-	rm 5500-SF	Short Form Annua	I Return/Report Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed		2014							
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	e).	Internal	This Form is Open to Public Inspection						
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the inst	ructions to the Form 55	00-SF.						
Part I		dentification Information cal plan year beginning 01/01/201	4	and ending 12/	31/2014						
		a single-employer plan	a multiple-employer p	blan (not multiemployer) (Filers chec	king this box must attach a list					
A This ret	urn/report is for:	a one-participant plan	of participating emplo	oyer information in accord	lance with t	the form instructions)					
B This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	an 12 months)						
C Check	box if filing under:	Form 5558 automatic extension DFVC program									
		special extension (enter descrip	tion)								
Part II	Basic Plan Infor	mation—enter all requested infor	mation								
1a Name RICHARD J	•	LAW LLP PROFIT SHARING PLA	N		•	number					
					(PN) 1c Effect	tive date of plan					
2a Blan a	oppor's name and add	ress; include room or suite number	(omployor if for a single		2h ⊑ma	01/01/2001					
	KATZ ATTORNEY AT		(employer, in for a single		EIN	nployer Identification Number IN) 13-3510121					
80 BROAD S	TREET				2c Spor	nsor's telephone number 212-233-1515					
33RD FLOOI NEW YORK,	२				2d Busi	Business code (see instructions) 541110					
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	r.		3b Administrator's EIN						
4 If the r	name and/or FIN of the	plan sponsor has changed since th	e last return/report filed i	for this plan, enter the	4b EIN						
name		ber from the last return/report.			4C PN						
·		at the beginning of the plan year									
b Total i	number of participants a	at the end of the plan year			5b	4					
		ccount balances as of the end of th			5c	3					
	/	icipants at the beginning of the plar			5d(1)	3					
		ticipants at the end of the plan year.			5d(2)	3					
		minated employment during the pla			5e	0					
		r incomplete filing of this return/r									
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as lete.									
SIGN		alid electronic signature.									
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	er name of individual signing as plan administrator						
SIGN HERE											
Preparer's	Signature of employ name (including firm na	rer/plan sponsor me, if applicable) and address (incl	Date ude room or suite numb			as employer or plan sponsor s telephone number (optional)					
		and OMB Control Numbers see the i				Form 5500-SE (2014)					

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Second Sec						X Yes No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
а	Total plan assets	7a	650	80			67520		
b	Total plan liabilities	7b		0			0		
С	Net plan assets (subtract line 7b from line 7a)	plan assets (subtract line 7b from line 7a) 7c 650					67520		
8	Income, Expenses, and Transfers for this Plan Year	Year (a) Amount					(b) Total		
а	Contributions received or receivable from:	0=(4)		0					
	(1) Employers	8a(1) 8a(2)		0	_				
	 (2) Participants	8a(3)		0					
b	(3) Others (including rollovers) Other income (loss)	8b	29	91					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80			-		2991		
	Benefits paid (including direct rollovers and insurance premiums	<u> </u>					2001		
	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	4	79					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	xpenses (add lines 8d, 8e, 8f, and 8g)							
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)				_		2512		
j	j Transfers to (from) the plan (see instructions)								
Par	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $3B$ $3D$	feature co	des from the List of Plan Chara	acteri	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 Charac	cterist	ic Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
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			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X		10000		
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)	of the ben	efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g						х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g 10h		Х			
i									
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	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No		
	(If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	as annlic	ahla)				1		

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 the plan(s) to which assets or liabilities were transferred. (See instructions.)							
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 ⊺⊧	rust's EIN				

	yee	OMB Nos. 1210-0110 1210-0089								
Department of the Treasury Internal Revenue Service	White forms to provide a back	Benefit F	Tarr tions 104 and 4065 of the Emplo	-	2014					
Department of Labor	Retirement Income Security A	58(a) of		s Open to Public						
Employee Benefits Security Administration			Code (the Code).			spection				
Pension Benefit Guaranty Corporation	Complete all entries in accord to the complete all entries in accor	cordance with	the instructions to the Form 5	500-SF.						
part I Annual Report or calendar plan year 2014 or	fiscal plan year beginning	01/01	/2014 and ending	12/	31/2014					
	x a single-employer plan	a multiple-	employer plan (not multiemploye	r) (Filers ch	ecking this bo	x must attach a list				
A This return/report is for:	11 11	of participa	ting employer information in acc	ordance witi	h the form ins	tructions)				
B This return/report is:	a one-participant plan the first return/report	the final ret								
P THO ICCOMPOSICION	an amended return/report	أسبيا	n year return/report (less than 12	months)						
		automatic e	extension	П	DFVC progra	m				
Check box if filing under:	X Form 5558		extension		Dr vo progra					
	special extension (enter descri									
Part II Basic Plan Inf a Name of plan	formation enter all requested in	nformation		1b Th	ree-digit					
·	TTORNEY AT LAW LLP PROFIS	P QUADTNG T	>T.&N		an number N} ►	001				
RICHARD J. KATZ A	PTORNEI AT LAW LLEP PROFIL	, SHARING P	- ALGRAN		fective date of	<u> </u>				
					1/01/2001					
A Plan sponsor's name and BICHARD J. KATZ A	address; include room or suite numbe	er (employer, if	for a single-employer plan)	1		ification Number 10121				
					(EIN) 13-3510121 2c Sponsor's telephone number					
80 BROAD STREET				(2	(212) 233-1515					
33RD FLOOR						(see instructions)				
US NEW YORK NY 10004			·		541110 3b Administrator's EIN					
a Plan administrator's name	and address X Same as Plan Spo	insor mame								
If the name and/or EIN of	the plan sponsor has changed since	the last return/r	eport filed for this plan, enter the	4b El	N	······				
name, EIN, and the plan n	umber from the last return/report.			4c PI	N					
						4				
a Sponsor's name	te at the nervinning of the blan year .									
a Sponsor's name a Total number of participan b Total number of participan	ts at the end of the plan year					4				
 a Sponsor's name a Total number of participan b Total number of participan c Number of participants with 	ts at the end of the plan year h account balances as of the end of t	the plan year (d	lefined benefit plans do not	<u>5b</u> 5c		<u>4</u> 3				
 a Sponsor's name a Total number of participan b Total number of participants wit complete this item) 	ts at the end of the plan year h account balances as of the end of t	the plan year (d	lefined benefit plans do not	5b 5c		, <u> </u>				
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 a Sponsor's name a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p Number of participants that 	its at the end of the plan year h account balances as of the end of the participants at the beginning of the pla	the plan year (d an year Ir plan year with a	lefined benefit plans do not	5b 5c 5d(1) 5d(2) 5e		3 3				
 a Sponsor's name a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p Number of participants that less than 100% vested Caution: A penalty for the lat 	ts at the end of the plan year	the plan year (d an year plan year with a n/report will be	e assessed unless reasonable	5b 5c 5d(1) 5d(2) 5e cause is et	stabiished.	3 3 3 0				
 a Sponsor's name a Total number of participan b Total number of participans wit complete this item) d(1) Total number of active p d(2) Total number of active p Number of participants that less than 100% vested Caution: A penalty for the lat 	ts at the end of the plan year	the plan year (d an year r plan year with a n/report will be ctions. I declare	e assessed unless reasonable e that I have examined this return	5b 5c 5d(1) 5d(2) 5e cause is en n/report, inc	stablished.	3 3 3 0 icable, a Schedule				
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 a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) c Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and complete belief, it is true, correct, and complete SIGN HERE Signature of plan active 	Its at the end of the plan year	the plan year (d an year plan year with a plan year with a n/report will be citions, I declare as well as the e y-10 { Date Date	efined benefit plans do not accrued benefits that were e assessed unless reasonable e that I have examined this return ectronic version of this return/re Richard J. Ka Enter name of indivi suite number (optional)	5b 5c 5d(1) 5d(2) 5e cause is end n/report, inc port, and to tz dual signing dual signing Prepare	stabiished. Iuding, if appl the best of m as plan adm	3 3 0 icable, a Schedule hy knowledge and inistrator				
a Sponsor's name a Total number of participan b Total number of participans c Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, corriect, and con- sign HEBE Signature of plan active Sign	Its at the end of the plan year	the plan year (d an year plan year with a plan year with a n/report will be citions, I declare as well as the e y-10 { Date Date	efined benefit plans do not accrued benefits that were e assessed unless reasonable e that I have examined this return ectronic version of this return/re Richard J. Ka Enter name of indivi suite number (optional)	5b 5c 5d(1) 5d(2) 5e cause is end n/report, inc port, and to tz dual signing dual signing Prepare	stabiished. Iuding, if appl the best of m as plan adm	3 3 0 icable, a Schedule hy knowledge and inistrator				
 a Sponsor's name a Total number of participan b Total number of participans wit complete this item) d(1) Total number of active p d(2) Total number of active p a Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, corriect, and completed belief, it is true, corriect, and completed belief. Sign HERE Signature of plan active p 	Its at the end of the plan year	the plan year (d an year plan year with a plan year with a n/report will be citions, I declare as well as the e y-10 { Date Date	efined benefit plans do not accrued benefits that were e assessed unless reasonable e that I have examined this return ectronic version of this return/re Richard J. Ka Enter name of indivi suite number (optional)	5b 5c 5d(1) 5d(2) 5e cause is end n/report, inc port, and to tz dual signing dual signing Prepare	stabiished. Iuding, if appl the best of m as plan adm	3 3 0 icable, a Schedule hy knowledge and inistrator				

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<u> </u>							******		
	Were all of the plan's assets during the plan year invested in eligible					*******	******	X Yes	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							No	
	Inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							ar i ca	
	If you answered "No" to either line ba or line ob, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC in	surance n	ogram (see FRISA section 402)	1)? .		Yes	No [Not d	etermined
(Discoverage		Suranoc pr					E-		
Pa	rtill Financial Information		() - () () () () () ()		r		(b) End of	Vana	·····
7	Plan Assets and Liabilities	0.000	(a) Beginning of Year				(b) End of		
a	Total plan assets	7a	65,00					67,	520
b	Total plan liabilities	7b		0	<u> </u>				0
-	Net plan assets (subtract line 7b from line 7a)	7c	65,00	8			(* L 100	······································	520
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1000 10020	(Relative	(b) To		
-	Contributions received or receivable from: (1) Employers	8a(1)		0					100
		8a(2)		0			201		12.2
	(2) Participants	8a(3)		0	1.801				
	Other income (loss)	8b	2,99	1				5 0 T 100	1000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	991
	Benefits paid (including direct rollovers and insurance premiums			-					
	to provide benefits)	8d		0	-				19469.94
е	Certain deemed and/or corrective distributions (see instructions)	8 e		0			n de la	ing the second	<u></u>
f	Administrative service providers (salaries, fees, commissions)	8f		0	1.4		19 A.	<u>a an an</u>	<u>in de la c</u>
g	Other expenses	8g	47	9			er en en	eles Sins	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							479
i	Net income (loss) (subtract line 8h from line 8c)	81		1999 - Series A. 1999 - S 1999 - Series A. 1999 - Series A. 1990			500 S 600 S 60 S 60 S	2	. 512
i	Transfers to (from) the plan (see instructions)	. 8j		0					al antico d
2	n IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charact	eristi	c Cod	es in t	he instruction	ons:	
	2A 2E 3B 3D								
h	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instruction	IS:	
-									
	rt V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	· · · · · · · ·
		tions within	n the time period described in						
~	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	clary Corre	ction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported	406		x			
	on line 10a.)			10b	x	<u> </u>			10 000
<u> </u>				10c					10,000
d		fidelity bo	nd, that was caused by fraud	10d		x			
	or dishonesty?								
e	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See						
	instructions.)	************	****	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	n?	**********	10f	1	х			
				10g		x			
<u>g</u>									
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See man		10h		х	1000	Maria .	
	If 10h was answered "Yes," check the box if you either provided t								
i	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
	TVI Pension Funding Compliance								
				nloto	Saha	- Nulo P	B (Form		
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If '	res," see instructions and com	hiete	ocne	JUIG S		ΠYe	s 🗌 No
	a Enter the unpaid minimum required contribution for current year f					102 -4	EDIONO		s X No
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	cuon :		ERIOA7	ا نسا ۲۹	5 (AL 190

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

	Form 5500-SF 2014	Page 3-				<u></u> ,
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13				
b	Enter the minimum required contribution for this plan year		1	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 negative amount)	It (enter a minus sign to the le	eft of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the fundir				Yes 🗌 No	🗌 N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Ye	es 🗶 No	
<u>13a</u>				13a		******
	If "Yes," enter the amount of any plan assets that reverted to the employer					
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?				Y	s X No
C	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s):		130	(2) EIN((s) 13	c(3) PN(s)
Dart	VIII Trust Information (optional)					
C	Name of trust		200011	14 b T	rust's EIN	
1 7 6 1				1		