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

		rdance witl	n the instructions to the Form 550	0-SF.		,			
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20) <u>11</u> _	and ending 1	2/31/2	011 -				
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	L	a one-particip	oant plan			
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)					
С	Check box if filing under: X Form 5558	automatic	extension	Ī	DFVC progra	m			
	special extension (enter descript	ion)		_	_				
Pa	art II Basic Plan Information—enter all requested inform	mation							
	Name of plan			1b	Three-digit				
GRIN	MSHAW ARCHITECTS PC 401(K) RETIREMENT PLAN				plan number				
					(PN) ▶	001			
				1C	Effective date of 01/01/	•			
2a	Plan sponsor's name and address; include room or suite number (employer if	for a single-employer plan)	2h	Employer Identif				
	MSHAW ARCHITECTS PC	ciripioyer, ii	Tot a single employer plant		(EIN) 02-06				
					Sponsor's telep	hone number			
637 1	WEST 27TH STREET				212-79				
	/ YORK, NY 10001			2d	Business code (see instructions)			
					54131				
	Plan administrator's name and address (if same as plan sponsor, ASHAW ARCHITECTS PC 637 WEST:			3b	Administrator's E	EIN 22328			
OIVIII	NEW YORK		LI	3c		elephone number			
					212-791				
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN				
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI				
	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year			5b		77			
C	Number of participants with account balances as of the end of the			30					
	complete this item)		•	5c		69			
6a	Were all of the plan's assets during the plan year invested in eligi	ible assets?	(See instructions.)			X Yes No			
b	, ,			,		V voc □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use					X Yes No			
Pa	art III Financial Information	FOIII 3300-	SF and must instead use Form 55	υ.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
·	Total plan assets	7a	667215		(b) Liid	1086427			
b	Total plan liabilities		0			0			
С	Net plan assets (subtract line 7b from line 7a)		667215			1086427			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		,		, , , , , , , , , , , , , , , , , , ,				
	(1) Employers		135750						
	(2) Participants	8a(2)	212669						
	(3) Others (including rollovers)	8a(3)	132586						
b	Other income (loss)	<u>8b</u>	-30849						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>				450156			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30944						
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				30944			
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i				419212			

Form 5500-SF 2011	Page 2 - 1

Da = 4 IV/	Diam	Charas	::
Part IV	Plan	Charac	teristics

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
	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		Х		7		
b	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	Χ				1	125000
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				
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.)	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					8658
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	Χ					
art	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. П	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						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 amortized in this plan year, see instruct							
lf v	granting the waiver Montl ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	''		Day _		Tea	·	
	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	No.	N/A
art	/II Plan Terminations and Transfers of Assets							
I3a	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	_						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u		the co	ntrol			Yes	X No
С	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.)	e plar	n(s) to					
1	cc(1) Name of plan(s):		130	c(2) EII	V(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Jnde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/		ort, in	cluding	, if appli			dule

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/13/2012	ANDREW WHALLEY					
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 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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

				ntification Informatio							
For	calendar <u>plan</u> y	ear 2011 or fis	cal	olan year beginning	0	1/01/2	011	and ending		12/31/20	
Α	This return/repo	ort is for:	X	a single-employer plan	П	a multiple	-employer pl	an (not multiempl	oyer)	a one-partic	ipant plan
	This return/repo		$\bar{\Pi}$	the first return/report	П	the final re	eturn/report			_	
	This returninepe	11 13.	Ħ	an amended return/report	H			n/report (less than	12 months	·)	
_			붜	•	爿	•	-	meport (less than	12 monar	_	
C	Check box if fill	ng under:	Ä	Form 5558	Ш		extension			☐ DFVC progr	апі
			Ш	special extension (enter de	scriptio	n) 					
P	art II 📗 Basi	c Plan Info	rma	ation—enter all requested	inform	ation					
1a	Name of plan								1b	Three-digit	
	Grimshaw	Architect	CS	PC						plan number	001
	401(k) Re	tirement	P1	.an					10	(PN) ▶ Effective date	<u> </u>
									''	01/01/200	
- <u>2</u> a	Plan snonsor's	name and add	ires	s; include room or suite num	ber (e	mplover, if	for a single-	emplover plan)	2h	Employer Iden	tification Number
-4	Grimshaw				.50. (0				-~	(EIN) 02-06	22328
									20	Sponsor's tele	phone number
										(212) 791	
	637 West	27th Stre	eet						2 d	Business code	(see instructions)
	New York						NY	10001		541310	
3a		ator's name an	d ac	ldress (if same as plan spor	ısor, eı	nter "Same	")		3b	Administrator's	EIN
	Same								30	Administrator's	telephone number
									30	Administrators	telephone number
4	If the name an	d/or EIN of the	pla	n sponsor has changed sinc	e the l	ast return/r	eport filed fo	or this plan, enter	the 4b	EIN	
				from the last return/report.							
	Sponsor's nam							_ _		PN	
5a	Total number	of participants	at Ih	ne beginning of the plan yea	r		,		<u>5</u> a	1	69
þ	Total number	of participants	at th	e end of the plan year					<u>5b</u>	<u> </u>	77
С	,	•		unt balances as of the end					50	:	69
 6a				ing the plan year invested in							X Yes No
b				annual examination and rep							
-	under 29 CFF	2520.104-46?	' (Se	ee instructions on waiver elig	jibility	and conditi	опѕ.)				X Yes No
<u> </u>				6a or 6b, the plan cannot	use F	<u>orm 5500-</u>	SF and mus	t instead use Fo	rm 5500.		
<u> P</u>	art III Fina	ncial Infor <u>n</u>	nat	ion		1-		-		_	
7	Plan Assets a	nd Liabilities					(a) l	Beginning of Yea		(b) En	d of Year
а	Total plan ass	ets				. 7a		66	7,215		1,086,427
b	Total plan liab	ilities				. 7b			0		0
<u>c</u>	Net plan asse	s (subtract li <u>ne</u>	7b	from line 7a)		. 7c		66	7,215		1,086,427
8	, ,	-		s for this Plan Year				(a) Amount		(b)	Total
а						0-/4\		13	5,750		
				***************************************		8a(1)			2,669		
	• •								2,586		
									,849)		
b		• •						(30	,043/		450,156
C				a(2), 8a(3), and 8b)		8c					450,150
d	•			llovers and insurance premit		. 8d		3	0,944	•	
е	•	•		e distributions (see instruction		. 8e			0		
f				(salaries, fees, commissions					0		
									0		·
u											
g h	•	s (add lines 8d		, 8f, and 8g)							30,944
9 h i	Total expense	•	l, 8e	s, 8f, and 8g)	.,	. 8h					30,944 419,212

age :	2 -		
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Form 5500-SF 2011

HERE

Signature of employer/plan sponsor

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: 2A 2E 2F 2G 2J 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:

David	V Compliance Questions					-			
Part			·		Yes	No		mount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a	163	Х		<u>Imount</u>	
b	Were there any nonexempt transactions with any party-in-interest? (lon line 10a.)	Do not include tran	sactions reported	10b		х			
С	Was the plan covered by a fidelity bond?			10c	х			12	25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that wa	s caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an ins he benefits under t	urance carrier, the plan? (See	10e		х			
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 o	of year end.)		10a	х				8,658
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and	29 CFR	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 2520.101-3			10i	х				
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re-	quirements of sect	ion 412 of the Code	orse	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab								
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.		Mon	ıth	, and o	enter ti Day	ne date of the	e letter ru Year	ıling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule N				Г	12b		_	
b	Enter the minimum required contribution for this plan year				- 1	12c	-		
ب C	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the				··· ⊦				
d	negative amount)		•••••	· · · · · · · · · · · · · · · · · · ·	_	12d	∏ Yes 「	7 No	
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?		.,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		l res	NO	IN/A
Part							. [17]		
13a	Has a resolution to terminate the plan been adopted in any plan year? \dots				1		Yes X No)	<u>-</u>
	If "Yes," enter the amount of any plan assets that reverted to the emp								
b			***************************************					Yes	No 🛚 No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anoth	er plan(s), identity t	ne pia			1617-3	1 42 - (2	DN/=)
1	3c(1) Name of plan(s):			╁	73	Ic(2) E	in(s)	130(3) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/repor	rt will be assesse	d unless reasonab	le ca	use is	estab	lished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a tit is true, correct, and complete.	I declare that I hav	e examined this ret	urn/re	port, i	ncludir	ng, if applical	ole, a Sch nowledge	nedule e and
		S47 21 20	Andrew Wha	lle	у				
SIG		Date	Enter name of i			ning a	s plan admir	nistrator	
	Organizate of plant demanded and					<u> </u>	-		
SIG	۷ 								

Date

Enter name of individual signing as employer or plan sponsor