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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Col	mplete all entries in accor	dance with	n the instructions to the Form 5500)-SF.			
Pa	art I Annual Report Identific	ation Information						
For	calendar plan year 2011 or fiscal plan ye	ear beginning 01/01/201	1	and ending 1	2/31/2	011		
Α	This return/report is for:	le-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	st return/report	the final re	eturn/report	•	_		
		nended return/report	a short pla	in year return/report (less than 12 mo	onths)			
C	Check box if filing under:	5558		extension	ĺ	DFVC progra	m	
C		al extension (enter description	ı	, oxionolon	l		•••	
_		· '						
	art II Basic Plan Information-	—enter all requested inform	ation					
	Name of plan	4(IC) DI ANI				Three-digit plan number		
ALLE	EN & KILLCOYNE ARCHITECTS, LLP40	1(K) PLAN				(PN)	001	
						Effective date of		
						01/01/		
2a	Plan sponsor's name and address; inclu	ude room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identif		er
	EN & KILLCOYNE ARCHITECTS, LLP	,	, , ,			(EIN) 20-84		
					2c	Sponsor's telepl	none number	
12 W	/EST 27TH ST					212-645	5-2222	
	/ YORK, NY 10001				2d	Business code (see instruction	ıs)
						81299	0	
	Plan administrator's name and address			")	3b	Administrator's E	EIN 31576	
ALLE	EN & KILLCOYNE ARCHITECTS, LLP	12 WEST 27 NEW YORK,			30			har
					30	Administrator's t 212-645		bei
4	If the name and/or EIN of the plan spon	sor has changed since the	last return/i	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from t	he last return/report.		·				
	Sponsor's name				4c	PN		
5a	Total number of participants at the begi	nning of the plan year			5a			13
b	Total number of participants at the end	of the plan year			5b			13
C	Number of participants with account ba			•	_			13
	complete this item)				5c			
-	Were all of the plan's assets during the	. ,		'			X Yes	No
b	Are you claiming a waiver of the annua under 29 CFR 2520.104-46? (See instr						X Yes	No
	If you answered "No" to either 6a or	• •		•			ы п	
Pa	art III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
a	Total plan assets		. 7a	733694		(2) 2.10	798930	
b	Total plan liabilities							
C	Net plan assets (subtract line 7b from li			733694			798930	
8	Income, Expenses, and Transfers for th		70	(a) Amount		(b) T	otal	
а	Contributions received or receivable fro			(a) Amount		(6) 1	otai	
-	(1) Employers		. 8a(1)	25466				
	(2) Participants		. 8a(2)	56478				
	(3) Others (including rollovers)		. 8a(3)	74131				
b	Other income (loss)		8b	-90497				
С	Total income (add lines 8a(1), 8a(2), 8a	a(3), and 8b)	8c				65578	
d	Benefits paid (including direct rollovers	and insurance premiums						
	to provide benefits)		. 8d					
е	Certain deemed and/or corrective distri	butions (see instructions)	. 8e					
f	Administrative service providers (salarie	es, fees, commissions)	. 8f	342				
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e, 8f, ar	ıd 8g)	. 8h				342	
i	Net income (loss) (subtract line 8h from	line 8c)	. 8i				65236	
j	Transfers to (from) the plan (see instruc	tions)	. 8j					

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Part IV

000-SF 2011	Page Z - 1

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: 2E 2F 2G 2J 2K 2T 3D

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

During the plan year:		1		ı	
		Yes	No	,	Amount
Was there a failure to transmit to the plan any participant contributions within the time period 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).			X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactio on line 10a.)	•		X		
C Was the plan covered by a fidelity bond?	10c	X			26
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caus or dishonesty?			X		
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance service or other organization that provides some or all of the benefits under the pla instructions.)	in? (See	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 CF 2520.101-3.)	-R		Х		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of exceptions to providing the notice applied under 29 CFR 2520.101-3			Х		
art VI Pension Funding Compliance	1				
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructi 5500))					Yes X
2 Is this a defined contribution plan subject to the minimum funding requirements of section 412					Yes X
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver.	Month				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	-	Г	12b		
b Enter the minimum required contribution for this plan year			12c		
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sinegative amount) 	ign to the left of a		12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	No
				<u>-</u>	
			<u> </u>	res X No)
rt VII Plan Terminations and Transfers of Assets		- 1			
Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?			neral		Yes X
Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	n, or brought unde				
Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	n, or brought unde				
Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	n, or brought unde	an(s) to		N(s)	13c(3) Pi
Art VII Plan Terminations and Transfers of Assets 3a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	n, or brought unde	an(s) to)	N(s)	13c(3) Pi
Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	n, or brought unde	13	 c(2) EI	,	13c(3) Pi

SIGN	Filed with authorized/valid electronic signature.	04/24/2012	DANIEL ALLEN
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 5500-5F

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Snort 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2011

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For		1/01/2	D11 and ending	-	12/31/2011
A	This return/report is for: 🗵 a single-employer plan	a multiple	employer plan (not multiemployer)	[a one-participant plan
В	This return/report is: the first return/report	the final re	turn/report		
	an amended return/report	short pla	n year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension	eVStverk)	DFVC program
	special extension (enter description				
Pa	rt II Basic Plan Information—enter all requested informa	X12		_	
7.552.552	Name of plan	tion		1b	Three-digit
	Allen & Killcoyne Architects, LLP401(k)	Plan		:m:m=:.	plan number
	# · · · · · · · · · · · · · · · · · · ·		Δ.		(PN) ▶ 001
					Effective date of plan
22	Plan sponsor's name and address; include room or suite number (en	anloves if	for a sizele ampleyer plant	100000	01/01/1994
	Allen & Killcoyne Architects, LLP	nployer, it	for a single-employer plan)		Employer Identification Number (EIN) 20-8431576
					Sponsor's telephone number
					(212) 645-2222
	12 West 27th St			2d	Business code (see instructions)
	New York		NY 10001		812990
3a	Plan administrator's name and address (if same as plan sponsor, en SAME	ter "Same	")	3b	Administrator's EIN
	SAME			30	Administrator's telephone number
				30	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/r	eport filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.			4	
5a	Sponsor's name			4c	
				5a	13
b	Total number of participants at the end of the plan year			5b	13
С	Number of participants with account balances as of the end of the p complete this item).			5c	13
6a	Were all of the plan's assets during the plan year invested in eligible				
b	Are you claiming a waiver of the annual examination and report of a				A 189 E 189
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ind conditi	ons.)		X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	rm 5500-	SF and must instead use Form 55	00.	1000
7			Y27 - 240 - 250 -	$\overline{}$	2 (2) (2) (2) (3) (3) (3) (3) (4) (4) (5)
,	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a b	Total plan assets	7a	733,69	4	798,930
C	Total plan liabilities	7b	722 60		700 000
8	Net plan assets (subtract line 7b from line 7a)	7c	733,69	4	798,930
а	Contributions received or receivable from:		(a) Amount	+	(b) Total
	(1) Employers	8a(1)	25,46	6	
	(2) Participants	8a(2)	56,47	8	
	(3) Others (including rollovers)	8a(3)	74,13		
b	Other income (loss)	8b	(90,497	7	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			65,578
d	Benefits paid (including direct rollovers and insurance premiums	00040			
100	to provide benefits)	8d		_	
e	Certain deemed and/or corrective distributions (see instructions)	8e		_	
f	Administrative service providers (salaries, fees, commissions)	8f	34	2	
g	Other expenses	8g		+	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_	342
į	Net income (loss) (subtract line 8h from line 8c)	8i			65,236
J	Transfers to (from) the plan (see instructions)	8j			

Page 2 -	Ī	
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COLL	000	0-01	20	

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: 2E 2F 2G 2J 2K 2T 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	A	mount
	Was there a failure to transmit to the plan any participant contributions with 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C		10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do n on line 10a.)	ot include transactions reported	10b		Х		-
С	Was the plan covered by a fidelity bond?		10c	×			265,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity	bond, that was caused by fraud	10d		X		
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persinsurance service or other organization that provides some or all of the binstructions.)	ons by an insurance carrier, enefits under the plan? (See	10a	×			85
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		10g		Х		
_	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)	structions and 29 CFR	10g		X		
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	ired notice or one of the	101		x		
Part '	VI Pension Funding Compliance	And the second s			,,		
11	Is this a defined benefit plan subject to minimum funding requirements? (5500))						☐ Yes ☒ No
12	Is this a defined contribution plan subject to the minimum funding require					7/12/12/12/12/12	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	69/23/65 EU/64 E2/64: (50 3 8 6 0					
	If a waiver of the minimum funding standard for a prior year is being amo	rtized in this plan year, see instru	uctions	, and	enter t	he date of the	letter ruling
	granting the waiver.	Mo	nth	3 3000000	Day	/ Y	ear
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г			
b	Enter the minimum required contribution for this plan year				12b		
	Enter the amount contributed by the employer to the plan for this plan ye				12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re- negative amount)				12d		
e	Will the minimum funding amount reported on line 12d be met by the fund	ding 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?					Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employe		_	13a			
b	Were all the plan assets distributed to participants or beneficiaries, trans-			52.70	ontrol		Yes X No
С	of the PBGC?	plan to another plan(s), identify		in(s) to	o		[] 103 [A] W
1	3c(1) Name of plan(s):			12	3c(2) E	IN/s)	13c(3) PN(s)
	of I) Walle of plants).			- '	/U(2) L	-111(3)	100(0) 114(0)
Cauti	on: A penalty for the late or incomplete filing of this return/report wi	II be assessed unless reasona	ble ca	use is	estal	olished.	
Unde SB or	penalties of perjury and other penalties set forth in the instructions, I dec Shedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.	clare that I have examined this re	turn/re	port, i	ncludi	ng, if applicab	le, a Schedule nowledge and
-		.23./2 Daniel Al	100				
SIGN	10		20 700 31	lual -			Intentos
TIEN	Signature of plan administrator Da	te Enter name of	17.11		77	as pian admin	istrator
SIGN		.23.12 DANIEL	A	LE	N		
HER	Signature of employer/plan sponsor Da	ate Enter name of	individ	lual si	gning	as employer o	r plan sponsor