Form 5500-SF Short Form Annual Return/Report of Small E					oyee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury rnal Revenue Service	This form is required to be filed	Benefit Plar	-	etirement	2015			
Employee B	epartment of Labor lenefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection		
-	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 5	500-SF.				
For calend	ar plan year 2015 or fisc	Ientification Informational plan year beginning01/01/2	015	and ending 1	2/31/2015				
	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employe	er plan (not multiemployer) employer information in ac		-			
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repo	ort turn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extensio	n		FVC progr	am		
Part II	Basic Plan Inform	<b>nation</b> —enter all requested info							
<b>1a</b> Name FELDMAN					1b Three plan r (PN) 1c Effect	number	001 plan		
		r, if for a single-employer plan) apt., suite no. and street, or P.O	. Box)		2b Emplo	oyer Identif	I/2013 ication Number 320784		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FELDMAN LAW GROUP PC					2c Sponsor's telephone number 212-532-8585				
	STREET				2d Busin	ess code (	see instructions)		
220 E 42ND SUITE 3304 NEW YORK,						5411	10		
3a Plan a	dministrator's name and	address XSame as Plan Spons	or.		3b Admir	nistrator's E	EIN		
					<b>3c</b> Admir	nistrator's t	elephone number		
		olan sponsor has changed since t ber from the last return/report.	he last return/report file	d for this plan, enter the	4b EIN				
·	or's name				4C PN		7		
-		the beginning of the plan year the end of the plan year			5a 5b		7		
C Numb	er of participants with ac	count balances as of the end of t	he plan year (defined b	enefit plans do not	5c				
	,				5d(1)		7		
• •		cipants at the beginning of the pla cipants at the end of the plan yea	-		5d(1) 5d(2)		7		
e Numb than	per of participants that te 100% vested	rminated employment during the	plan year with accrued	benefits that were less	5e		0		
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruc signed by an enrolled actuary, a te.	tions, I declare that I ha	we examined this return/re	port, includin	ig, if applic	able, a Schedule knowledge and		
SIGN	Filed with authorized/va		10/14/2016	STEPHEN FELDMAN	1				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator		
SIGN HERE	Signature of employe	ar/nian snonsor	Date	Enter name of individ	lual signing o	s amplova	r or plan sponsor		
Preparer's		ne, if applicable) and address (in			Preparer's				
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 55	500-SF.			Form 5500-SF (2015)		

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public a ions.)	ccounta	ant (IQ	PA)		
	f the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
a	Total plan assets	. 7a		196				334149
b ·	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	. 7c		196	519			334149
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amoເ	Int				(b) Total
	Contributions received or receivable from:			01	000			
	(1) Employers	8a(1)			882	_		
	(2) Participants	8a(2)		88	717			
	(3) Others (including rollovers)	8a(3)				_		
	Other income (loss)	8b		-10	281	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		140318
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2	688			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
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						2688
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i						137630
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 Pla	an Chai	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	cterist	ic Coo	des in th	ne instructions:
Part	V Compliance Questions						-	
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			10000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		x		
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? 2520.101-3.)			10h		Х		
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	he require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance			10]	1	1	I	

11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched )) and line 11a below)		(Form	Y	es 🗙 No	lo
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Y	es 🗙 No	ю

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-									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	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								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
D		e PBGC?				Yes 🗙	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust		14b Trust's EIN					
14c Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No			
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No			
	lf "Y€	es," enter amount		19					
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?						No	N/A		

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210 Department of the Treasury Benefit Plan								
Internal Revenue Service	This form is required to be	filed under sections 104	and 4065 of the Employe	e .	2015			
Department of Labor Employee Benefits Security Administration	Retirement Income Security A	Act of 1974 (ERISA), and ternal Revenue Code (the	section 6057(b) and 6051	8(a) of	This Form	is Open to Public		
Pension Benefit Guaranty Corporation	Complete all entries in ac			IN-SE	l:	nspection		
	Identification Information	condenice with the instru	ictions to the Form Sad	10-0F.				
For calendar plan year 2015 or fis	scal plan year beginning	01/01/2015	and ending	12/	31/2015			
<ul><li>A This return/report is for:</li><li>B This return/report is:</li></ul>	a single-employer plan     a one-participant plan     the first return/report     an amended return/report	a list of participating a foreign plan the final return/report	blan (not multiemployer) employer information in a rn/report (less than 12 m	accordanc	-			
C Check box if filing under:	X Form 5558	automatic extension			DFVC progra	am		
Part II Basic Plan Info	rmation enter all requested i	nformation			· · ·	···· ··· · · · · · · · · · · · · · · ·		
1a Name of plan FELDMAN LAW GROUP 4				pla (P 1c Ef	ree-digit an number N) ► fective date o L/01/2013	•		
	over, if for a single-employer plan)					ification Number		
	om, apt., suite no. and street or P.O ce, country, and ZIP or foreign post		tructions)	· · · · · · ·	IN) 13-33			
FELDMAN LAW GROUP I	2C			2C Sponsor's telephone number (212) 532-8585				
220 E 42ND STREET SUITE 3304				2d Bu	·····	(see instructions)		
3a Plan administrator's name a	nd address 🔀 Same as Plan Spo	onsor Name		3b Administrator's EIN				
				3c Ad	iministrator's	telephone number		
	e plan sponsor has changed since I mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EI	N			
a Sponsor's name	·····		· · · · · · · · · · · · · · · · · · ·	4c PN	ł <u>.</u>			
	at the beginning of the plan year			<u>5a</u>	ļ	7		
	at the end of the plan year account balances as of the end of t			5b	+	7		
				5c	ļ	7		
d(1) Total number of active par	dicipants at the beginning of the pla	n year	*********	5d(1)		7		
	rticipants at the end of the plan year			5d(2)		7		
	terminated employment during the p			5e		0		
Caution: A nenalty for the late	or incomplete filing of this return	n/report will be assesse	d uniess reasonable ca	use is es	tablished.			
Under penalties of perjury and o	ther penalties set forth in the instruct and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, incl	uding, if appli	cable, a Schedule y knowledge and		
SIGN RAA		10-14-16	Stephen Feldman					
HERE Signature of plan adn	ninistrator	Date	Enter name of individua	al signing	as plan admi	nistrator		
SIGN MCh		10-14-16	Stephen Feldman					
HERE Signature of employe			or plan sponsor					
Preparer's name (including firm	name, if applicable) and address; ir	nclude room or suite num	ber	Prepare	r's telephone	number		
For Danenwork Reduction Act	Notice and OMB Control Number	rs, see the instructions	or Form 5500-SF.		F	orm 5500-SF (2015)		
For Paperwork Reduction Act	NOTES SHE OWD CONTOL MEMORY	iol eoo nio metrocione i			1.	v.150123		

	Form 5500-SF 2015		Page 2			-			
6a	Were all of the plan's assets during the plan year invested in eligible	0.0000107							X Yes No
b	Are you claiming a waiver of the annual examination and report of a	o assoisr In indenen	(366 instructions.) and				****	*******	Vites []10
	under 29 CFR 2520.104-46? (See instructions on walver eligibility a						+1510#1194+		XYes No
	if you answered "No" to either line 5a or line 6b, the plan canno	ot use For	m 5500-SF and must in	stead	l use	Form	5500.		
¢	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA secti	ion 40	)21)?	******	T Ye	s 🗌 No	Not determined
Pa	Int III Financial Information	· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities	包包的	(a) Beginning c	of Yea	21	Τ		(b) End of	Year
а	Total plan assets	78	1	96,5	519				334,149
	Total olan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	1	96,5	519				334,149
the second se	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	Gritter,	(a) Amouni	t				(b) To	tal
	(1) Employers	8a(1)		61,6	82	靈	机动动		
	(2) Participants	8a(2)	······	88,7	17	-	is dir		
	(3) Others (including rollovers)	8a(3)				靈			
	Other income (loss)	8b	(1)	0,28	1)				07/2007/2007/09/2
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<b>国际教育</b> 学者	1.1	28 8 E E				140,318
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,6	88	瀫	i an	rie St.	
	Certain deemed and/or corrective distributions (see instructions)	8e	·	-,-		濕			8. ALC 19 B
	Administrative service providers (salarles, fees, commissions)	8f			0	溪			
	Other expenses	8g			0	黀		*197331	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		9.4					2,688
i	Net income (loss) (subtract line 8h from line 8c)	8i		s in	ų cor	n 196			137,630
	Transfers to (from) the plan (see instructions)	8j					i Norska E na stal		
- Low and the second se	nt IV Plan Characteristics		·	,			-		
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan C	harad	cterist	ic Cod	les in t	he Instructio	ns:
	2E 2G 2J 2K 3D								· · · · · · · · · · · · · · · · · · ·
þ	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Ch	aract	eristic	Code	es in th	a instruction	<b>S</b> :
بليمي م ا		···							
10	rt V. Compliance Questions				N		1972		
<u>- a</u>	During the plan year: Was there a failure to transmit to the plan any participant contribut	ions within	the time pariod	<b></b>	Yes	No	N/A	A	mount
-	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol						200		
	Program) annonananananananananananananananananan		********	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	•		10b		x	S.		
<u> </u>	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 f by fraud or dishonesty?	•		10d		x			
e	Were any fees or commissions paid to any brokers, agents, or other	•	•						•••••••••••••••••••••••••••••••••••••••
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		x			<u> </u>
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		x	Å.		
h	If this is an individual account plan, was there a blackout period? (\$			4.01			14		
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required	notice or one of the	10h 10i		<u>x</u>		ting with	<u>desarrador de la compositional de la compositiona de la compositional de la composit</u>
j	Did the plan trust incur unrelated business taxable income?	16010177710241711		10}				<u></u>	<u></u>
Par	t.VI Pension Funding Compliance			<u></u>			1ł		····
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)				-				
11a	Enter the unpaid minimum required contribution for current year fro						11a		
12	Is this a defined contribution plan subject to the minimum funding r	equiremen	nts of section 412 of the (	Code	orsea	tion 3	02 of E	RISA7	Yes X No
			······						

	Form 5500-SF 2015 Pa	ge 3		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
<u>ĝ</u> :	If a waiver of the minimum funding standard for a prior year is being amortized in this pl ranting the waiver.	Month	s, and enter ti Day	he date of the letter ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	I skip to line 13.	<u> </u>	r
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	4 D Y   6 6 4 5 1 7 8 2 7 4 8 9 6 4 6 2 7 9 9 4 6 4 7 5 2 5 1 1 6 7 8 7 9	12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount), separate and a subtract the result (enter a min negative amount) and a subtract the resul	-	12d	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes No N/A
Part	VI Plan Terminations and Transfers of Assets			
	Has a resolution to terminate the plan been adopted in any plan year?			es X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anothe	r plan, or brought under	the control	
C	of the PBGC?			
1	3c(1) Name of plan(s):		13c(2) EIN(	(s) 13c(3) PN(s)
Part	VIII Trust Information			
14a N	lame of trust		1401	rust's ElN
14c	Name of trustee or custodian	-,		rustee or custodian's phone number
Part	IX IRS Compliance Questions		·····	
15a	Is the plan a 401(k) plan:		🗋 Ye	s 🗌 No
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employi matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	e deferrals and employ	er bas hai	sign- sed safe [_] ADP/ACP rbor test thod
f	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a 2(a)(2)(ii))?	(2)(ii) and 1.401(m)-	Yе	s 🗌 No
16a	Check the box to indicate the method used by the plan to satisfy the coverage requireme	nts under section 410(b	): DRa Pe Te	rcentage Average
		*****		
17a	Has the Plan been timely amended for all required law changes?		🗋 Ye	s 🗌 No 🗌 N/A
	Date of the last plan amendment/restatement for the required tax law changes was adop instructions for tax law changes and codes).			able code (See
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume a	ters serial number.		
	If the plan is an individually-designed plan and recieved a favorable determination letter f determination letter			
10	is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA sec made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or	tion 1022(I)(2) has been he U.S. Virgin Islands)	} □ Ye	s 🗌 No
	Were in-service distributions made during the plan year?			s 🗌 No
	If Yes, enter amount		19	
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (r not retired) as required under section 401(a)(9)?	egardless of whether or	Ye	s No N/A