Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/2	2010
Α	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 mg	onths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description				
Pa	Int II Basic Plan Information—enter all requested inform	nation			
	Name of plan	idion		1b	Three-digit
	ISHAW ARCHITECTS PC PROFIT SHARING PLAN				plan number 001
					(PN) ▶
				1C	Effective date of plan 01/01/2004
2a	Plan sponsor's name and address (employer, if for single-employer	r nlan)		2h	Employer Identification Number
	ISHAW ARCHITECTS, PC	piani		_~	(EIN) 02-0622328
0071	WOZTH CTDEET			2c	Plan sponsor's telephone number
	V 27TH STREET YORK, NY 10001-1019			24	212-791-2501
				Zu	Business code (see instructions) 541310
3a	Plan administrator's name and address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN
GRIN	ISHAW ARCHITECTS, PC 637 W 27TH NEW YORK		-1019	2-	02-0622328
				3C	Administrator's telephone number 212-791-2501
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4.0	D.I.
5 0	Total accept on of monticina sets of the beninning of the mineral			4c 5a	
	5a Total number of participants at the beginning of the plan year				64
	b Total number of participants at the end of the plan year				68
C	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				24
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No
b	Are you claiming a waiver of the annual examination and report of		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-	SF and must instead use Form 5	000.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
-	Total plan assets	. 7a	(a) beginning of real 47929	8	(b) End of Year 667215
b	Total plan liabilities			0	0
C	Net plan assets (subtract line 7b from line 7a)		47929	8	667215
8	Income, Expenses, and Transfers for this Plan Year	1,0	(a) Amount		(b) Total
a	Contributions received or receivable from:		(a) 7 mio ant		(2) 10 (2)
	(1) Employers	. 8a(1)			
	(2) Participants	. 8a(2)	13894		
	(3) Others (including rollovers)	. 8a(3)	241		
b	Other income (loss)		7052	7	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			211880
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2355	1	
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)		41	2	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				23963
i	Net income (loss) (subtract line 8h from line 8c)	8i			187917
-					

	F	Form 5500-SF 2010 Page 2-					
Par	t IV	Plan Characteristics					—
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	odes in	the instructions:	
L		2F 2G 2J 2K 3D		4:- O-	ا د: د د اد	the instructions.	
b	ii the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in i	the instructions:	
art	: V	Compliance Questions					
0	Duri	ng the plan year:		Yes	No	Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X		
С	Wa	s the plan covered by a fidelity bond?	10c		X		
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X		
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X		18	328
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		64	449
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X		
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				
art	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			` \ \	No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction	302 of	ERISA? Yes X	No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver				9	
lf	•	ompleted 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		
		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 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

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

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):
13c(2) EIN(s)
13c(3) PN(s)

Yes X

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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	Filed with authorized/valid electronic signature.	06/09/2011	EDGARDO SAADE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

_Fo	Part I Annual Report Identification Information											
	r calendar plan year 2010 or fiscal plan year beginning	01/01/2	010 and ending		12/31/2010							
Α	This return/report is for:	multiple-	employer plan (not multiemployer)	yer plan (not multiemployer)								
В	This return/report is for:	final retu	rn/report									
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)								
C	Check box if filing under: X Form 5558		extension		DFVC program							
Ŭ	special extension (enter descripti		·		_ Br vo program							
П		7.60										
-	art II Basic Plan Information—enter all requested inform	ation		41.								
па	Name of plan GRIMSHAW ARCHITECTS PC PROFIT SHARING PI	NAL		16	Three-digit plan number (PN) 001							
				1c	Effective date of plan 01/01/2004							
2a	Plan sponsor's name and address (employer, if for single-employer GRIMSHAW ARCHITECTS, PC	r plan)		2b	Employer Identification Number							
	OKTIBIIAW AKCIITECIS, TC			_	(EIN) 02-0622328							
	627 M 07mM 0mpppm			2C	Plan sponsor's telephone number (212) 791–2501							
	637 W 27TH STREET			2d Business code (see instructions)								
	NEW YORK		NY 10001-1019	541310								
3a	I Plan administrator's name and address (if same as Plan sponsor, $\epsilon_{ ext{SAME}}$	enter "Sam	e")	3b	Administrator's EIN							
				30	Administrator's telephone number							
-			*	3C	Administrator's telephone number							
4	If the name and/or EIN of the plan sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN							
	name, EIN, and the plan number from the last return/report. Sponso	ors name		4c	PN							
5a	Total number of participants at the beginning of the plan year			5a	64							
b	b Total number of participants at the end of the plan year				68							
С				5b								
	complete this item)			5c	24							
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No							
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (IC	PA)	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.)									
P	art III Financial Information		SF and must instead use Form 55		X Yes [] No							
7			SF and must instead use Form 55		⊠ Yes ∐ No							
	Plan Assets and Liabilities											
, a	Plan Assets and Liabilities		(a) Beginning of Year	00.	(b) End of Year							
а	20 May 10 May 11	. 7a		00.								
а	Plan Assets and Liabilities Total plan assets Total plan liabilities	. 7a . 7b	(a) Beginning of Year 479, 29	8 0	(b) End of Year 667, 215							
a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7a . 7b	(a) Beginning of Year 479, 29	8 0	(b) End of Year 667, 215							
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	. 7a . 7b	(a) Beginning of Year 479, 29	8 0	(b) End of Year 667, 215							
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7a . 7b	(a) Beginning of Year 479, 29 479, 29 (a) Amount	00. 8 0	(b) End of Year 667, 215							
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7a . 7b . 7c . 8a(1)	(a) Beginning of Year 479, 29	00. 8 0	(b) End of Year 667, 215							
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b . 7c . 8a(1) 8a(2)	(a) Beginning of Year 479, 29 479, 29 (a) Amount	00.	(b) End of Year 667, 215							
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 479, 29 479, 29 (a) Amount	00.	(b) End of Year 667, 215							
a b <u>c</u> 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)		(a) Beginning of Year 479, 29 479, 29 (a) Amount 138, 94 2, 41	00.	(b) End of Year 667, 215							
a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b	(a) Beginning of Year 479, 29 479, 29 (a) Amount 138, 94 2, 41	00. 8 0 8 0 3 7	(b) End of Year 667, 215 (c) 667, 215 (b) Total							
a b c 8 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 479, 29 479, 29 (a) Amount 138, 94 2, 41 70, 52	00. 8 0 8 0 3 7	(b) End of Year 667, 215 (c) 667, 215 (b) Total							
a b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)		(a) Beginning of Year 479, 29 479, 29 (a) Amount 138, 94 2, 41 70, 52	00. 8 0 8 0 3 3 7	(b) End of Year 667, 215 (c) 667, 215 (b) Total							
a b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)		(a) Beginning of Year 479, 29 479, 29 (a) Amount 138, 94 2, 41 70, 52	00. 8 0 8 0 3 3 7	(b) End of Year 667, 215 (c) 667, 215 (b) Total							
a b c 8 a b c d e f	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b . 8c . 8d . 8e . 8f . 8g	(a) Beginning of Year 479, 29 479, 29 (a) Amount 138, 94 2, 41 70, 52	00. 8 0 8 0 3 3 7	(b) End of Year 667, 215 (c) 667, 215 (b) Total							
a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses		(a) Beginning of Year 479, 29 479, 29 (a) Amount 138, 94 2, 41 70, 52	00. 8 0 8 0 3 3 7	(b) End of Year 667, 215 (b) Total 211, 880							
a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)		(a) Beginning of Year 479, 29 479, 29 (a) Amount 138, 94 2, 41 70, 52	00. 8 0 8 0 3 3 7	(b) End of Year 667, 215 (667, 215 (b) Total							

Form	5500	-SF	201	n

Signature of employer/plan sponsor

age Z-I

Enter name of individual signing as employer or plan sponsor

Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature of	codes from the L	ist of Plan Chara	acteris	tic Co	des in	the instruction	ons:
	2E 2F 2G 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feature c	odes from the Li	st of Plan Chara	cteris	iic Cod	des in t	ne instructio	ns:
Part	V Compliance Questions	,,,,,,,,,,,,,						
10	During the plan year:				Yes	No	А	mount
а	Was there a failure to transmit to the plan any participant contributions wit 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co			10a		Х	8	
b	Were there any nonexempt transactions with any party-in-interest? (Do no on line 10a.)	10b		Х				
С								
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor dishonesty?	10d		Х	8			
е	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.)							1,328
f	Has the plan failed to provide any benefit when due under the plan?		······································	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year	r end.)		10g	Х		*	6,449
h	If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.)			10h	10	Х		
İ	If 10h was answered "Yes," check the box if you either provided the requirexceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Part	VI Pension Funding Compliance	3					8	
11	Is this a defined benefit plan subject to minimum funding requirements? (If 5500))							Yes No
12	Is this a defined contribution plan subject to the minimum funding requiren		*					Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amort	ized in this plan	year, see instruc	tions,	and e	nter th	e date of the	e letter ruling
ie.	granting the waiver.			th	-	Day	Y	'ear
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year		•		Г	12b		
					⊢	12c		
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the resu							
	negative amount)		saigh to the left	a		12d		
	Will the minimum funding amount reported on line 12d be met by the fundi	ng deadline?					Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets	*****						
13a	Has a resolution to terminate the plan been adopted during the plan year of	or any prior year?	·					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer					13a	ia.	
b	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?	DE NOTICE DE NO DEMONSTRE SERVICIONES DE						Yes X No
С	If during this plan year, any assets or liabilities were transferred from this public which assets or liabilities were transferred. (See instructions.)	olan to another p	lan(s), identify th	ne pla	n(s) to			
1	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3)		
	· · · · · · · · · · · · · · · · · · ·	3 W. W.						
			v					
Cauti	ion: A penalty for the late or incomplete filing of this return/report will	he assessed ur	less reasonabl	le car	lea ie	establ	ished	
	r penalties of perjury and other penalties set forth in the instructions, I declar							le. a Schedule
SB or	Schedule MB completed and signed by an enrolled actuary, as well as the , it is true, correct, and complete.							
SIGI	1 N OS	05/11				-		
HER	Signature of plan administrator Date	÷ 1	Enter name of in	dividu	ıal sig	ning as	s plan admin	istrator
SIGI	A 2 W 08	log[1]	A				**************************************	
HER		1	Enter name of in	ıdividı	ıal sia	ning as	s emplover o	r plan sponsor