan(s):			1:	c(2) E	N(s)	13c	(3) PN(s)
				-				
	on: A penalty for the late or incomplete filing of this return/report w						•	
SB or	r penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as I , it is true, correct, and complete.	dare that I have e he electronic vers	examined this return/ sion of this return/rep	report, i ort, and	ncludin to the	g, if appl best of m	icable, a So y knowledg	chedule ge and
SIGN	May Chu.	8122/13	Jeffrey Sche	22				
SIGN HERE SIGN	F Staget of the administrator	ato	Enter name of indiv	idual sli	nino a	s olan ad	ministrator	
HERI	, 	ate	Enter name of indiv	idual si	ning a	s employ	er or plan s	soonsor