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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entr	ies in accor	dance witl	n the instructions to the Form 5500	O-SF.					
Pa	art I Annual Report Identification Inforr	nation								
For	calendar plan year 2011 or fiscal plan year beginning	01/01/201	1	and ending 1	2/31/2	011				
Α.	This return/report is for:	an 🗌	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan			
	· —	H		eturn/report	l.					
Ь		. 📙		•						
	an amended return/re	eport	a short pla	in year return/report (less than 12 mo	onths)	_				
C	Check box if filing under:		automatic	extension		DFVC progra	m			
	special extension (en	ter description	on)							
Ds	art II Basic Plan Information—enter all requ	octod inform	otion							
	Name of plan	ested initorni	alion		1h	Throo digit				
	Name of plan HARD J. KATZ ATTORNEY AT LAW LLP PROFIT SHAF	DING DI ANI			ID	Three-digit plan number				
KICI	IAND 3. NATZ ATTORNET AT LAW ELF FROFIT SHAF	VING FLAIN				(PN) ▶	001			
					10	Effective date of				
					.0	01/01/				
2a	Plan sponsor's name and address; include room or sui	ta numbar (a	mnlover if	for a single-employer plan)	2h	Employer Identif		r		
	HARD J. KATZ ATTORNEY AT LAW LLP	te number (e	inployer, ii	ioi a single-employer plan		(EIN) 13-35		1		
						(=114)				
					20	Sponsor's telephone 212-233				
		80 BROAD S 33RD FLOO			24			- \		
		NEW YORK,			Zu	Business code (54111		S)		
					O.L.					
Ja PIC⊢	Plan administrator's name and address (if same as pla HARD J. KATZ ATTORNEY AT LAW LLP	n sponsor, ei 30 BROAD S		i")	3D	Administrator's I	IN 10121			
KICI		33RD FLOOF			30	Administrator's t		hor		
	1	NEW YORK,	NY 10004		30	212-233		bei		
4	If the name and/or EIN of the plan sponsor has change	report filed for this plan, enter the	4b							
•	name, EIN, and the plan number from the last return/r		ast retain,	oport med for this plan, enter the	TD	LIIV				
а	Sponsor's name	•			4c	PN				
5a	Total number of participants at the beginning of the pla	an year			5a					
b		•								
					5b					
С	Number of participants with account balances as of the complete this item)				5c			3		
	,						Vaa □	NIa		
-	Were all of the plan's assets during the plan year inve	J		'			X Yes	No		
b	Are you claiming a waiver of the annual examination a under 29 CFR 2520.104-46? (See instructions on waiver.)						X Yes	No		
	If you answered "No" to either 6a or 6b, the plan c			•			ш			
Pa	art III Financial Information	4111101 400 1	01111 0000	or and mast motoda acc r crim co.						
7	Plan Assets and Liabilities			(a) Danimain a of Vaca		/b) ===1	of Voor			
-			_	(a) Beginning of Year 51258		(b) End	47331			
а	•									
b	Total plan liabilities		. 7b	0			0			
C	Net plan assets (subtract line 7b from line 7a)		. 7c	51258			47331			
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal			
а	Contributions received or receivable from:			0						
	(1) Employers		. 8a(1)	0						
	(2) Participants		. 8a(2)	0						
	(3) Others (including rollovers)		8a(3)	0						
b	• • • • • • • • • • • • • • • • • • • •			-3542						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						-3542			
d	Benefits paid (including direct rollovers and insurance		- 30							
u	to provide benefits)	•	. 8d	0						
е	Certain deemed and/or corrective distributions (see ins			0						
_				0						
f	Administrative service providers (salaries, fees, comm	,			-					
g	Other expenses			385						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		. 8h				385			
i	Net income (loss) (subtract line 8h from line 8c)		. 8i				-3927			
j	Transfers to (from) the plan (see instructions)		. 8j	0						
			_ J							

Form	5500.	SF.	201

Page	2	- [1	
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Part IV Plan Characteristics

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

` , , , , , , , , , , , , , , , , , , ,		Yes	No		Am	aunt			
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					AIII	Juni			
Many thems are considered the constitution of the constitution of the Continue of the Continue of the constitution of the cons	10a		X						
Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		X						
Was the plan covered by a fidelity bond?	10c	X					1000		
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						
· · ·	10e		X						
las the plan failed to provide any benefit when due under the plan?	10f		X						
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ						
this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X						
· · · · · · · · · · · · · · · · · · ·	10i								
Pension Funding Compliance									
s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp						Yes	Пи		
a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct									
u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
nter the minimum required contribution for this plan year			12b						
nter the amount contributed by the employer to the plan for this plan year			12c						
· · · · · · · · · · · · · · · · · · ·			12d						
Vill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A		
II Plan Terminations and Transfers of Assets									
las a resolution to terminate the plan been adopted in any plan year?			Y	es X	No				
"Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a							
	nder	the co	ntrol			Yes	X N		
	e plar	n(s) to			_	•	_		
c(1) Name of plan(s):		130	(2) EII	V(s)		13c(3)	PN(s		
n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e Can	se is	establi	shed					
	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e Has the plan failed to provide any benefit when due under the plan?	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.). Has the plan failed to provide any benefit when due under the plan?	insurance service or other organization that provides some or all of the benefits under the plan? (See Instructions.)	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	SCOTT MARIN					
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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Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 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

	Pension Benefil Guaranty Corporation			dance with	the instructions to the Form 550	0-SF.					
21-07.11	1,777117180761	dentification information	1								
For	the calendar plan year 2011 or fi	scal plan year beginning		01/01	1/2011 and ending	12	/31/2011				
Α	This return/report is for:	x a single-employer plan		a multiple-	employer plan (not multlemployer)		a one-participant plan				
В	This return/report is:	the first return/report	П	the final re	turn/report						
	Ī	an amended return/report	П	a short pla	n year return/report (less than 12 mo	nths)					
c	Check box if filling under:	X Form 5558	Ħ	automatic	extension	Γ	DFVC program				
•	Officer box it ming under:	special extension (enter descrip	است tipp:			[]					
8840	L L	<u> </u>		·							
		mation enter all requested i	nfor	mation.		1h :	Three-digit				
a	Name of plan						plan number				
	RICHARD J. KATZ ATTOR	THEY AT LAW LLP PROFIT :	SHA	RING PLA	AN		(PN) ► 001				
							Effective date of plan				
22	Dien engagers name and addr	ess; include room or suite number	(am	nlover if for	r single employer plan)		01/01/2001				
44	RICHARD J. KATZ ATTOF		(em	pioyer, ir io	single-employer plant	l	Employer Identification Number (EIN) 13~3510121				
		_	Plan sponsor's telephone number								
	00 mman 4mm===						(212) 233-1515				
	80 BROAD STREET 33RD FLOOR					2d	Business code (see instructions)				
US	NEW YORK	NY 10004					541110				
3a		address (If same as plan sponsor,	ente	er "Same")		3b /	Administrator's EIN				
	Same										
		3c /	Administrator's telephone number								
]	·				
4	If the name and/or EIN of the ni	In apparent has obanged since the	lac	t roturn/ran	and filed for this plan, anter the	4b (EIN				
4	name, EIN, and the plan number	lan sponsor has changed since the er from the last return/report.	i lab	t retainmep	orthied for this plant, efficiencie						
	Sponsor's Name	·				4c	PN				
5a		the beginning of the plan year				<u>5a</u>	4				
b		the end of the plan year				_5b_	4				
C		ount balances as of the end of the			ned bettent plans do not	5c	3				
6a					e instructions.)		X Yes No				
b	Are you claiming a waiver of the	annual examination and report of	an	Independer	nt qualified public accountant (IQPA)						
		ee instructions on walver eligibility			-		, XYes No				
, TORSON	NOVEN CONTROL OF THE PROPERTY	*************************************	om	1 5500-SF a	and must instead use Form 5500.						
	ift III Financial Inform	ation		Eksel vosalene		F					
7	Plan Assets and Liabilities				(a) Beginning of Year	ļ	(b) End of Year				
а	Total plan assets			. 7a	51,258	_	47,331				
b	Total plan liabilities			7b	00_		0				
C	Net plan assets (subtract line 7t	· · · · · · · · · · · · · · · · · · ·		. 7c	51,258		47,331				
8	Income, Expenses, and Transfe				(a) Amount	248922781	(b) Total				
а	Contributions received or receiv (1) Employers	apic iidhi:		. 8a(1)	0						
	(2) Participants			8a(2)	0						
	(3) Others (including rollovers)			8a(3)	0						
b	Other income (loss)			8b	(3,542)	7					
c	Total income (add lines 8a(1), 8			8c	-7	erandiktide	(3,542)				
ď		ollovers and insurance premiums					(3/342)				
	to provide benefits)		٠.	8d	0	-					
e	Certain deemed and/or corrective	e distributions (see instructions)		8e	0	-					
f	Administrative service providers	(salaries, fees, commissions) .		8f	0	_					
g	Other expenses			8g	385						
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)		8h			385				
i	Net income (loss) (subtract line	8h from line 8c)		81		**************************************	(3,927)				
i	Transfers to (from) the plan (see	Instructions)		Ri I	0	Service .					

	Form 5500-SF 2011	,		F	age 2-						
Par	Plan Characteristics									······································	
	If the plan provides pension benefits, enter the applicable pension feato	ıre co	des	from the Li	st of Plan Character	ristic (Codes	in the	instructions	;;	
b	2A 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature.	e cod	es fr	om the Lis	of Plan Characteris	stic C	odes i	n the i	nstructions:		
Par	tV Compliance Questions										
10	During the plan year:						Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducian	s with	in th	e time peri	od described in	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (L	o not	incl	ude transa	ctions reported			x			
	on line 10a.)					10b	×	 			10,000
ď	Was the plan covered by a fidelity bond?					100	^	-			10,000
u	or dishonesty?					10d		х			
0	Were any fees or commissions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of the provides are considered.	he be	nefit	ts under the	plan? (See	10e		x			
f	instructions.) 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					10a		×			
h	If this is an individual account plan, was there a blackout period? (See					109		<u> </u>			
_	2520.101-3.)		•			10h		X			
İ	if 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3					101					
	M Pension Funding Compliance										
11	ls this a defined benefit plan subject to minimum funding requirement									. Yes	□No
12	is this a defined contribution plan subject to the minimum funding req (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		ents	of section	412 of the Code or	section	on 302	of ER	ISA? .	, 🗌 Yes	ΧNο
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver				Mon				date of the		
b 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						- 1	12c		****	
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e resu	ilt (er	nter a minu	s sign to the left of	а		12d			
T-100 - 100	Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	fundi	ng de	eadline?				<u> </u>	Yes	No	□N/A
***************************************	Has a resolution to terminate the plan been adopted in any plan year									Tyes	x No
100	If "Yes," enter the amount of any plan assets that reverted to the emp		this	year			<u>[</u>	13a		·	
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansfer	red t	to another	olan, or brought und	der the	e cont	rol			X No
C	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	lhis pl	an to	another p	lan(s), identify the p	olan(s) to			•	[X]140
1	3c(1) Name of plan(s):						13	3c(2) E	IN(s)	13c(3) PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/report w	vill be	ass	essed unl	ess reasonable ca	use i	s esta	blishe	d.		.,
SB or	penalties of perfury and other penalties set forth in the instructions, I d Schelitule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.										9
		y 1-	J., I	<u> </u>	Richard J. 8	(atr					····
SIG HEF	94081 1 1 1	Date	סני	<u> </u>	Enter name of ind		al sian	ina as	plan admin	istrator	
10.00		2016	2l	<u> </u>			-ı ə <u>ığı</u>	40	- 1965 F 1964 13 (13	-110101	
200000	Sign HERE State and a state of a state of the state o										