

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>		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 section 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>	
Part I Annual Report Identification Information					
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A This return/report is for:		<input checked="" type="checkbox"/> single-employer plan	<input type="checkbox"/> multiple-employer plan (not multiemployer)	<input type="checkbox"/> one-participant plan	
B This return/report is for:		<input checked="" type="checkbox"/> first return/report	<input type="checkbox"/> final return/report		
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> short plan year return/report (less than 12 months)		
C Check box if filing under:		<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program	
		<input type="checkbox"/> special extension (enter description)			
Part II Basic Plan Information —enter all requested information					
1a Name of plan ASHOKAN ARCHITECTURE AND PLANNING, PLLC 401K PROFIT SHARING PLAN AND PLAN			1b Three-digit plan number (PN) ▶	001	
			1c Effective date of plan	01/01/2000	
2a Plan sponsor's name and address (employer, if for single-employer plan) ASHOKAN ARCHITECTURE AND PLANNING, PLLC 102 MILL HILL ROAD WOODSTOCK, NY 12498			2b Employer Identification Number (EIN)	01-0585273	
			2c Plan sponsor's telephone number	845-750-6332	
			2d Business code (see instructions)	541310	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") ASHOKAN ARCHITECTURE AND PLANNING, PLLC 102 MILL HILL ROAD WOODSTOCK, NY 12498			3b Administrator's EIN	01-0585273	
			3c Administrator's telephone number	845-750-6332	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name			4b EIN		
			4c PN		
5a Total number of participants at the beginning of the plan year			5a	9	
b Total number of participants at the end of the plan year			5b	4	
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5c	4	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					
Part III Financial Information					
7 Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year	
a Total plan assets	7a	223597		39822	
b Total plan liabilities	7b	0		0	
c Net plan assets (subtract line 7b from line 7a)	7c	223597		39822	
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount	(b) Total	
a Contributions received or receivable from:					
(1) Employers	8a(1)	22			
(2) Participants	8a(2)	31			
(3) Others (including rollovers)	8a(3)	0			
b Other income (loss)	8b	23971			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			24024	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	207799			
e 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			207799	
i Net income (loss) (subtract line 8h from line 8c)	8i			-183775	
j Transfers to (from) the plan (see instructions)	8j	207799			

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

Form 5500-SF (2010)
v.092308.1

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:

2E 2F 2G 2J 2R 2T 3B 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**

	Yes	No	Amount
10 During the plan year:			
a 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		23000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X		11672
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(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, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you 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	
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 negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ 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 control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 HERE	Filed with authorized/valid electronic signature.	03/13/2013	BRAD WILL
	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



102 Mill Hill Road • Woodstock, New York 12498

March 11, 2013

US Department of Labor
ERISA Filing Acceptance System (EFAST2)

Attachment to 2010 Form 5500-SF electronic filing

Re: Late Filing Reasonable Cause - Ashokan Architecture & Planning, PLLC 401K
Profit Sharing Plan and Trust ("Plan")

Dear EFAST2 Administrator:

This letter shall serve as an explanation for the late filing of the 2010 Form 5500-SF. In 2009, Plan sponsor and employer Ashokan Architecture & Planning, PLLC experienced a severe financial downturn. As a result, all but one of seven employees either resigned or were laid off. In 2010, five plan participants, including myself, withdrew and transferred funds from the Plan and into separate, individual Rollover IRA accounts.

Through 2009, all Form 5500 filings had been generated and submitted by our plan administrator, Heller Pension Associates ("HPA"). After the 2009 filing, AAP as Plan sponsor no longer had a business consultant, bookkeeper, CPA, or the services of HPA. These positions and services were lost also as a result of the economic downturn and collapse of the regional construction industry. In addition, AAP had exhausted its business line of equity, and instituted extensive cost-cutting measures.

Lost in this difficult transition was the apparatus to process the complex bookkeeping and accounting necessary to handle required formwork for various Federal and State agencies and departments. As a newly-minted sole practitioner operating under entirely altered circumstances, I did my best to address, submit, complete, close, and otherwise administer all of the required paperwork. Unfortunately, the Form 5500 escaped my attention.

In early September 2012 I received a notification letter from the IRS informing me that a Form 5500 for 2010 was delinquent, unbeknownst to me. I received this letter - the first and only notice on the matter - fully 13+ months after it the filing was due. I immediately contacted the remaining Plan participants, realizing I had to close the Plan and avoid further delinquency, potential fines, etc. I managed to contact the four remaining participants, and arrange transfers into their individual rollover accounts as instructed. The Plan was officially closed in early October 2012.

I began to research how to file the Form 5500 in late 2012, without initial success. It wasn't until after I received a second notification letter from the IRS in mid-February that I was able to find the correct way to complete the form online. I thought an expensive, proprietary software program would be required for the electronic filing, and was relieved to discover that the Dept. of Labor provided an online form on the EFAST2 system.

I have completed the 2010 Form 5500-SF, and will inform the IRS of it's submittal to the DoL before their required March 18, 2012 response deadline. It is my sincere hope that the DoL will be lenient in any fines it may consider levying. My business is still extremely tenuous and in recovery mode. I will complete Form 5500-SF for the subsequent 2011 and 2012 tax years and submit them as soon as possible.

Thank you for your time and consideration, and please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad B. Will". The signature is fluid and cursive, with the first name "Brad" and last name "Will" clearly distinguishable.

Brad B. Will, AIA, LEED AP
Principal, Ashokan Architecture & Planning, PLLC