## 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).

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OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

P	Pension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 5500	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		dentification Information						
For	calendar plan year 2011 or fisc	cal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011		
A	This return/report is for:	x a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan	
	This return/report is:	the first return/report	the final r	eturn/report				
_	······································	H H	a short pla	an year return/report (less than 12 mo	onths)			
_	Oh a alah a a if Cilia a a a alam	☐ Form 5558 ☐	•	• • •	3111110)	DFVC progra	ım.	
C	Check box if filing under:	片		extension		DFVC plogla	1111	
_		special extension (enter descriptio	,					
Pa	art II   Basic Plan Infor	mation—enter all requested informa	ation				T	
	Name of plan				1b	Three-digit		
NFA	ARCHITECTURAL DESIGNS, F	PLLC RETIREMENT PLAN				plan number (PN) ▶	001	
					10	Effective date or		
					10	01/01	•	
2a	Plan sponsor's name and add	ress; include room or suite number (er	mplover if	for a single-employer plan)	2h	Employer Identif		
	ARCHITECTURAL DESIGNS, I		inployer, ii	for a single employer plany	20		32009	
					2c	Sponsor's telep	hone number	
117 [	REMSENS LANE					516-62		
	TER BAY, NY 11771				2d	Business code (	see instructions)	
						54131	,	
		l address (if same as plan sponsor, er	nter "Same	e")	3b	Administrator's I	EIN	
NFA	ARCHITECTURAL DESIGNS, F			74		80-00	32009	
		OYSTER BAY	r, IN Y 117	/ 1	<b>3c</b> Administrator's telephone numb			
	If the means and/on FINI of the			and the state of t	415		7-3300	
4	name, EIN, and the plan num	plan sponsor has changed since the laber from the laber from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name				4c	PN		
5a	Total number of participants a	t the beginning of the plan year			5a		5	
b	Total number of participants a	t the end of the plan year			5b			
C					30			
Ū			,	•	5с		4	
6a	Were all of the plan's assets	during the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No	
b		he annual examination and report of a						
		(See instructions on waiver eligibility a					X Yes   No	
- D-		ner 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
	rt III   Financial Inform	ation		T				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
а	•		. 7a	309576			627629	
b	Total plan liabilities		. 7b	0			0	
<u> </u>	Net plan assets (subtract line	7b from line 7a)	7c	309576			627629	
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) 1	<b>Total</b>	
а	Contributions received or received		- 40	55875				
	• • • •		8a(1)					
	(2) Participants		. 8a(2)	0				
	(3) Others (including rollovers	5)	8a(3)	281292				
b	Other income (loss)		8b	-12011				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				325156	
d	. `	rollovers and insurance premiums		7103				
_	• •	(*	. 8d					
e		tive distributions (see instructions)	. 8e	0				
f	Administrative service provide	ers (salaries, fees, commissions)	8f	0				
g	Other expenses		. 8g	0				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h				7103	
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i				318053	
j	Transfers to (from) the plan (s	ee instructions)	8i	0				

Form	5500	SF	201

Page 2 -	1	
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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	/ Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
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 Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X					
	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		Χ				
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	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						
art \	/I Pension Funding Compliance	•						
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (5500))					[	Yes	☐ No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
а	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
	Enter the minimum required contribution for this plan year							
	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 result (enter a minus sign to the left of		⊨	12c				
	negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		-
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur			ntrol			Yes	X No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plar	n(s) to					
13	c(1) Name of plan(s):		130	<b>(2)</b> EII	N(s)		13c(3)	PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establi	ished.			
Under	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	n/rep	ort, in	cluding	g, if appl			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/31/2012	FRANK TRUGLIO
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 Transury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110 1210-0088

This Form is Open to Public

Pe	ension Benefit Guaranty Corporation Complete all emiries in accord	dance with	the instructions to the Form 5500	-SF.	Inspection
	rt I Annual Report Identification Information	01/01/2			12/31/2011
	PI - i de contra de la contra della contra d		employer plan (not multiemployer)		
A	This return/report is for: X e single-employer plan		a one-participant plan		
8 1	This return/report is:		turn/report		
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	p-1
C	Check box if filing under: Form 5558	automatic	extension		☐ DFVC program
	special extension (enter description	an)			
Pa	rt II Basic Plan Information—enter all requested inform	ation			4/3/4/4
1a	Name of plan			16	Three-digit
N	F ARCHITECTURAL DESIGNS, PLLC RETIREMENT	PLAN			(PN) 001
				10	Effective date of plan
					01/01/2007
2a	Plan sponsor's name and address; include room or suite number (a	mployer, if	for a single-employer plan)	2b	Employer Identification Number
N	F ARCHITECTURAL DESIGNS, PLLC				(EIN) 80-0032009
				2c	Sponsor's telephone number
44	7 REMSENS LANE				516-627-3300
A16	CONTR. DAN 11 HH1			2d	Business code (see instructions)
	STER BAY NY 11771		#\	74.	541310
N	Plan edministrator's name and address (if same as plan sponsor, & ARCHITECTURAL DESIGNS, PLLC	mer "Same	•	ĴÛ	Administrator's EIN 80-0032009
44	7 REMSENS LANE			3¢	Administrator's telephone number
	STER BAY NY 11771		- Andrewski and the state of th	-	516-627-3300
4	If the name and/or EIN of the plan sponsor has changed since the l	løst return/i	eport filed for this plan, enter the	46	EIN
А	name, EIN, and the plan number from the last return/report.  Sponsor's name		:	4c	PN
	Total number of participants at the beginning of the plan year			5a	5
_	Total number of participants at the end of the plan year			5b	4
	Number of participants with account balances as of the end of the			UU	-
	complete this item)			6c	4
6a	Were all of the plan's assets during the plan year invested in eligib	de assets?	(See instructions.)	*******	
b	Are you claiming a waiver of the annual examination and report of				X Yes No
	under 29 CFR 2520.104-46? (See instructions on weiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		-		X Yes   No
Pa	rt III Financial Information	OHIII GOVY	or and must maded use romi op	<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning of Year	1	(b) End of Year
a	Total plan assets	74	30957	76	627629
b	Total plan liabilities	. 76		0	0
C	Nel plan assets (subtract line 7b from line 7a)	7c	30957	6	627629
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
8	Contributions received or receivable from:	manualnia. Mili			
	(1) Employers		5587	-	
	(2) Participants			0	
	(3) Others (including rollovers)	bedraman and a column	28129		
D	Other income (loss)		-1201	-1	
G	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			325156
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	710	)3	
0	Certain deemed and/or corrective distributions (see instructions)	80		0	
f	Administrative service providers (salaries, fees, commissions)		The state of the s	0	
g	Other expenses			o	
h	Total expenses (add lines &d, &e, &f, and &g)		AND ACTION CONTRACTOR OF THE PROPERTY OF THE P		7103
i	Net income (losa) (subtract line 8h from line 8c)			_	318053
Ì	Transfers to (from) the plan (see instructions)			0	
	Superwork Reduction Act Notice and OMB Control Numbers, see the instructions for	, <b>4</b>	} F_		Form 8800-3F (2011)
LALL					v.012611

PAGE 01

	r	om 5500-5F 2011 Page 2 -	mmmmmm	·		at all a state of the party and the state of		
Pa	rt IV	Plan Characteristics						
<del>9</del> a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char. 2E 2F 3D	acteris	stic Co	des in	the instruct	ions:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	clerist	ic Cod	les in t	he instructio	ons:	
Par	ŧΥ	Compliance Questions						
10	Duri	ng the plan year:	tuymass	Yes	No		Amount	
8	8. 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 Program)							
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Х		£ 3.2 ± 1000 A 100 A	
C	Wa	s the plan covered by a fidelity bond?	10c		Х			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		Х			
6	LLEVA	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rence service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		х			
Ť	Has	the plan failed to provide any benefit when due under the plan?	101		х			
Q	Old	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х			
ħ		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х	***************************************	<b>8</b> (4)-3-4-4	
ŀ		th was answered "Yes," check the box if you either provided the required notice or one of the epitions to providing the notice applied under 29 CFR 2520.101-3	104				Machilla Middle Anga Bustia Mitter ang cara	
Par	t VI	Pension Funding Compliance			4000			
11	is th 5500	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and com 0))	plete	Sched	lule Si	3 (Form	Yes No	
12	ls t	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection :	302 of	ERISA?	Yes X No	
	,	fes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruiting the waiver	ith					
	_	completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	1		
		er the minimum required contribution for this plan year		h-	12c			
d	: EME	ir the amount contributed by the employer to the plan for this plan year		····  -	346			
v	negi negi	add the diribut in the 120 hors the diribut in the 120. Effect the result (effect a minus sign to the lest	O) Si		<b>12</b> d			
0		the minimum funding amount reported on line 12d be met by the funding deadline?			*****	Yes	No N/A	
	t VII	Plan Terminations and Transfers of Assets		***************************************				
13	a Has	a resolution to terminate the plan been adopted in any plan year?	,,,,,,,,,,		TT	Yes X N	Ø	
		es," enter the amount of any plan assets that reverted to the employer this year	-		s. Timente Chinasa			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought • PBGC?					Yes X No	
¢	If de	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t th assets or liabilities were transferred. (See instructions.)						
	13c(1	Name of plan(s):		13	c(2) E	IN(s)	13c(3) PN(s)	
							Description	
Cau	rtion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonat	olo ce	use le	ostab	lished.	I government	
	**********	Miles of the second sec			A AN PROPERTY.			

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.

BIGN		7	34	12.	Frank Truglio
HERE	Signature of plan administrator	Da	ite	(	Enter name of individual signing as plan administrator
SIGN					
HERE	Signature of employer/plan sponsor				Enter name of individual signing as employer or plan aponsor