Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be file		4065 of the Employee Re	tirement	2017				
Employee B	epartment of Labor enefits Security Administration	57(b) and 6058(a) of the l le).) of the Internal This Form is (
Pension Be	enefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	00-SF.	Public Inspection				
Part I Annual Report Identification Information										
For calenda	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan									
A This ret	turn/report is for:	X a single-employer plan		mployer information in acc		-				
B This retu	urn/report is	a one-participant plan								
		the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 mc	onths)					
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	rmation—enter all requested in	formation			I				
1a Name	•				1b Three	e-digit number				
FELDMAN L	AW GROUP 401(K) P	LAN			(PN)					
					1c Effec	tive date of plan 01/01/2013				
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 13-3320784					
	town, state or provinc	e, country, and ZIP or foreign post	tal code (if foreign, see ins	tructions)	2c Sponsor's telephone number					
				-	2d Business code (see instructions)					
220 E 42ND SUITE 3304	STREET				541110					
NEW YORK,	NY 10017									
3a Plan a	dministrator's name ar	nd address X Same as Plan Spo	nsor.		3b Admi	nistrator's EIN				
				Ī	3c Administrator's telephone number					
4 If the r	ame and/or EIN of the	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN					
this pl	an, enter the plan spo	nsor's name, EIN, the plan name a								
•	or's name				4d PN					
C Plan N	lame									
5a Totalı	number of participants	at the beginning of the plan year.			5a	7				
_		at the end of the plan year			5b	6				
		account balances as of the end of		-	5c	6				
d(1) Tota	al number of active pa		5d(1)	6						
d(2) Total number of active participants at the end of the plan year						5				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau	se is estal	olished.				
SB or Sche	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN		/valid electronic signature.	10/11/2018	STEPHEN FELDMAN						
HERE	Signature of plan a		Date	Enter name of individu	al signing ·	as plan administrator				
SIGN	· · · ·	/valid electronic signature.	10/11/2018	STEPHEN FELDMAN	a synny i	ao pian aominiorator				
HERE	Signature of emplo		Date	-	al signing -	as employer or plan sponsor				
For Paperw		e, see the Instructions for Form 550			iai siyininy i	Form 5500-SF (2017)				

lotice, see Pape

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of a				•	,	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,				
C	If the plan is a defined benefit plan, is it covered under the PBGC in						
•	If "Yes" is checked, enter the My PAA confirmation number from th						
				,			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year
a	Total plan assets	7a	44	44452			476295
b	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	44	44452			476295
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:	80(1)		40615			
	(1) Employers	8a(1)		52600			
	(2) Participants	8a(2)		0			
h	Other income (loss)	8a(3) 8b		31979			
				31979			125194
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c					125194
u	to provide benefits)	8d	9	93351			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
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					93351
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					31843
j	Transfers to (from) the plan (see instructions)	8j					
Ра	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2G $$ 2J $$ 2K $$ 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Cod	es in the instructions:
Pa	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						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a	x		2715
Ŀ	Were there any nonexempt transactions with any party-in-interest			iva	~		3715
	reported on line 10a.)			10b		X	
C				10c	X		50000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	ond, that was caused	10d		х	

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10e

10f

10g

10h

10i

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

f

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i,

the plan? (See instructions.)

Has the plan failed to provide any benefit when due under the plan?

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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Page 3- 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

·····									
Form 5500-SF Department of the Treasury	Short Form Annua	al Re B	eturn/Report enefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to the Retirement Income Security	be filed	under sections 104	and 4065 of the Emplo	yee	2017			
Department of Labor Employee Benefits Security Administratio	Retirement Income Security	/ ACLOI Interna	1974 (ERISA), and I Revenue Code (th	section 6057 (b) and but e Code)	58(a) of	This Form is Open to Public			
Pension Benefit Guaranty Corporation]					Inspection			
Part I Annual Report	Complete all entries in a Identification Information	1000rui n	ance with the instr	uctions to the Form 5:	500-SF.				
For calendar plan year 2017 or f	iscal plan year beginning	1	01/01/2017	and ending	12	/31/2017			
· · · · · · · · · · · · · · · · · · ·	x a single-employer plan	Π,				and the second			
A This return/report is for:	a one-participant plan	e	a multiple-employer a list of participating a foreion plan	employer information in) (Filers o Laccordan	necking this box must attach ace with the form instructions.)			
B This return/report is:	the first return/report		he final return/repor	t					
	an amended return/report	님	•	urn/report (less than 12	months)				
C Check box if filing under:	x Form 5558		automatic extension	, .	Π	DFVC program			
	special extension (enter desc	Ļ			L				
Part II Basic Plan Info	ormation enter all requested	. ,	,			· · · · · · · · · · · · · · · · · · ·			
1a Name of plan	Stindtion Chier di Teguesieu			-, <u></u>	1b T	hree-digit			
FELDMAN LAW GROUP	401 (K) PLAN				pl	an number PN)► 001			
с. Фл					1c E	ffective date of plan			
2a Plan sponsor's name (empl	oyer, if for a single-employer plan))				1/01/2013 mployer Identification Number			
Mailing Address (include ro	om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O. Box	k) de (if foreian, see in:	structions)		IN) 13-3320784			
FELDMAN LAW GROUP			(2c Sponsor's telephone number				
						212) 532-8585 usiness code (see instructions)			
220 E 42ND STREET Suite 3304 US NEW YORK NY 10017					54	41110			
	nd address X Same as Plan Sp	onsor			3b Ad	dministrator's EIN			
					30 40	ministrator's telephone number			
						annustrator's telephone number			
4 If the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name h nsor's name, EIN, the plan name a	and the	nged since the last	return/report filed for	4b El	N			
a Sponsor's name	noor o hanno, cant, the plan hanne e		plan number nom i	ne last realimepoli.	4d PM	J			
c Plan Name						•			
5a Total number of participants	at the beginning of the plan year	*******		****	5a	7			
b Total number of participants	at the end of the plan year	******	******	*********	5b	6			
 C Number of participants with complete this item) 	account balances as of the end of	the pla	ın year (only defined	l contribution plans	5c	6			
	ticipants at the beginning of the pla				5d(1)	6			
	ticipants at the end of the plan yea			****	5d(2)	5			
	terminated employment during the				5e	0			
Caution: A penalty for the late	or incomplete filing of this retur	rn/repo	ort will be assessed	i unless reasonable ca	use is es				
Under penalties of perjury and o	ther penalties set forth in the instru- and signed by an enrolled actuary,	uctions.	I declare that I hav	e examined this return/r	enort inclu	uting if applicable a Schodula			
SIGN	and the second s	×	10/11/18	Stephen Feldman	<u>-</u> .				
HERE Signature of plan adm	hinistrator		Date	Enter name of individu		on plan admiti-testa			
	"1 11		10/11/18	Stephen Feldman		as plan auministrator			
	the fit of the second s	<u> </u>	<u></u>						

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SIGN X HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF 2017

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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.) 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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year ____ (See instructions.)

Part III Financial Information							
7 Plan Assets and Liabilities	<u> </u>	(a) Beginning of	of Yea	ar	T-		(b) End of Year
a Total plan assets	7a		44,4				476,295
b Total plan liabilities	7b		···· ·	0			470,233
C Net plan assets (subtract line 7b from line 7a)	7c	4	44,4		- <u> </u>		476,295
8 Income, Expenses, and Transfers for this Plan Year	1.2	(a) Amount					(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	· · · · · · · · · · · · · · · · · · ·	40,6	515			(0) / / / / /
(2) Participants	8a(2)		52,6	00		1. J.	
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		31,9	79			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-	······	125 104
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		93,3	51			125,194
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
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			÷ .	-		93,351
i Net income (loss) (subtract line 8h from line 8c)	8i				1		31,843
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics					_ 1		
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D							
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	N/A	
a Was there a failure to transmit to the plan any participant contribut	ions within	the time period		103	110		Amount
described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fid	uclary Correction					
Program)			10a	x			3,715
b Were there any nonexempt transactions with any party-in-interest?	(Do not ir	clude transactions				└── <u></u> ┟	

<u>10</u>	During the plan year:		Yes	No	N/A	
а	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		100			Amount
	Program)	10a	x			3,715
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
	Was the plan covered by a fidelity bond?	10c	x			50,000
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	_	х		
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				

Form 5500-SF 2017

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Page	3	-	
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Par								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500 and line 11a below)	hedule	SB Yes X No					
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	on 302	of					
	(in res, complete late 12a of lines 12b, 12c, 12o, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver Month							
lfy	bu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	, Da	yYear					
b	Enter the minimum mentional and that is a state of	12b	···					
C	Enter the entertainty of the test of the second s	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	12d						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A					
Parl	VII Plan Terminations and Transfers of Assets							
_13a	Has a resolution to terminate the plan been adopted in any plan year?		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 under the control of the PBGC?		Yes X No					
с	f, 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;	c(1) Name of plan(s): 13c(2) EIN	(s)	13c(3) PN(s)					