Form 5500	Annual Return/Report of Employee Benefit Plan		OMB Nos. 12	10-0110 10-0089
Department of the Treasury	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		12	10-0069
Internal Revenue Service	sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).		2012	
Employee Benefits Security Administration	<ul> <li>Complete all entries in accordance with the instructions to the Form 5500.</li> </ul>			
Pension Benefit Guaranty Corporation		This	Form is Open to Pu Inspection	ıblic
Part I Annual Report Iden	tification Information			
For calendar plan year 2012 or fiscal	plan year beginning 01/01/2012 and ending 12/31/	2012		
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or			
	x a single-employer plan; a DFE (specify)			
<b>B</b> This return/report is:	the first return/report; the final return/report;			
	an amended return/report; a short plan year return/report (less t	han 12 m	onths).	
<b>C</b> If the plan is a collectively-bargaine	ed plan, check here		• 🗆	
<b>D</b> Check box if filing under:	Form 5558; automatic extension;		e DFVC program;	
-	special extension (enter description)	_		
Part II Basic Plan Inform	nation—enter all requested information			
<b>1a</b> Name of plan ASHER AND ASSOCIATES, P.C. RE	TIREMENT PLAN	1b	Three-digit plan number (PN) ▶	001
		1c	Effective date of pla 01/01/1998	an
<b>2a</b> Plan sponsor's name and address ASHER AND ASSOCIATES, P.C.	s; include room or suite number (employer, if for a single-employer plan)	2b	Employer Identifica Number (EIN) 13-3865993	tion
		2c	Sponsor's telephon number 718-720-1500	
111 JOHN STREET SUITE 1200 NEW YORK, NY 10038	111 JOHN STREET SUITE 1200 NEW YORK, NY 10038	2d	Business code (see instructions) 541110	9

## 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 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2013	ESTOMIN -PRACTITI	ONER NOT FIDUCIARY
HERE	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator
SIGN HERE				
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor
SIGN HERE				
	Signature of DFE	Date	Enter name of individu	al signing as DFE
Preparer	's name (including firm name, if applicable) and address; include i	room or suite numbe	r. (optional)	Preparer's telephone number (optional)
For Pap	erwork Reduction Act Notice and OMB Control Numbers, see	the instructions fo	r Form 5500.	Form 5500 (2012)

	Form 5500 (2012) Page <b>2</b>		
3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Ad	ministrator's EIN
			ministrator's telephone mber
4	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:	4b EI	N
а	Sponsor's name	4c PN	١
5	Total number of participants at the beginning of the plan year	5	15
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	. 6a	11
b	Retired or separated participants receiving benefits	. 6b	0
C	Other retired or separated participants entitled to future benefits	. 6c	4
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>	. 6d	15
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	0
f	Total. Add lines <b>6d</b> and <b>6e</b>	. 6f	15
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	15
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	. 6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	· 7	
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Cod 2A 2E 3D	es in the	instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a	Plan fu	nding	arrangement (check all that apply)	9b	Plan bene	efit a	arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	×	Trust		(3)	X	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check a	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	ttache	d, and, wh	nere	indicated, enter the number attached. (See instructions)
а	Pensio	n Sc	hedules	b	General	Sch	nedules
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)	$\square$	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	Х	I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)		C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		<b>G</b> (Financial Transaction Schedules)

	ę	SCHEDULE I	Financial In	form	ation—Sn	nall	Plan			OMB No. 1210-011	0	
		(Form 5500)						-				
		epartment of the Treasury Internal Revenue Service	Retirement Income Security A	to be filed under section 104 of the Employee Act of 1974 (ERISA), and section 6058(a) of the						2012		
	Employe	Department of Labor e Benefits Security Administration			e Code (the Cod	,		-	Thie	Form is Open to	Public	
	Pensio	n Benefit Guaranty Corporation	► File as a	an attac	hment to Form	5500.			1113	Inspection	rubiic	
For	calend	lar plan year 2012 or fiscal pla	an year beginning 01/01/20	12		a	nd ending	12/3	31/2012			
	Name o IER AN	of plan ID ASSOCIATES, P.C. RETIF	REMENT PLAN				Three-digit		•	001		
		oonsor's name as shown on lii ID ASSOCIATES, P.C.	ne 2a of Form 5500				mployer Id 3865993	entificatio	n Numbe	r (EIN)		
			fewer than 100 participants as of ule (see instructions). Complete S						ete Schec	dule I if you are filin	g as a	
Pa	rt I	Small Plan Financial	Information									
ass ben	ets hel efit at a	d in more than one trust. Do r	s and liabilities, income, expense not enter the value of the portion ne and expenses of the plan inc s to the nearest dollar.	of an ir	surance contrac	t that g	uarantees	during th	is plan ye	ar to pay a specifi	c dollar	
1	Plan	Assets and Liabilities:			<b>(a)</b> Be	ginning	g of Year			(b) End of Year		
а	Total	plan assets		. 1a			6	604936			733442	
b	Total	plan liabilities		. 1b								
С	Net p	lan assets (subtract line 1b fro	om line 1a)	1c			6	604936			733442	
2	Incor	ne, Expenses, and Transfer	s for this Plan Year:		(1	<b>a)</b> Amc	ount			<b>(b)</b> Total		
а	Contr	ibutions received or receivabl	e:									
	<b>(1)</b> E	Employers		. 2a(1)				79658				
	<b>(2)</b> F	Participants		. 2a(2)								
	(3)	Others (including rollovers)		2a(3)								
b	Nonc	ash contributions		. 2b								
С	Other	· income		. 2c				48848				
d	Total	income (add lines 2a(1), 2a(2	e), 2a(3), 2b, and 2c)	. 2d							128506	
е	Bene	fits paid (including direct rollo	vers)	. 2e								
f			ctions)									
g	Certa	in deemed distributions of par	,									
h	Admi	nistrative service providers (sa	alaries, fees, and commissions).	. 2h								
i	Other	expenses		. 2i								
j	Total	expenses (add lines 2e, 2f, 2	g, 2h, and 2i)	. 2j								
k	Net ir	ncome (loss) (subtract line 2j f	rom line 2d)	. 2k							128506	
I	Trans	fers to (from) the plan (see in	structions)	21								
3	remai	ning in the plan as of the end of	sets at anytime during the plan yea the plan year. Allocate the value o ne of the specific exceptions descr	of the pla	n's interest in a co							
					г		Yes	No		Amount		
а	Partn	ership/joint venture interests				3a		X				
b	Emple	oyer real property			·····	3b		X				
С	Real	estate (other than employer re	eal property)			3c		X				
d	Emple	oyer securities			[	3d		X				
е	Partic	pipant loans				3e		Х				
For	Paper	work Reduction Act Notice	and OMB Control Numbers, s	ee the i	nstructions for	Form	5500	. <u> </u>	5	Schedule I (Form	5500) 2012	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		Х	

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	
C	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		54000
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		200000
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		Х	
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?				

5b 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.)

5b(1) Name of plan(s)

Part III Trust Information (optional)

6b Trust's EIN

5b(2) EIN(s)

5b(3) PN(s)

6a Name of trust

Form 5500	Annual Return/Repo			OMB Nos. 1210-0 1210-0	
Department of the Treasury Internal Revenue Service Department of Labor	This form is required to be filed fo and 4065 of the Employee Retirem sections 6047(e), 6057(b), and 605	nent Income Security 8(a) of the Internal F	Act of 1974 (ERISA) and evenue Code (the Code).	2012	
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		entries in accordan ions to the Form 55		This Form is Open to Public Inspection	:
	ntification Information				
For calendar plan year 2012 or fisca	I plan year beginning 01/01/2012		and ending 12/31 e-employer plan; or	/2012	
A This return/report is for:	X a single-employer plan;	·	pecify)		
<b>B</b> This return/report is:	the first return/report;	=	etum/report; lan year return/report (less	than 12 months).	
C If the plan is a collectively-bargai	ned plan, check here				
D Check box if filing under:	X Form 5558; ☐ special extension (enter des		c extension;	the DFVC program;	
Part II Basic Plan Infor	mation-enter all requested information	ation			
<b>1a</b> Name of plan ASHER AND ASSOCIATES, P.C. R	ETIREMENT PLAN			1b Three-digit plan number (PN) ► 0	01
				1c Effective date of plan 01/01/1998	
2a Plan sponsor's name and addre ASHER AND ASSOCIATES, P.C.	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 13-3865993	I
				2c Sponsor's telephone number 718-720-1500	
111 JOHN STREET SUITE 1200 NEW YORK, NY 10038	SUITE 12	N STREET 00 RK, NY 10038		2d Business code (see instructions) 541110	
	incomplete filing of this return/repo				
Under penalties of perjury and other statements and attachments, as we	r penalties set forth in the instructions, Las the electronic version of this return	I declare that I have n/report, and to the b	examined this return/report est of my knowledge and b	<ul> <li>including accompanying schedule elief, it is true, correct, and complete</li> </ul>	es, te.
SIGN HERE Pollectan	Doker	10/14/13	ROBBETA L	S. ASHER	·
Signature of plan admin	Istrator	Date	Enter name of individual	signing as plan administrator	
SIGN HERE					
Signature of employer/p	lan sponsor	Date	Enter name of individual	signing as employer or plan spons	ог
SIGN HERE					
Signature of DFE		Date	Enter name of individual		
Preparer's name (including firm nan	ne, if applicable) and address; include	room or suite numbe		Preparer's telephone number (optional)	
For Paperwork Reduction Act No	tice and OMB Control Numbers, see	the instructions fo	r Form 5500.	Form 5500 (20 v. 120126	012)

v. 120126

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	Form 5500 (2012) Page <b>2</b>		
3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3c Adr	ministrator's EIN ninistrator's telephone mber
4	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:	4b Ell	
а	Sponsor's name	4C PN	i
5	Total number of participants at the beginning of the plan year	5	15
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	11
b	Retired or separated participants receiving benefits	<u>6b</u>	0
c	Other retired or separated participants entitled to future benefits	<u>6c</u>	4
d	Subtotal. Add lines 6a, 6b, and 6c	<mark>6d</mark>	15
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<u>6e</u>	0
f	Total. Add lines 6d and 6e	<u>6f</u>	15
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<u>6g</u>	15
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Co 2A 2E 3D	Jes in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Cod	es in the i	nstructions:
9a	Plan funding arrangement (check all that apply)       9b       Plan benefit arrangement (check all that apply)         (1)       Insurance       (1)       Insurance         (2)       Code section 412(e)(3) insurance contracts       (2)       Code section 412(e)(3)         (3)       X       Trust       (3)       X         (4)       General assets of the sponsor       (4)       General assets of the number of the num	) insurand sponsor	ce contracts
	Pension Schedules     b General Schedules     b		. ,

(1)	L	R (Retirement Plan Information)	(1)		H (Financial Information)
(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	X	1 (Financial Information Small Plan)
		Purchase Plan Actuarial Information) - signed by the plan	(3)		A (Insurance Information)
		actuary	(4)	Π	C (Service Provider Information)
(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial	(5)		D (DFE/Participating Plan Information)
		Information) - signed by the plan actuary	(6)		G (Financial Transaction Schedules)

	SCHEDULE I	Financial Inf	form	ation—Sr	nall	Plan			OMB No. 1210-0110
	(Form 5500)								
	Department of the Treasury Internal Revenue Service	This schedule is required to Retirement Income Security A	Act of 19		d sectio				2012
	Department of Labor Employee Benefits Security Administration			hment to Form	•			This	Form is Open to Public
For	Pension Benefit Guaranty Corporation calendar plan year 2012 or fiscal pla	n vear beginning 01/01/201	10			nd ending	12/	31/2012	Inspection
	Vame of plan	ar year beganning 600020	····			Three-digit		0 11 20 12	
	ER AND ASSOCIATES, P.C. RETIR	EMENT PLAN				olan number	r (PN)	•	001
	Plan sponsor's name as shown on lin ER AND ASSOCIATES, P.C.	e 2a of Form 5500				mployer Ide -3865993	ntificati	on Numbe	
	nplete Schedule I if the plan covered f Il plan under the 80-120 participant ru							lete Scher	dule I if you are filing as a
Pa	rt   Small Plan Financial	nformation							
Rep ass ben	out below the current value of assets ets held in more than one trust. Do n efit at a future date. Include all incom rrance carriers. Round off amounts	ot enter the value of the portion the and expenses of the plan incl	of an ir	nsurance contrac	t that g	uarantees c	luring th	nis plan ye	ear to pay a specific dollar
1	Plan Assets and Liabilities:			(a) Be	ginnin	g of Year			(b) End of Year
а	Total plan assets		<u>1a</u>			60	04936		733442
b	Total plan liabilities		1b						
C	Net plan assets (subtract line 1b fro	m line 1a)	1c			- 60	)4936		733442
2	Income, Expenses, and Transfers	s for this Plan Year:		(	a) Amo	ount			(b) Total
а	Contributions received or receivable	e:							
	(1) Employers		. 2a(1)			7	79658		
	(2) Participants		2a(2)						
	(3) Others (including rollovers)		2a(3)						
b	Noncash contributions		2b						
С	Other income		2c			4	18848		
d	Total income (add lines 2a(1), 2a(2)	), 2a(3), 2b, and 2c)	2d						128506
е	Benefits paid (including direct rollov		2e						
f	Corrective distributions (see instruct	•	2f						
g	Certain deemed distributions of part	ticipant loans							
h	(see instructions) Administrative service providers (sa		2g						
ĩ	Other expenses								
-	Total expenses (add lines 2e, 2f, 2g								
J k	Net income (loss) (subtract line 2) fr	,							128506
I	Transfers to (from) the plan (see ins	•	21						
3	Specific Assets: If the plan held ass	~~~~~		of the following c	atenoria	es check "Ye	es" and e	enter the c	urrent value of any assets
J	remaining in the plan as of the end of the by-line basis unless the trust meets or	the plan year. Allocate the value o	f the pla	in's interest in a co		led trust con			
				I		Yes	No		Amount
а	Partnership/joint venture interests				<u>3a</u>	<u> </u> ]	X		
b	Employer real property		••••••		3b		х		
C	Real estate (other than employer re	al property)			3c		х		
d	Employer securities				3d		х		
е	Participant loans				3e		х		
Ear	Papapyork Poduction Act Notice	and OMP Control Numbers	as the	instructions for	Form	5500			Schodulo I /Form 5500) 2012

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

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		1	Vaa	Na		
3f	Loans (other than to participants)	3f	Yes	No X	An	nount
g	Tangible personal property	3g		х		
D	art II Compliance Questions	-91			I	
<u>г</u>	During the plan year:		Yes	No	Δ.	nount
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		×		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X		
ď	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X		
_	Was the plan covered by a fidelity bond?	4e	X		E Alfred Handrack Andrea	5400
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	i pines esperadores Sintes esperadores	
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	Х			20000
	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?	<b>4i</b>	x			20000
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			
ł	Has the plan failed to provide any benefit when due under the plan?	41	11000-0.00	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 5b	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 If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide				Amount:	abilities were
	transferred. (See instructions.)					
	5b(1) Name of plan(s)			5b(2	) EIN(s)	5b(3) PN(s)
					·····	
					·	
Pa	t III Trust Information (optional)					
6a	Name of trust			<b>6b</b> Tr	ust's EIN	