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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Par			dentification Inform	ation					
For ca	alenda	ar plan year 2012 or fis	cal plan year beginning	01/01/2012		and ending	2/31/2	2012	
A Th	his reti	urn/report is for:	a single-employer plan	am	ultiple-employer p	lan (not multiemployer)		a one-partici	oant plan
B Th	his reti	urn/report is:	the first return/report	the	final return/report				
			an amended return/rep	oort a sh	ort plan year retur	n/report (less than 12 m	onths))	
C C	heck b	oox if filing under:	X Form 5558	auto	omatic extension			DFVC progra	ım
			special extension (ente	er description)				ь	
Par	+ II	Rasic Plan Info	rmation—enter all reque	<u> </u>					
		of plan	mation—enter an reque	sted information			1h	Three-digit	
		•	LAW LLP PROFIT SHARI	NG PLAN			.~	plan number	
								(PN) •	001
							1c	Effective date o	•
								01/01	
2a F	Plan sp NRD J.	oonsor's name and add KATZ ATTORNEY AT	-employer plan)	2b	Employer Identi (EIN) 13-35				
80 BR(OAD S	STREET					2c	Sponsor's telep	
33RD I	FLOO						2d	Business code (see instructions)
3a 🗈	Dlan ac	dministrator's name an	d address XSame as Plar	Sponsor Name	Same as Plai	n Sponsor Address	3h	Administrator's	
ou i	ian ac		d address Moanic as i lai	r oponsor rvanic		Topolisor Address		Administrator 3	LIIV
							3c	Administrator's	telephone number
4 I	f the n	name and/or EIN of the	plan sponsor has changed	d since the last r	eturn/report filed for	or this plan, enter the	4b	EIN	
			nber from the last return/rep	oort.					
	•	or's name					+	PN	
5a 1	Total n	number of participants	at the beginning of the plan	ı year			5a		4
			at the end of the plan year.				5b		4
			account balances as of the				5с		3
6a	Were	all of the plan's assets	during the plan year invest	ted in eligible as	sets? (See instruc	ctions.)			X Yes No
			the annual examination an						Voc □ No
			(See instructions on waive	• .					X Yes No
			ther line 6a or line 6b, the						
		•	or incomplete filing of this	•					abla a Cabadula
SB or	r Sche		er penalties set forth in the d signed by an enrolled ac lete.						
SIGN		Filed with authorized/\	valid electronic signature.		10/14/2013	SCOTT MARIN			
HERE	E	Signature of plan ac	lministrator		Date	Enter name of individ	ual sig	gning as plan adr	ninistrator
SIGN									
HERE		Signature of employ	er/plan sponsor		Date	Enter name of individ	ual sid	ning as employe	er or plan sponsor
Prepa	arer's i		ame, if applicable) and add						number (optional)

Form 5500-SF 2012 Page **2**

Do	4 III Financial Information		<u> </u>					
Par							#\	
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a 	4733				54218	
	Total plan liabilities	7b	4700	0			0	
	Net plan assets (subtract line 7b from line 7a)	7c	4733	31	-	54218		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	nt			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1) 0		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	727	' 3				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					7273	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		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	38	86				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					386	
i	Net income (loss) (subtract line 8h from line 8c)	8i					6887	
	Transfers to (from) the plan (see instructions)	8i		0				
Par	t IV Plan Characteristics	, ,	L					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Part	V Compliance Questions							
10	•				Yes	No	A 4	
<u>то</u>	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	163	X	Amount	
b		? (Do not	include transactions reported	10a		X		
	Was the plan covered by a fidelity bond?				Χ			
				10c			10000	
d	or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan					Х		
				10f		X		
g h	, ,	(See instru	uctions and 29 CFR	10g		X		
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part 11	Is this a defined benefit plan subject to minimum funding requirem							
	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	Yes No	
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			2, 50	JOII (01		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- ~ y		
	Enter the minimum required contribution for this plan year					12b		
							<u>!</u>	

	Form 5500-SF 2012 Page 3 - 1			
	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 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			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.					
		lentification Information								
For	calendar plan year 2012 or fisca	al pian year beginning	01/01/2012	and ending	12/31/2012					
A	This return/report is for:	x a single-employer plan		olan (not multiemployer)	a one-part	icipant plan				
В	This return/report is:	the first return/report	the final return/report							
		an amended retum/report	a short plan year retu	irn/report (less than 12 m	ionths)					
C	Check box if filing under:	Y Form 5558	automatic extension		DFVC pro	gram				
	•	special extension (enter description	on)							
	anuli Basic Plan Infor	mation enter all requested info	mation							
	Name of plan				1b Three-digit					
	DICURDO I FAME AMMO	RNEY AT LAW LLP PROFIT S		pian number (PN) ►	001					
	MICHAEL C. MAIS MIX	WHAT ARE DEAD THE ENGINEE OF	immitted		1c Effective date					
					01/01/200	7				
2a	Plan sponsor's name and add	ress; Include room or suite number (employer, if for a sing	e-employer plan)	2b Employer ide	entification Number				
	RICHARD J. KATE ATTO	RNEY AT LAW LLP			(EIN) 13-3	3510121				
					2c Sponsor's telephone number (212) 233-1515					
	80 BROAD STREET									
	33RD FLOOR				ZC Business cod	le (see instructions)				
	NEW YORK	NY 10004		Di- Cassas Address		Po EIN				
3a	Plan administrators name and	d address 🗓 Same as Plan Sponso	or Mattie [] Serve as	Pian Sponsor Address	3b Administrator's EIN					
					3C Administrato	r's telephone number				
	•				•					
4	If the name and/or EIN of the	plan sponsor has changed since the	fact return/report filed	for this plan, enter the	4b EIN					
~	name, EIN, and the plan numi		tast retainmeport med	tot tito pient, ottot tito	70 211					
_ a	Sponsor's name				4c PN	Witter-				
5a	Total number of participants a	it the beginning of the plan year	\$\${\$\$\$\$\$ \$\$\$\$ \$\$\$\$\$\$\$	***********************************	5a	4				
b		t the end of the plan year			5b	4				
C		count balances as of the end of the			5c	3				
6a		luring the plan year invested in eligib		Allana I	q:aajproodo hóqhhhhhhhhhhhh	X Yes No				
b	Are you claiming a waiver of ti	he annual examination and report of	an independent qualifi							
		(See instructions on waiver eligibility		#154441188108200141456144004114144444444		X Yes ∐No				
	If you enswered "No" to eith	<u>ier line 6a or line 6b, the pian cann</u>	ot use Form 5500-Si	and must instead use	Form 5500.					
		r incomplete filing of this return/re								
Ų	nder penalties of perjuny and oth	er penalties set forth in the instructio	ns, I declare that I have	e examined this return/re	eport, including, if a	plicable, a Schedule				
S	B or Schedule MB)Completed an elief, it is true, correct, and comp	id signed by an enrolled actuary, as v	well as the electronic v	rersion of this return/repo	n, and to the best of	my knowledge and				
	SESSIONER	The tare	1 / / / / / / / / / / / / / / / / / / /	ni-band 7 Make						
	31GN <u>- // / - //</u>		× 12/12/13	Richard J. Katz						
M.	ERE Signature of plan admi	nistrator	Date /	Enter name of individua	al signing as plan ac	iministrator				
	Signature of employer/		Date	Enter name of individua						
þ	reparer's name (including firm na	ame, if applicable) and address; inclu	ide room or sulte num	ber (optional)	Preparer's telepho	ne number (optional)				
ľ										
1			•							

Bandii Financial Information									
***************************************	lan Assets and Liabilities		(a) Beginning of Year		<u> </u>		(b) End of Year		
	otal plan assets	7a	47,33	1	<u> </u>		54,218		
	otal plan liabilities	7b		0			0		
	et plan assets (subtract line 7b from line 7a)	7¢	47,33	1	<u> </u>		54,218		
	come, Expenses, and Transfers for this Plan Year		(a) Amount		Lorento	ne Santa Lea	(b) Total		
a c	ontributions received or receivable from:	Ba(1)		0					
(:	2) Participants	8a(2)		0					
(;	Others (including rollovers)	8a(3)		0					
b c	ther income (loss)	8b	7,27	3					
	otal income (add lines 8a(1), Ba(2), 8a(3), and 8b)	8c					7,273		
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d		0					
e	ertain deemed and/or corrective distributions (see Instructions)	8e		0					
f A	dministrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g	36	6	Will				
h 1	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			ļ		386		
iN	let income (loss) (subtract line 8h from line 8c)	8)				entre aris	6,887		
	ransfers to (from) the plan (see Instructions)	1	,	0					
1775-771-111-1277	Plan Characteristics								
	the plan provides pension benefits, enter the applicable pension for	ature cod	es from the List of Plan Charact	erist	c Code	es in t	he instructions:		
	2A 2E 3B 3D								
- H	the plan provides welfare benefits, enter the applicable welfare fer	ntura ando	s from the Liet of Plan Characle	ristla	Codes	s in the	e instructions:		
	the plan provides werale benefits, enter the approache werale les	atuite cooc	\$ 110111 (110 E)3(0)) (0.1 0.10 0.10 0.10						
(B)	Compliance Questions								
10	During the plan year:		**************************************		Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions with	n the time period described in	10a		ж			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c	x		10,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's						· · · · · · · · · · · · · · · · · · ·		
_	or dishonesty?			10d		X			
Đ	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all	of the bene	efits under the plan? (See	10e		x			
	instructions.)			101		x			
f	Has the plan failed to provide any benefit when due under the pla			-					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	and.)	10g		Х			
h	If this is an individual account plan, was there a blackout period?	(See Instr	sctions and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	101					
Par	Pension Funding Compliance			······					
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								
118	Enter the amount from Schedule SB line 39	(15401410044011041)	46400937550050153141811815915454444444444444444444444444	141111111	******	11a			
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA? Yes X No		
.,	(If "Yes," complete line 12a or fines 12b, 12c, 12d, and 12e below	, as applic	cable.)			1			
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver	ng emorti:	zed in this plan year, see instruc	tions nth .	, and e	nter ti Da	he date of the letter ruling y Year		
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.						
	b Enter the minimum required contribution for this plan year								

	Form 5500-SF 2012	P	age 3-			
С	Enter the amount contributed by the employer to the plan for	this plan year	#41194716174161161161161177777744441487100004479	12c		
d	Subtract the amount in line 12c from the amount in line 12b.			, 12d		
e	Will the minimum funding amount reported on line 12d be me	et by the funding deadline		, , ,	Yes [□ No □ N/A
13a	Has a resolution to terminate the plan been adopted in any p			🗀 Y	es 🗵 N	ło
	If "Yes," enter the amount of any plan assets that reverted to			. 13a		
b	Were all the plan assets distributed to participants or benefits of the PBGC?	ciaries, transferred to anoti				Yes X No
¢	If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions.		er plan(s), identify the plan(s	i) to '		···
	I3c(1) Name of plan(s):			13c(2) EIN	(s)	13c(3) PN(s)
Ran	WIIII Trust Information (optional)					
14a	Name of trust			14b T	rust's Eli	į.

.