For	m 5500-SF	Short Form Annua	I Return/Report Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	This form is required to be filed	etirement	2014						
	partment of Labor enefits Security Administration	Income Security Act of 1974 (I		57(b) and 6058(a) of the		This Form is Open to Public Inspection				
	Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	Annual Report Ic ar plan year 2014 or fisc	lentification Information al plan year beginning 01/01/201	1	and ending 12/	31/2014					
	urn/report is for:	a single-employer plan	a multiple-employer p		Filers chec	king this box must attach a list the form instructions)				
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)					
C Check b	box if filing under:	Yerr Form 5558 automatic extension DFVC program special extension (enter description) DFVC program								
Part II	Basic Plan Inform	mation—enter all requested info	mation							
1a Name FELDMAN L	of plan AW GROUP 401(K) PL	AN			(PN)	number 001				
					1c Effe	ctive date of plan 01/01/2013				
	oonsor's name and addr AW GROUP PC	ess; include room or suite number	(employer, if for a single	-employer plan)	2b Emp (EIN	loyer Identification Number				
220 E 42ND 3	STREET				2c Spo	nsor's telephone number 212-532-8585				
SUITE 3304 NEW YORK,	NY 10017				2d Business code (see instructions) 541110					
3a Plan a	dministrator's name and	address XSame as Plan Sponso	r.		3b Administrator's EIN					
4 If the r	name and/or EIN of the r	plan sponsor has changed since th	e last return/report filed f	or this plan, enter the	4b EIN	inistrator's telephone number				
name,		per from the last return/report.			4c PN					
5a Total r	number of participants a	t the beginning of the plan year			5a	8				
b Total r	number of participants a	t the end of the plan year			5b	8				
comple	ete this item)	count balances as of the end of th			5c	7				
d(1) Tota	al number of active parti	cipants at the beginning of the plar	ı year		5d(1)	8				
		cipants at the end of the plan year			5d(2)	8				
		ninated employment during the pla			5e	0				
Under pena SB or Sche	alties of perjury and othe dule MB completed and rue, correct, and comple		ons, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule				
SIGN HERE	Filed with authorized/va	lid electronic signature.								
	Signature of plan adı	ninistrator	Date	Enter name of individu	ual signing	as plan administrator				
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor				
Preparer's		ne, if applicable) and address (incl				s telephone number (optional)				

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
c	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
		isulance p	iogram (see ENIOA section 40	21):		163		Judetenni	ineu	
							<u> </u>			
	Plan Assets and Liabilities	_	(a) Beginning of Yea		_		(b) End of	Year 196519	<u> </u>	
	Total plan assets	7a	007	37	_			190515	9	
	Total plan liabilities	7b	667	27	_			196519	<u>ר</u>	
	Net plan assets (subtract line 7b from line 7a)	7c		51	+-		190319			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	ncome, Expenses, and Transfers for this Plan Year (a) Amount (b) Total								
a	(1) Employers	8a(1)	596	24						
	(2) Participants	8a(2)	834	54						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	-132	96						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						129782	2	
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			_			C		
	Net income (loss) (subtract line 8h from line 8c)	8i			_			129782	2	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $2K$ $3D$	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instructio	าร:		
h							h a ta ata ata da ta t			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Coc	ies in ti	he instruction:	3:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Δr	nount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in				~	lount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest		-			V				
	on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	X				10000	
d						V				
	or dishonesty?			10d		Х				
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		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	ivg						
	2520.101-3.)			10h		Х				
i										
Dest	exceptions to providing the notice applied under 29 CFR 2520.101-3 10i									
	Part VI Pension Funding Compliance									
11	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)									
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12										
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			0130		502 01				
	If a waiver of the minimum funding standard for a prior year is heir			ations	00-1	ntor 1	l doto of the	lottor		

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
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 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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust	14b Trust's EIN			

	Drm 5500-SF	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089						
	nternal Revenue Service		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								
Employe	Department of Labor Benefits Security Administration			Revenue Code (the		6(a) or		is Open to Public			
Pensie	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part		Identification Information	1								
For cale	ndar plan year 2014 or fi			01/01/2014	and ending		2/31/2014				
A This	return/report is for:	x a single-employer plan	of		blan (not multiemployer) byer information in accor		•				
B This	return/report is:	the first return/report	H	e final return/report short plan year retu	rn/report (less than 12 r	nonths)	1				
C Che	ck box if filing under:			tomatic extension		DFVC program					
		special extension (enter desci									
Part I	ne of plan	ormation enter all requested	informa	tion		1h	Three-digit				
	LDMAN LAW GROUP	401(K) PLAN				10	plan number (PN) ►	001			
						1c	Effective date o 01/01/2013	1			
	n sponsor's name and ad LDMAN LAW GROUP	ddress; include room or suite numt PC	ber (em	ployer, if for a singl	e-employer plan)	2b	Employer Identi (EIN) 13-33				
						2c	Sponsor's telep (212) 532-				
su:	D E 42ND STREET (TE 3304 NEW YORK NY 10017					2d	Business code 541110	(see instructions)			
		and address X Same as Plan Sp	ionsor N	lame		3b	Administrator's	EIN			
			 , ,					telephone number			
nai	me, EIN, and the plan nu	ne plan sponsor has changed since Imber from the last return/report.	the last	t return/report filed	for this plan, enter the	4b					
	onsor's name	1.11 1. 1. 1. 1				4c					
		s at the beginning of the plan year s at the end of the plan year				5a 5b		8			
C Nu	mber of participants with	account balances as of the end of	f the plar	n year (defined ben	efit plans do not	50		7			
		inticipants at the beginning of the pl			***************************************	5d(1)	8			
d(2) 1	otal number of active pa	irticipants at the end of the plan yea	ar		********	5d(2)	8			
		terminated employment during the	•			50	9	0			
Cautio	n: A penalty for the late	e or incomplete filing of this retu	rn/repo	rt will be assesse	d unless reasonable ca	use is	established.				
Under SB or \$	penalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	uctions,	I declare that I hav	e examined this return/r	eport, i	ncluding, if appli				
SIGN					Stephen Feldmar						
HERE	Signature of plan adr	ministrator		Date 1/31/15	Enter name of individu	al signi	ng as plan admi	nistrator			
SIGN		12			Stephen Feldmar	L		<u> </u>			
HERE Signature of employer/plan sponsor Date 7								· · · · · · · · · · · · · · · · · · ·			
Prepar	er's name (including firm	name, if applicable) and address; i	include	room or suite num	per (optional)	Prep	arer's telephone	number (optional)			
	1										
For Pa	perwork Reduction Act	t Notice and OMB Control Numbe	ers, see	the instructions	for Form 5500-SF.		F	orm 5500-SF (2014) v.140124			

Form 5500-SF 2014

Page 2

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)

XYes 🗌 No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined С Part III Financial Information

7 Plan Assets and Liabilities <u>C C S</u> (a) Beginning of Year (b) End of Year а Total plan assets 7a 66,737 196,519 b Total plan liabilities..... 7b С Net plan assets (subtract line 7b from line 7a) 7c 66,737 196,519 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: а SOMPS 59,624 (1) Employers 8a(1) ST WELLS MAY CARE (2) Participants 83,454 8a(2) (3) Others (including rollovers) 2 MARCHAR AND THE STATE 8a(3) b Other income (loss) 8b (13,296) **网络**新教 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8¢ 10 129,782 d Benefits paid (including direct rollovers and insurance premiums NTOWNE! to provide benefits) 8d е Certain deemed and/or corrective distributions (see instructions) ... 8e **学校主义**: 1993-1993 f Administrative service providers (salaries, fees, commissions) 0 8f 经支持的制度合同增加 Other expenses 0 g 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 拉急器 h 8h 13.2 \mathbb{R}^{*} 0 Net income (loss) (subtract line 8h from line 8c) 81 129,782 Transfers to (from) the plan (see instructions) 8j

Part IV **Plan Characteristics**

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2J 2K 3D 2E

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

Part V Compliance Questions

10	During the plan year:		Yes	No	Amount
·a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C		10c	х		10,000
d	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	-
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	lete	Sched	iule S	B (Form

	5500) and line 11a below)] [<u> </u>	res [X	Nc
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	-				-

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... 12 Yes X No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

If a walver 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 а granting the waiver Month Day Year

Form 58	500-SF 2014	Page 3-				
If you complete	ed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550		3.			
b Enter the m	ninimum required contribution for this plan year			12b		·
c Enter the an	mount contributed by the employer to the plan for this plan year			12c		
d Subtract the	e amount in line 12c from the amount in line 12b. Enter the result (enter nount)	a minus sign to the l	eft of a	12d		, · · · · ,
	imum funding amount reported on line 12d be met by the funding dead				Yes	
	an Terminations and Transfers of Assets					
13a Has a resolu	ution to terminate the plan been adopted in any plan year?		******		es X No)
	ter the amount of any plan assets that reverted to the employer this yea			13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes X No
C If during this	s plan year, any assets or liabilities were transferred from this plan to a ts or liabilities were transferred. (See instructions.)					
13c(1) Name	of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)
Part VIII Tru	ust Information (optional)					
14a Name of trust	t			14b Tr	ust's EIN	