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

2012

This Form is Open to Public Inspection

P	ension Be	enefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.		p
Pa	art I	Annual Repor	t Identification Information					
For	calenda	ar plan year 2012 or	fiscal plan year beginning 01/01/201	2	and ending 1	2/31/201	2	
		urn/report is for: urn/report is:	a single-employer plan the first return/report	a multiple-employer p the final return/report	lan (not multiemployer)		a one-particip	oant plan
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
С	Check b	oox if filing under:	Form 5558 special extension (enter description	automatic extension			DFVC progra	m
De	- M4	Basia Blan Inf		,				
	art II		ormation—enter all requested inform	ation		1 h T		
	Name		CTS, LLP401(K) PLAN				nree-digit an number	
ALLL	IN OUTCLE	LOOTIVE AROTHIE	OTO, LEI FOT(IV) I EAIN				PN) ▶	001
							fective date of	plan
							01/01/	
		oonsor's name and a LLCOYNE ARCHITE	address; include room or suite number (eCTS, LLP	mployer, if for a single-	-employer plan)		mployer Identif IN) 20-84	ication Number 31576
12 W	/EST 27	TH ST				2c S _F	ponsor's telepl 212-645	
NEW	YORK,	, NY 10001				2d Bu	usiness code (81299	see instructions)
3a	Plan a	dministrator's name	and address XSame as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b Ac	dministrator's E	ΞIN
						3c Ac	dministrator's t	elephone number
4			he plan sponsor has changed since the lumber from the last return/report.	ast return/report filed for	or this plan, enter the	4b EI	N	
а	Sponso	or's name				4c PN	N	
5a	Total r	number of participant	ts at the beginning of the plan year			5a		13
b	Total r	number of participant	ts at the end of the plan year			5b		8
С			n account balances as of the end of the	• `	•	5c		8
6a	Were	all of the plan's asse	ets during the plan year invested in eligib	le assets? (See instruc	ctions.)			X Yes No
b			of the annual examination and report of					
			6? (See instructions on waiver eligibility					X Yes No
	If you	answered "No" to	either line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form 55	00.	
			e or incomplete filing of this return/re					
SB	or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as wanglete.					
SIG		Filed with authorized	d/valid electronic signature.	03/06/2013	DANIEL ALLEN			
HE	\L	Signature of plan	administrator	Date	Enter name of individ	ual signin	ng as plan adm	ninistrator
SIG								
HEF	RE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signin	ng as employe	r or plan sponsor
Pre	parer's	name (including firm	name, if applicable) and address; include	le room or suite numbe	er (optional)	Prepare	er's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Par	t III Financial Information		<u> </u>				
<u> Par</u>	Plan Assets and Liabilities		(a) Beginning of Ver		1		(h) End of Voor
	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 902034
	Total plan liabilities	7a 7b	7 9090	,	-		902034
	Net plan assets (subtract line 7b from line 7a)	7c	79893	30			902034
	Income, Expenses, and Transfers for this Plan Year						(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	2106	57			
	(2) Participants	8a(2)	5650)3			
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	9902	20			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					176590
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7348	86			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					73486
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					103104
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	7
b		? (Do not	include transactions reported	10b		X	
c	Was the plan covered by a fidelity bond?			10c	Χ		265000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			Y	265000
	or dishonesty?			10d			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		3032
f	Has the plan failed to provide any benefit when due under the plan					X	0002
				10f		Χ	
g h	, ,	(See instru	uctions and 29 CFR	10g		X	
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h		X	
D (exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	Yes X No
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

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	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 negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X 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 employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	14b ⊺	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

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

2012

This Form is Open to Public Inspection

	calendar plan year 2012 or fi	iscal plan year beginning	01/01/2012	and ending		12/31/201	2		
	This return/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemployer)		a one-particip	ant plan		
	This return/report is:	the first return/report	the final return/report		77	-t	3		
	Marie Commence of Commence of Marie Commence of Commen	an amended return/report	a short plan year return	/report (less than 12 m	onths)				
C	Check box if filing under:	Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter des	cription)		9				
Pa	rt II Basic Plan Info	ormation—enter all requested in	nformation						
	Name of plan					Three-digit plan number			
į,	Allen & Killcoyne	Architects, LLP401(k) Plan			(PN) •	00	1	
					1c	Effective date of			
2a	Plan sponsor's name and ac	ddress; include room or suite numl	ber (employer, if for a single-e	mployer plan)	886	Employer Identil	5 AV	ober	
	Allen & Killcoyne	18.70°CH (18.60°CH) (18.70°CH) (18.60°CH) (18.60°CH) (18.60°CH) (18.60°CH) (18.60°CH) (18.60°CH) (18.60°CH)	kanda aya da Maran da da arak da karan da	Printer Drathman - Marcolinas u		(EIN) 20-843	1576		
				35	2c	Sponsor's telep (212) 645-		er	
	12 West 27th St				2d	Business code (see instruct	ions)	
	New York			10001		812990	-7.77		
3a	Plan administrator's name a	ind address XSame as Plan Spor	nsor Name Same as Plan S	Sponsor Address	3b	Administrator's I	EIN		
					3c Administrator's telephone number				
4		ne plan sponsor has changed since	e the last return/report filed for	this plan, enter the	4b	EIN			
a	name, EIN, and the plan nu Sponsor's name	umber from the last return/report.		9	4c	PN			
5a		s at the beginning of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a	111		13	
b		s at the end of the plan year			5b			8	
С		account balances as of the end o		All and a second				-	
	complete this item)				5¢			8	
6a		ts during the plan year invested in					X Yes	_ No	
D		of the annual examination and reposor 37 (See instructions on waiver elig					X Yes	No	
		either line 6a or line 6b, the plan	를 본 문제 경향은 기계를 위해 있는데 있다. 사고에 있다고 있는데 있다면 있다면 있다.				ш.		
Cau	tion: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed u	nless reasonable cau	ise is	established.			
Und	er penalties of perjury and o	ther penalties set forth in the instr	uctions, I declare that I have e	xamined this return/rep	oort, in	cluding, if applic	able, a Sch	edule	
	or Schedule MB completed a ef, it is true, correct, and con-	and signed by an enrolled actuary, aplete.	, as well as the electronic vers	ion of this return/report	, and i	o the best of my	Knowleage	and	
516		111-	- 5 mm/13	Daniel Allen					
SIG	DE .		PO LOTRO DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA C		neces of the second	name tile till og er hangsgill v samt fall	ORDON TOTOGRAPSON		
	Signature of plan	administrator	Date Care	Enter name of individ		ning as plan adr	ninistrator		
SIG	RE TOTAL		- 5 MAR/3	DANIEL ALL	TOTAL STATE OF THE		- Section with the section of	201000122001	
TO STATE OF	Signature of emple	oyer/plan sponsor name, if applicable) and address;	include room or suite number	Enter name of individ	PERSONAL PROPERTY.	ning as employe arer's telephone	The state of the s	-	
	Janus a manna (maranig mm	name, it approacted and address,	manage room or dulie married	(optional)	1,00	arar a raidpinane	marribar (o	olloridiy	
		## P			_				

Part	III Financial Information									
7 F	Plan Assets and Liabilities		(a) Beginning of Year	-			(b) End	of Yea	r	
a	Fotal plan assets	7a	798	, 93	0				902	,034
b 1	otal plan liabilities	7b								
C I	Net plan assets (subtract line 7b from line 7a)	7c	798	, 93	0				902	,034
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
a (Contributions received or receivable from:		22	12/2			1000.00			
(1) Employers	8a(1)		,06	_	_		_	_	-
	2) Participants	8a(2)	56	,50	3	_		_		
77	3) Others (including rollovers)	8a(3)		. 22		_		-		
70.00	Other income (loss)	8b	99	,02	0			_	12 62 90	- 427272
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_	_		_	176	,590
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	7.3	3,48	6					
	Certain deemed and/or corrective distributions (see instructions)	8e			1					
	Administrative service providers (salaries, fees, commissions)	8f			1	_				
7057	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1				73	3,486
	Net income (loss) (subtract line 8h from line 8c)	8i								3,104
	Transfers to (from) the plan (see instructions)	8j			1					
Part		0)		_						
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:		
	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Charac	cterist	ic Cod	les in tl	ne instructi	ons:		
Part						F-887-1			_	
10	During the plan year:				Yes	No		Amo	unt	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ection Program)	10a		Χ				
ь	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				26	5,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	ner persons of the bene	by an insurance carrier, fits under the plan? (See	10e	X					3,032
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions 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 2520.10	he required	notice or one of the	10i		х				
Part			33,144,144,000,145,000,000,000,000,000,000,000,000,000,0	A1.953		//				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Y	es," see instructions and con	plete	Sche	dule St	3 (Form	П	Yes	No
11a	Enter the amount from Schedule SB line 39					11a				-
12	Is this a defined contribution plan subject to the minimum funding		THE RESIDENCE IN COLUMN TWO IS NOT THE RESIDENCE OF THE PARTY OF THE P				ERISA?	П	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			1 -31	2001)		T		W. 2	
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instru		, and	enter ti Day		the let		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul							- Torrible		
b	Enter the minimum required contribution for this plan year	*********				12b				

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Page 3 -	

C E	nter the amount contributed by the employer to the plan for this plan year	12c					
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount).	12d					
e w	fill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A			
Part VI	Plan Terminations and Transfers of Assets			_;			
13а н	as a resolution to terminate the plan been adopted in any plan year?	Y	es X N	0			
If	"Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b w	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the fthe PBGC?	control		Yes X No			
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) hich assets or liabilities were transferred. (See instructions.)	to		<u>.</u>			
130	(1) Name of plan(s):	3c(2) Ell	N(5)	13c(3) PN(s)			
	¥1)·						
Part V	III Trust Information (optional)						
14a Name of trust				14b Trust's EIN			