	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employed	2	2	2011
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form i	s Open to Public pection
P	ension Benefit Guaranty Corporation		dance with	h the instructions to the Form 5500)-SF.	1115	pection
		entification Information	4	م مامر المراجع	0/04/	2011	
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201			2/31/2		
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-particip	bant plan
в	This return/report is:	the first return/report		eturn/report			
-				an year return/report (less than 12 mo	onths)	—	
C	Check box if filing under:	Form 5558		extension		DFVC progra	m
D		special extension (enter descriptio	,				
		nation—enter all requested informa	ation		1h	Three-digit	
	Name of plan REY MCKEAN ARCHITECT, PO	C 401(K) PLAN			1D	plan number	
						(PN) ▶	001
					1c	Effective date of 06/01	
	Plan sponsor's name and addre REY MCKEAN ARCHITECT, P	ess; include room or suite number (er C	mployer, if	for a single-employer plan)	2b	Employer Identit (EIN) 16-16	
225 F	BROADWAY, SUITE 3005				2c	Sponsor's telep 212-964	
	YORK, NY 10007				2d	Business code (54131	
	Plan administrator's name and REY MCKEAN ARCHITECT, PC		VAY, SUIT		3b	Administrator's 1 16-16	EIN 73877
		NEW YORK,	NY 10007		3c	Administrator's 1 212-964	elephone number 1-2300
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN	
		the beginning of the plan year			5a		10
b	Total number of participants at	the end of the plan year			5b		10
С		count balances as of the end of the p			5c		10
6a		uring the plan year invested in eligibl					X Yes No
b	-	e annual examination and report of a					
		See instructions on waiver eligibility a					X Yes 🗌 No
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	500-	SF and must instead use Form 550	<i>.</i>		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	117502		, <i>i</i>	132264
b	Total plan liabilities		7b	0			0
С	Net plan assets (subtract line 7	b from line 7a)	7c	117502			132264
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	otal
а	Contributions received or recei	vable from:	8a(1)	8990			
			8a(2)	17941			
			8a(3)	0			
b	() ()			-1691			
с	(<i>)</i>	8a(2), 8a(3), and 8b)	8c				25240
d	Benefits paid (including direct r	ollovers and insurance premiums		10128			
~	· ,	ivo diatributiana (aga inatruatiana)	8d	0	-		
e f		ive distributions (see instructions)	8e	350	-		
і П	· ·	s (salaries, fees, commissions)	8f 8g	0	-		
g h	•	Be, 8f, and 8g)	oy 8h		-		10478
i		e 8h from line 8c)					14762
j		e instructions)		0			
			U	1			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

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 2H 2J 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	А	mount	
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			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х			100	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		Х			
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		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 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		Х			
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					
Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00		02 01			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver.					•	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N	/A
Part	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			1	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?					Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)						
1	Bc(1) Name of plan(s):		13	c (2) El	N(s)	13c(3) PN((s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	ise is	estab	lished.		

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.	10/15/2012	JEFFREY MCKEAN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	JEFFREY MCKEAN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Application for Extension of Time To File Certain Employee Plan Returns

OMB No, 1545-0212

File With IRS Only

For Privacy Act and	Paperwork Reduction	Act Notice, see instructions.

N	lame of filer, plan administrator, or plan sponsor (see instructions)	В	FI	ier's identi	iying number (see instruction:	5)			
	Jeffrey McKean Architect, PC		Employer identification number (EIN)							
Ī	lumber, street, and room or sulte no. (If a P.O. box, see instructions)		16	-1673877						
	225 Broadway, Suite 3005		S	ocial securi	ty number (SSN)	(see instruction	13)			
ō	Sity or town, state, and ZIP code									
	New York NY 10007									
	Plan name			lan nber		n year endin DD	g			
_			1111		MM					
		0	1	1 2 1	12	31	2011			
1	Jeffrey McKean Architect, PC 401(k) Plan	<u> </u>	<u> </u>	<u> </u>	1	<u></u>	·			
	2		1	i						
•			1	I						
:	3		1]						
Part	Extension of Time To File Form 5500 Series, and/or Form 8	955-SSA								
1	I request an extension of time until10 / 15 / 2012 to file F	om 6500 s	serie	es (see in:	structions).					
	Note. A signature IS NOT required if you are requesting an extension to file Form	5500 series	3.							
	i ai ai a			the star to an	and the second					
2		om 8955-	55/	A (see inst	ructions).					
	Note. A signature IS required if you are requesting an extension to file Form 8955	-SSA.								
	The application is automatically approved to the date shown on line 1 and/or line	e 2 (shove)	ite i	a) the For	m 5558 is filed	l on or before				
	the application is automatically approved to the oate shown on the Tankot matter the normal due date of Form 5500 series, and/or Form 8955-SSA for which this ex-	dension is i	req	uested, an	d (b) the date	on line 1				
	and/or line 2 (above) is not later than the 15th day of the third month after the non	nal due dal	e.							
art	Extension of Time To File Form 5330 (see instructions)									
art 3	I request an extension of time until / / to file F	-orm 5330. ormal due d		of Form (5330.	<u></u>	<u></u>			
				of Form f	5330.	•••••••••••••••••••••••••••••••••••••••				
3	I request an extension of time until <u>I</u> to file F You may be approved for up to a 6 month extension to file Form 5330, after the no			of Form { a 	5330.	b				
3 a	I request an extension of time until <u>I</u> to file F You may be approved for up to a 6 month extension to file Form 5330, after the no Enter the Code section(s) imposing the tax	ormal due d	late L	of Form & a 	5330. · · · ►	b				
a b c	I request an extension of time until <u>I</u> to file F You may be approved for up to a 6 month extension to file Form 5330, after the no Enter the Code section(s) imposing the tax	ormal due d	late L	of Form & a 	5330. · · · ►					
3 a b c	I request an extension of time until <u>I</u> to file F You may be approved for up to a 6 month extension to file Form 5330, after the no Enter the Code section(s) Imposing the tax	ormal due d	late L	of Form & a 	5330. · · · ►					
3 a b c	I request an extension of time until <u>I</u> to file F You may be approved for up to a 6 month extension to file Form 5330, after the no Enter the Code section(s) Imposing the tax	ormal due d	late L	of Form 8 a 	5330. · · · ►					
a b c	I request an extension of time until <u>I</u> to file F You may be approved for up to a 6 month extension to file Form 5330, after the no Enter the Code section(s) Imposing the tax	ormal due d	late L	of Form 8 a 	5330. ►					
3 a b c	I request an extension of time until <u>I</u> to file F You may be approved for up to a 6 month extension to file Form 5330, after the no Enter the Code section(s) Imposing the tax	ormal due d	late L	of Form 8 a 	5330. · · · ►					
3 a b c	I request an extension of time until I I to file I You may be approved for up to a 6 month extension to file Form 5330, after the not Enter the Code section(s) imposing the tax	ormal due d	late L	of Form & a 	5330. · · · ►					
3 a b c	I request an extension of time until I I to file I You may be approved for up to a 6 month extension to file Form 5330, after the not Enter the Code section(s) imposing the tax	ormal due d	late L	of Form & a 	3330. · · · ►					
3 a b c	I request an extension of time until I I to file I You may be approved for up to a 6 month extension to file Form 5330, after the not Enter the Code section(s) imposing the tax	ormal due d	late L	of Form & a 	5330. · · · ►					
3 a b c	I request an extension of time until I I to file I You may be approved for up to a 6 month extension to file Form 5330, after the not Enter the Code section(s) imposing the tax	ormal due d	late L	of Form 8 a 	5330. ►					
3 a b c	I request an extension of time until I I to file I You may be approved for up to a 6 month extension to file Form 5330, after the not Enter the Code section(s) imposing the tax	ormal due d	late L	of Form 8	5330. ►					
3 a b c	I request an extension of time until I I to file I You may be approved for up to a 6 month extension to file Form 5330, after the not Enter the Code section(s) imposing the tax	ormal due d	late L	of Form 8	5330					
3 a b c 4	I request an extension of time until I I to file F You may be approved for up to a 6 month extension to file Form 5330, after the not Enter the Code section(s) imposing the tax	ormal due d		à 	· · · Þ		n authorized			
3 a b c 4	I request an extension of time until I I to file I You may be approved for up to a 6 month extension to file Form 5330, after the not Enter the Code section(s) imposing the tax	ormal due d		à 	· · · Þ		in authorized			

	Form 5500-SF	/ee	OMB Nos. 1210-0110 1210-0089			
	Internal Revenue Service		Benefit	ctions 104 and 4065 of the Employ	/ee	2011
Er	Department of Labor nployee Benefits Security Administration	Retirement income Security Act	of 1974 (E)	RISA), and section 6057(b) and 605 e Code (the Code).	8(a) of	This Form is Open to Public
63	Pension Benefit Guaranty Corporation	► Complete all entries in accor	dance with	the instructions to the Form 550	0-SF.	Inspection
	artill Annual Report Id	dentification Information				
-	the calendar plan year 2011 or fis		· · · · · · · · · · · · · · · · · · ·	L/2011 and ending	12	/31/2011
	· .	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	a short pla	n year return/report (less than 12 mo	nths)	
С	Check box if filing under:	Form 5558	automatic			DFVC program
	Ē.	special extension (enter description	1)		<u>L.</u>	1
Ē	ait II Basic Plan Infor	mation enter all requested info	molion			
	Name of plan	Conter an requested and	THREAD IL		1h T	hree-digit
	Jeffrey McKean Archit				P	lan number
	Settley Mckean Alchic	act, fc 401(K) plan				PN) > 001
				ffective date of plan		
2a		ss; include room or suite number (em	ployer, if for	single-employer plan)		mployer Identification Number
	Jeffrey McKean Archit	ect, PC				EIN) 16-1673877
					20 F	lan sponsor's telephone number
	225 Broadway, Suite 3	005				212) 964-2300
						lusiness code (see instructions)
$\frac{\text{US}}{2n}$		NY 10007				41310
ગ્લ	Plan administrators name and a Same	address (If same as plan sponsor, ent	er "Same")		310 A	dministrator's EIN
		·				
					3c A	dministrator's telephone number
4	If the name and/or EIN of the pla	an sponsor has changed since the las	t return/rep	ort filed for this plan, enter the	4b E	IN
а	name, EIN, and the plan numbe Sponsor's Name	r from the last return/report.			40 P	N .
	Total number of participants at th	he beginning of the plan year			5a	10
b		he end of the plan year			5b	1.0
C	Number of participants with acco	ount balances as of the end of the pla	n year (defii	ned benefit plans do not		
<u>.</u>	complete this item)	<u> </u>	• • •		5c	10
b		ing the plan year invested in eligible a				XYes No
Ų	under 29 CFR 2520.104-467 (Se	annual examination and report of an ee instructions on waiver eligibility and	independent conditions.	(QPA)		XYes 110
		6a or 6b, the plan cannot use Form		• • •		
Pa	rt III Financial Informa	ation				
7	Plan Assets and Liabilities	•		(a) Beginning of Year		(b) End of Year
a	Total plan assets		. 7a	117,502		132,264
b	Total plan liabilities		7b	0	· · ·	0
<u>c</u>	Net plan assets (subtract line 7b		. 7c	117,502		132,264
8	Income, Expenses, and Transfer			(a) Amount		(b) Total
а	Contributions received or received (1) Employers	able from:	8a(1)	8,990		
	(2) Participants		. 8a(2)	17,941		
	(3) Others (including rollovers).	·····	8a(3)	0		
b	Other income (loss)		8b	(1,691)		
c	Total income (add lines 8a(1), 8a		8c			25,240
d	Benefits paid (including direct rol					
	•	· • • • • • • • • • •	8d	10,128		
e		e distributions (see instructions)	. <u>8</u> e	0		
f		(salaries, fees, commissions)	8f	350	-	
g L	Other expenses	• • • • • • • • • • • • •	. 8g	0		
h ;	Total expenses (add lines 8d, 8e		8h		麗 	10,478
1	Net income (loss) (subtract line 8	•	81			14,762
Fo	Transfers to (from) the plan (see r Paperwork Reduction Act Noti	ce and OMB Control Numbers, see	8 1	0 tions for Form 5500-SF	K KAR	Form 5500-SF (2011)
		· · · · · · · · · · · · · · · · · · ·				v.012611
		· ·				

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Form 5500-SF 2011

Page 2-

Parts V 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 2B 2F 2H 2J 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

204030-04							
10	During the plan year:	Ţ	Yos	No		Amount	·······
a	Was there a failure to transmit to the plan any participant contributions within the time period described in				1		
b	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciany Connection Program)	10a		X			
~	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x			
~		10b				÷	
c đ		100	X				10,000
u	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			x	1		
~		10d	-				
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See						
		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.)	100		X	1		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the required police or one of the						
Serie Con	exceptions to providing the notice applied under 29 CFR 2520 101-3	101				i en esta	
	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))	e Sch	edule	SB ()	Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se	ection	302	of FR	ISA7	· · · · · · · · · · · · · · · · · · ·	XNo
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			с т шт,		• [] • • •	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions	s. and	l ente	r the i	date of the	letter mlina	
	granting the waiver	<u> </u>				Year	
łfy	pu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Enter the minimum required contribution for this plan year		Ľ	12b			
C	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 of a			12d			
•		.* •	_ <u> </u>				<u> </u>
e Part	Will the minimum funding amount reported on line 12d be met by the funding deadline?	6 B.	• •		Yes	No [<u>_</u> N/A
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			i3a	•		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under	r the c	contro	y.			
С	of the PBGC?	• •	• •	•••	* * *	• Yes	X No-
•	which assets or liabilities were transferred. (See instructions.)	en(s) to	0		-		
1:	ic(1) Name of plan(s):		430	(2) El	N/e	13c(3)	261(e)
				<u>, -/ -:</u>	14(3)	100(0)1	14(5)
Cautio	n: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable caus	e is c	estab	lishe	d.	lj	
Under	penalties of perlury and other penalties set forth in the instructions. I declare that I have examined this return/ren	off in	cludi	na lfa	annlicable	a Schedule	
SPOLS	ichedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, t is true, correct/stid/complete.	and t	to the	best	of my know	viedge and	
SIGN		AN					
HER	Signantie Oppan administrator Date Date Enter name of Indivi		alania	d ar i	lan ádmir	intrator	
78000			ອອູເທເ	9 45 [isilalui	
SIGN HER						·	
HER	Signature of employer/plan sponsor Date / Enter name of indivi	dual s	signin	g as e	employer o	r plan spons	or
	ι '						

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5558
Form JJJJU
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

File With IRS Only

► For Privacy Act and Paperwork Reduction	Act Notice, see instructions.
	······

Part		dentification									
N	ame of	f filer, plan administrator, or plan sponsor (see instructions)	В			ring number (se		>)			
-	Jeff	rev McKean Architect, FC		dication number	(EB4)						
N	lumber	, street, and room or suite no. (If a P.O. box, see instructions)			573877						
		Broadway, Suite 3005	<u>.</u>	Socia	al security	rumber (SSN) (see instruction	13)			
ī	lity or t	own, state, and ZIP code									
		York NY 10007				Dian	year endir	1/1+n			
		Plan name	1.	Plar umb		MM	YYYY				
			·	141111		- IVERA	DD				
-				1	1 1	12	31	2011			
	1	Jeffrey McKean Architect, PC 401(k) Plan	0	10	1						
				4 4	1 Í						
:	2			1	<u></u>						
				1	i						
	3		بر شنایی مراجع د	<u>. </u>							
Par	t II	Extension of Time To File Form 5500 Series, and/or Form 895	5-SSA								
								·			
		uest an extension of time until10 / 15 / 2012 to file For	m 5500 s	eries	(see ins	tructions).					
1	l req				•						
	Note	e. A signature IS NOT required if you are requesting an extension to file Form 55									
~	1	uest an extension of time until / to file For	m 8955-	SSA (see inst	uctions).					
2	l req										
		Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.									
	Tho	application is automatically approved to the date shown on line 1 and/or line 2	(above)	if; (a)	the For	m 5558 is filed	on or before				
	د م ما ک	warmal due date of Form 5500 series, and/of Porm 8955-55A for Willou una cale	1900119	Cque	sled, an	d (b) the date o	n line 1				
	and	for line 2 (above) is not later than the 15th day of the third month after the norma	l due da	ie.							
3	l req You	uest an extension of time until <u>I</u> to file For may be approved for up to a 6 month extension to file Form 5330, after the nom	m 5330. nai due c	late o	f Form S	i 33 0.					
		·		là	ľ		•				
а	Ente	er the Code section(s) imposing the tax	• •								
							b				
b	Ente	er the payment amount attached	• • •	•••	•••						
		toop toop of the Orde enter the redelentement	iment da	fe			c				
C	For	excise taxes under section 4980 or 4980F of the Code, enter the revision/amenic	111031 00				<u></u>				
4		te in detail why you need the extension: Dient information is not yet complete.									
	C	lient information is not yet compared.					<u> </u>				
							<u>_</u> _				
								·····			
				<u></u>							
					<u></u>						
			i					~			
			<u> </u>	<u></u>							
			<u>_</u>					om authorized			
Unde	er pena	ities of penjury, I declare that to the best of my knowledge and belief, the statements made	e on this f	orm ar	e true, co	prrect, and comple	no, ano mat i	an automized			
to pr	epare t	inis application.									
Sigr	nature	Date ► 07/16/2012						558 (Rev. 6-2			
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