For	Form 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2013
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form i	s Open to Public
Pension Be	nefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	tions to the Form 550	0-SF.	Ins	pection
Part I		entification Information		and anding d	0/04/	2040	
_	ar plan year 2013 or fisca				2/31/2		
	urn/report is for:			an (not multiemployer)		a one-partici	oant plan
B This ret	urn/report is:		he final return/report				
				n/report (less than 12 mo	onths)	-	
C Check	box if filing under:	Y Form 5558	automatic extension			DFVC progra	im
		special extension (enter description	,				
Part II		nation—enter all requested informat	ion				
1a Name RICHARD J.	•	AW LLP PROFIT SHARING PLAN			16	Three-digit plan number (PN) ►	001
					1c	Effective date o	•
	consor's name and addre	ess; include room or suite number (em _AW LLP	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 13-35	fication Number
80 BROAD S	STREET				2c	Sponsor's telep	
33RD FLOO NEW YORK	R				2d	Business code (54111	see instructions)
3a Plan a	dministrator's name and	address 🗙 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	
		lan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN	
a Spons					4c	PN	
		the beginning of the plan year			5a		4
b Total i	number of participants at	the end of the plan year			5b		4
compl	ete this item)	count balances as of the end of the pla	- · · ·		5c		3
		luring the plan year invested in eligible		,			X Yes No
under	29 CFR 2520.104-46? (e annual examination and report of ar See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno	nd conditions.)		·····		🗙 Yes 🗌 No
		plan, is it covered under the PBGC inst			_		Not determined
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	ise is	established.	
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.					
SIGN	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	gning as plan adr	ninistrator	
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)

a Total plan sasets 7a 54218 65008 b Total plan liabilities 7b 0 0 c Net plan sasets (sothed in P5 from ine 7a) 7c 54218 60008 8 Income. Expenses. and Transfers for this Plan Year (a) Amount (b) Total 0 a Optimizer science or received or received in received in received in received or received in received or received in received or received or received or received in set (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
b Total pan lastitities 7b 0 0 c Net plan assets (subtract line 75 from line 75) 7c 64218 66008 6 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 60018 a Contributions received or receivable from. 8c(1) 0 0 (a) Others (including rollovers) 8c(3) 0 0 b Cher income (stal lines 8c(1), 8a(2), 8a(3), and 8b) 8c 10790 C Total income (stal lines 8c(1), 8a(2), 8a(3), and 8b) 8c 0 10790 C Catina indemed and/or corrective distributions (sea instructions) 8c 0 0 C Catina indemed and/or corrective distributions (sea instructions) 8c 0 0 f Administrative service providers (salarles, fees, commissions) 8f 0 0 Transfers to (from) the plan (see instructions) 8g 0 0 0 I Transfers to (from) the plan service providers (salarles, fees, commissions) 8g 0 0 I If the plan provides bension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in th		. 7a			1				
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported , that was caused by fraud ,	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	X	X X X X X X X Jle SB	(Form		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? is of year end (See instruction he required not 1-3 nents? (If "Yes rom Schedule	tion Program) lude transactions reported that was caused by fraud that was caused by fraud and the plan? (See the plan? (See the plan?	10a 10b 10c 10d 10e 10f 10g 10h 10i plete \$	X Sched	X X X X X X X Ule SB	(Form	Yes	
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit n? is of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule requirements	tion Program) lude transactions reported , that was caused by fraud ,	10a 10b 10c 10d 10e 10f 10g 10h 10i plete \$	X Sched	X X X X X X X Ule SB	(Form	Yes	
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir 	iciary Correct ? (Do not inc fidelity bond, her persons b of the benefit n? is of year end (See instruction he required not 1-3 ments? (If "Year rom Schedule requirements , as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10a 10b 10c 10d 10e 10f 10g 10h 10i 0	X Geched	X X X X X X X X X IIa 02 of B	(Form	Yes	□ N

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 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?	Ye	es 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 🗙 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): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed	е	2013					
Department of Labor Employee Benefits Security Administration	This Form is Open to Public Inspection							
Pension Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instru	ctions to the Form 550	0-SF.				
Part I Annual Report Ic	Ientification Information	01/01/2013	and ending	12	/31/2013			
			lan (not multiemployer)	ſ	a one-participant plan			
B This return/report is:		he final return/report		Ē				
		a short plan year retu	rn/report (less than 12 m	onths)				
C Check box if filing under:	x Form 5558	utomatic extension		Γ	DFVC program			
	special extension (enter description))						
Part II Basic Plan Inform	mation enter all requested inform	ation			· · · · · · · · · · · · · · · · · · ·			
1a Name of plan					Three-digit plan number			
RICHARD J. KATZ ATTO	RNEY AT LAW LLP PROFIT SH	ARING PLAN		3	PN) ► 001			
				6	Effective date of plan 01/01/2001			
2a Plan sponsor's name and add RICHARD J. KATZ ATTO	ress; include room or suite number (en RNEY AT LAW LLP	nployer, if for a singl	e-employer plan)	2b Employer Identification Numbe (EIN) 13-3510121				
					Sponsor's telephone number (212) 233-1515			
80 BROAD STREET					Business code (see instructions)			
33RD FLOOR US NEW YORK	NY 10004				541110			
3a Plan administrator's name and	address 🔀 Same as Plan Sponsor	Name Same as	Plan Sponsor Address	36.7	Administrator's EIN			
				-0-				
				30 /	Administrator's telephone number			
		······		41				
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the la per from the last return/report.	st return/report filed	for this plan, enter the	4b I	EIN			
a Sponsor's name				4c	⊃Ń			
5a Total number of participants at	the beginning of the plan year		**************************************	5a	4			
	the end of the plan year			<u>5b</u>	4			
	count balances as of the end of the pla			_5c	3			
6a Were all of the plan's assets de	uring the plan year invested in eligible	assets? (See instruc	tions.)		XYes No			
	e annual examination and report of an See instructions on waiver eligibility an				XYes No			
	er line 6a or line 6b, the plan cannot		and must instead use					
c If the plan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No Not determined			
Caution: A penalty for the late or	Incomplete filing of this return/repo	ort will be assessed	l unless reasonable ca	use is e	established.			
Under penalties of perjury and other	r penalties set forth in the instructions	, I declare that I have	e examined this return/re	port, in	cluding, if applicable, a Schedule			
SB or Schedule MB dompleted and belief, it is true, connect, and completed	l signed by an enrolled actuary, as wel ete.	I as the electronic ve	ersion of this return/repor	t, and t	o the best of my knowledge and			
sign A	1833969149149149149149149149149149149149149149	\	Richard J. Katz					
HERE Signature of plan admin	Istrator	Date 15/11/14	Enter name of individua	I signin	g as plan administrator			
SIGN			are any 10 - 10 - 11 - 11 - 11 - 11 - 11 - 11	*				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								
Preparer's name (including firm nar	me, if applicable) and address; include	room or suite numb	er (optional)	Prepa	rer's telephone number (optional)			
For Donomijork Doduction Ant No		a tha Instructions f	ar Form 5500 SE		Form 5500-SF (2013)			
For naperwork Reduction Act No	tice and OMB Control Numbers, se	e ula llistructions l	27 1 0110 0000-0Pt		v.130118			

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P	art III Financial Information					4	*****		
.7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End c	of Year	
а	Total plan assets	7a	. 54,2	1.8	3			65,008	
b	Total plan liabilities	7b		0				0	
C	Net plan assets (subtract line 7b from line 7a)	7c	54,2	18	1			65,008	
8	Income, Expenses, and Transfers for this Plan Year	and the second	(a) Amount				(b) Total		
a	Contributions received or receivable from:	80(1)		0					
	(1) Employers	8a(1) 8a(2)		0		1.1		Second Second Second	
*****	(2) Participants	8a(3)		0				energi	
b	(3) Others (including rollovers)	8b	10,7	1980348					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2011		2000140			10,790	
d	Benefits paid (including direct rollovers and insurance premiums			_					
	to provide benefits)	8d		0					
e	Certain deemed and/or corrective distributions (see Instructions)	8e		0				and the state of the second second	
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Stephenson (Construction)	1				0	
i	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>		ų v				10,790	
j	Transfers to (from) the plan (see instructions)	8j		0					
	nt IV Plan Characteristics	*********							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codi	es from the List of Plan Charac	teristi	ic Cod	es in t	lhe instructi	ons:	
	2A 2E 3B 3D								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Pa	n V Compliance Questions		· · · · · · · · · · · · · · · · · · ·						
10	During the plan year:				Yes	No		Amount	
a		ions withir	the time period described in ction Program)	10a		x			
b	Were there any nonexempt transactions with any party-In-interest?	? (Do not i	nclude transactions reported	10b		x			
c	on line 10a.)			10c	x			10,000	
d		****	********	100				10,000	
u	or dishonesty?		\$\$``Y {F&F&xx}*****	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or	er persons of the bene	s by an insurance carrier, efits under the plan? (See						
	Instructions.)		***************************************	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	?	*******	10f	anshirishilmi	x		*****	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		x	}		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i					
Par	tVI Pension Funding Compliance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			J			
1.00.007.0	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11		*******							
	5500) and line 11a below)		WATTAN PARAMAN AND A PARAMA		Τ	11a	*****	I,	
11a	5500) and line 11a below)	om Schedu	ule SB (Form 5500) line 39				ERISA?		
	5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the state of the minimum funding results to the minimum fund	om Schedu equiremen	ule SB (Form 5500) line 39 nts of section 412 of the Code of				ERISA?	Yes X No	
11a	5500) and line 11a below)	om Schedu equiremen as applica g amortize	ule SB (Form 5500) line 39 hts of section 412 of the Code o able.) ad in this plan year, see instruct	or sec	etion 3	02 of I	~~~~~		
11a 12 a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding from (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver	om Schedu equiremen as opplica g amortize	ule SB (Form 5500) line 39 hts of section 412 of the Code of able.) ad in this plan year, see instruct 	or sec	etion 3	02 of I	ne date of th	ne letter ruling	
11a 12 a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding re- (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	om Schedu equiremen as applica g amortize MB (Forn	ule SB (Form 5500) line 39 hts of section 412 of the Code of able.) ad in this plan year, see instruct Mon n 5500), and skip to line 13.	or sec lions,	and e	02 of I	ne date of th	ne letter ruling	

Form 5500-SF 2013	Page 3-

С	Enter the amount contributed by the employer to the plan for this plan year	120	
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	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗌 No 🗌 N/A
Part			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes	s 🕱 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 cost 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 plan(s) to which assets or liabilities were transferred. (See instructions.)	o 	
1	13c(1) Name of plan(s): 13c	;(2) EIN(s) 13c(3) PN(s)
Part	Vill Trust Information (optional)	T	
14a (Name of trust	14b Tru	ust's EIN