## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

		Complete all entries in accord	dance with the instruc	ctions to the Form 550	JU-5F.		
Part I	_	Identification Information					
For calend	dar plan year 2013 or fis	scal plan year beginning 01/01/2013	3	and ending	12/31/2	2013	
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	nonths)	)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description	n)			_	
Part II	Basic Plan Info	rmation—enter all requested informa	ation				
1a Name		·			1b	Three-digit	
FELDMAN	LAW GROUP 401(K) P	LAN				plan number	004
					10	(PN)	001
					10	Effective date of 01/01/	•
	sponsor's name and ad LAW GROUP PC	dress; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 13-33	
220 E 42NI	) STREET				2c	Sponsor's telep	
<b>SUITE 330</b>					2d	Business code (	
3a Plan	administrator's name ar	nd address XSame as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the	name and/or EIN of the	nlan anangar has shangad since the l	act return/report filed fo	or this plan, optor the	4h	FINI	
		e plan sponsor has changed since the lamber from the last return/report.	ast return/report filed fo	or this plan, enter the	40	EIN	
	sor's name	·			4c	PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		7
<b>b</b> Total	number of participants	at the end of the plan year			5b		7
		account balances as of the end of the p	• •	•	5c		6
<b>6a</b> Wer	e all of the plan's assets	s during the plan year invested in eligible	le assets? (See instruc	tions.)			X Yes No
,	·	f the annual examination and report of a			,		
		? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan cann					X Yes   No
							1
C If the	plan is a defined benef	fit plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late	or incomplete filing of this return/rep	oort will be assessed	unless reasonable ca	use is	established.	
SB or Sch		her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.					
SIGN	Filed with authorized/	valid electronic signature.					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	gning as plan adn	ninistrator
SIGN							
	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	dual sic	ning as emplove	r or plan sponsor
HERE							
	s name (including firm n	name, if applicable) and address; includ	e room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)
	s name (including firm n		e room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)
	s name (including film n		e room or suite numbe	r (optional)	Prep	oarer's telephone	number (optional)
	s name (including ilim n		e room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End	of Vo			
		7a	(a) Beginning of Yea	ar	+		(b) End		ar 66737		
	Total plan assets  Total plan liabilities	7a 7b							,0101		
	Net plan assets (subtract line 7b from line 7a)			0				6	6737		
		7c		•			(b) T		,0101		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai			
u	(1) Employers	8a(1)	1223	1							
	(2) Participants	8a(2)	5454	.0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-3	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6	6737		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i						6	66737		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
Dor	t V Compliance Questions										
Par	•				Yes	Na	1			—	
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tiono withi	n the time period described in		162	No		Amo	unt	—	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X					
N	on line 10a.)	`	•	10b		X					
				10c	X					100	000
d	• • • • • • • • • • • • • • • • • • • •			100						100	500
	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										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		X					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	<u> </u>	No
44-	0000/41/4 111/0 1/4 2000//										
	Enter the unpaid minimum required contribution for current year fr		,		-	11a			V-		<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	⊵RISA?	Ш	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	054	nnte = 11	o dota af "	بر ا م	or1	<u> </u>	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter tr Day		ie lett Year		ng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				461					
	Enter the minimum required contribution for this plan year					12b	Ī				

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Ente	r the amount contributed by the employer to the plan for this plan year	12c		
		12d		
Will 1	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
VII	Plan Terminations and Transfers of Assets			
Has	a resolution to terminate the plan been adopted in any plan year?		res X No	
If "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a		
		control		Yes X No
		to		
13c(1)	Name of plan(s):	<b>3c(2)</b> El	IN(s)	<b>13c(3)</b> PN(s)
VIII	Trust Information (optional)			
	· · · · · ·			
	Subt nega Will t VII Has a If "Ye Were of the Has a whice 13c(1) Name	Will the minimum funding amount reported on line 12d be met by the funding deadline?	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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	ension Benetit Guaranty Corporation	► Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.		
		Identification Information	1 1				
	calendar plan year 2013 or fi		01/01/2013	and ending	12	/31/2013	
_	This return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)	L	∫ a on <del>e</del> -partici	pant plan
В	This return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)		
C	Check box if filing under:	🗙 Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	tion)			-	
Р	irt II Basic Plan Info	ormation enter all requested in	formation				
1a						Three-digit	
	FELDMAN LAW GROUP	401(K) PLAN				lan number PN) ►	001
		702 (0), 2222				ffective date	<u> </u>
						01/01/2013	
2a		ddress; include room or suite number	r (employer, if for a single	-employer plan)	2b E	Employer Ident	ification Number
	FELDMAN LAW GROUP	PC			(	EIN) 13-33	20784
						Sponsor's telep	
	220 E 42ND STREET					(212) 532-	
***	SUITE 3304	NW 10018				Business code 541110	(see instructions)
<u>3a</u>	NEW YORK	NY 10017 and address X Same as Plan Spon	sor Nama Sama as F	Dian Spansor Address		Administrator's	FIN
•	Tidif definitionatel 3 flantio t	ind address [35] Callic as I lall Open	301 Hamo Domine #3 1	ian opolisor Address	007	TOTTINISTERSOT S	-11 <b>3</b>
					30 /	\ etaminintentaela	telephone number
					30 /	Administrator s	relebuoue unumer
4	If the name and/or EIN of th	ne plan sponsor has changed since th	ie last return/report filed f	or this plan, enter the	4b 8	EIN	
		imber from the last return/report.					
<u>a</u>	Sponsor's name				4c	?N	
5a		s at the beginning of the plan year			5a		7
b		s at the end of the plan year			5b		7
_		account balances as of the end of th			5c		6
6a		s during the plan year invested in elig			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4814+1614+141414	X Yes No
b	Are you claiming a waiver of	of the annual examination and report of	of an independent qualifie	d public accountant (IQ	PA)		
		? (See instructions on waiver eligibilit	. , , , , , , , , , , , , , , , , , , ,	******************			X Yes No
	•	ither line 6a or line 6b, the plan ca			_		_
	If the plan is a defined bene	efit plan, is it covered under the PBG0	3 insurance program (see	ERISA section 4021)?	********	YesN	lo Not determined
CE	ution: A penalty for the late	or incomplete filing of this return	report will be assessed	l uniess reasonable ca	use is	estabilshed.	
		other penalties set forth in the instruc					
	i or Schedule MB completed lief, it is true, correct, and cor	and signed by an enrolled actuary, as	s well as the electronic ve	ersion of this return/repo	rt, and t	to the best of r	ny knowledge and
		hipiete.	·····	<u> </u>			, <b>,</b> , , , , , , , , , , , , , , , , ,
	ign /			Stephen Feldman	·		
	ERE Signature of plan ad	ministrator	Date 0/1/2014	Enter name of individu	al signir	ng as plan adn	ninistrator
S	IGN V			Stephen Feldman	<u> </u>		
	ERE Signature of employ	er/plan sponsor	Date 01201	Enter name of individu	al signir	ng as employe	r or plan sponsor
Pr	eparer's name (including firm	name, if applicable) and address; in	clude room or suite numb	er (optional)	Prepa	rer's telephon	e number (optional)
					19.00 V 14	N.E. Williams 1984 Labour	E ANIAGE LA COMPANIANTE

Par	Financial Information					-			
	lan Assets and Liabilities	ELEVERA	(a) Beginning of Year				(b) End of	Year	
	otal plan assets	7a	,,,		1		` ,	66,	737
	otal plan liabilities	7b			_				<del> ,</del>
C N	let plan assets (subtract line 7b from line 7a)	7c		0	1			66,	737
	ncome, Expenses, and Transfers for this Plan Year	\$50 <b>\</b> 6965	(a) Amount				(b) To		
	contributions received or receivable from:		10.0			Y.A	No. 22 En August 15 Species	COLUMN TO SERVE	
············	1) Employers	8a(1)	12,2		353	6			
	2) Participants	8a(2)	54,5	40					
	3) Others (including rollovers)	8a(3) 8b		4.	<b>建建筑</b>		MANAGEMENT OF THE		
	otal income (loss)otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(3	•		V I			
	tenefits paid (including direct rollovers and insurance premiums	00		THE STREET		10. Fal. da		66,	
	provide benefits)	8d						CEAR	
<b>e</b> 0	Certain deemed and/or corrective distributions (see instructions)	8e				4	AVIII MO		
f A	dministrative service providers (salaries, fees, commissions)	8f		0	133	W.			
g	Other expenses	8g		0	<b>A</b>	相访	la inc.	<b>/\$2519</b>	40.44
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h	1704/03/2004 17/19		1		··		0
iN	let income (loss) (subtract line 8h from line 8c)	81	Cort Crass Cort	d y		enzaren errena	UNISS I ADAMAT E		737
2 - Table 202	ransfers to (from) the plan (see instructions)	8j			No.	排標	new ex	域的	外表和
Par	TIV: Plan Characteristics								
9a II	the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 3D	eature cod	es from the List of Plan Charac	teristi	ic Cod	es in t	he instruction	ons:	
b II	the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instructio	18:	
Par	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	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		x			
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?	140011111111111111		10c	x				10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	· · ·	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all							,	
	instructions.)			10e	ļ	Х	<u> </u>		
f	Has the plan failed to provide any benefit when due under the pla	n?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f	ļ	X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	1	x			
ì	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Par	VI Pension Funding Compliance								
11									
11a	Enter the unpaid minimum required contribution for current year f	from Sche	dule SB (Form 5500) line 39	*******		11a			
12	is this a defined contribution plan subject to the minimum funding		······································			302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v. as appli	cable.)						
а	If a waiver of the minimum funding standard for a prior year is be granting the waiver	ing amorti	zed in this plan year, see instru		, and	_	the date of	the letter Year	-
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedu								
b	Enter the minimum required contribution for this plan year			.,,,,,,,,	10141044	12b			

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	Enter the amount contributed by the employer to the plan for thi	is nian year	12c	1		
d	Subtract the amount in line 12c from the amount in line 12b. Ennegative amount)	nter the result (enter a minus sign to the left of a	404			
0	Will the minimum funding amount reported on line 12d be met b			Yes [	] N₀	
Parl	VII Plan Terminations and Transfers of Asset	ts				
13a	Has a resolution to terminate the plan been adopted in any plan	1 year?	🗆 Ү	es 🗷 N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the		420			
b	Were all the plan assets distributed to participants or beneficiari	ies, transferred to another plan, or brought under t	ne control		Yes X No	
	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)			-		
	13c(1) Name of plan(s):		13c(2) EIN	(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		
1	FELDMAN LAW GROUP 401(K) PLAN TRUST		7	46-375	4322	