Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0 Benefit Plan								
Dep Inte	2	012						
	Department of Labor Benefits Security Administration	nd 4065 of the Employe ctions 6057(b) and 6058 ode).	58(a) of This Form is Open to Pe					
Pension I	Benefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection	
Part I		lentification Information			0.10.1.10			
For calend	dar plan year 2012 or fisca				2/31/2			
	eturn/report is for:			an (not multiemployer)		a one-particip	ant plan	
B This re	eturn/report is:		e final return/report					
	Ļ	4		n/report (less than 12 m	onths)	-		
C Check	box if filing under:	╡ └┘	utomatic extension			DFVC progra	m	
		special extension (enter description)						
Part II		nation—enter all requested information	on		46	Thursday that		
1a Name	e of plan MCKEAN ARCHITECT, PO	C 401(K) PLAN			a	Three-digit plan number		
					10	(PN) ▶	001	
					TC	Effective date of 06/01/	•	
2a Plans	sponsor's name and addro MCKEAN ARCHITECT, P	ess; include room or suite number (emp $\frac{C}{C}$	bloyer, if for a single-	employer plan)	2b	Employer Identif (EIN) 16-167		
225 BROA	DWAY, SUITE 3005				2c	Sponsor's telepl 212-964		
	K, NY 10007				2d	Business code (54131		
3a Plan	administrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b Administrator's EIN			
					30	Administrator's t	elephone number	
name		olan sponsor has changed since the last per from the last return/report.	t return/report filed fo	r this plan, enter the	4b 4c	EIN		
		the beginning of the plan year			5a 1			
b Total	number of participants at	the end of the plan year			5b		10	
	· ·	count balances as of the end of the plar	•	•	_		10	
					5c		10 Vec 🗆 Ne	
b Are y	ou claiming a waiver of th	luring the plan year invested in eligible a ne annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQ	PA)		X Yes No	
		er line 6a or line 6b, the plan cannot	,					
		incomplete filing of this return/repor						
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/va	lid electronic signature.	08/29/2013	JEFFREY MCKEAN				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator							ninistrator	
SIGN	Filed with authorized/va	lid electronic signature.	08/29/2013	JEFFREY MCKEAN				
HERE	Signature of employe		Date	Enter name of individe	¥			
LEE KAMII PENSION 584 RUTL	s name (including firm nar NETZKY, PH.D. ACTUARIES, LLC AND AVENUE , NJ 07666	ne, if applicable) and address; include r	oom or suite number	(optional)	Prep	arer's telephone 201-530	number (optional) -0666	

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Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	7a	12759				131078
b Total plan liabilities	7b		0			0
C Net plan assets (subtract line 7b from line 7a)	7c	12759	9			131078
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	a (1)	00				
(1) Employers		90				
(2) Participants		266				
(3) Others (including rollovers)			0			
b Other income (loss)		1	1			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			-		3579
to provide benefits)	8d		0			
e Certain deemed and/or corrective distributions (see instructions).	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f	10	0			
g Other expenses	8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)						100
i Net income (loss) (subtract line 8h from line 8c)	8i					3479
j Transfers to (from) the plan (see instructions)	··· 8j		0			
Part IV Plan Characteristics						
 b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 	feature codes t	from the List of Plan Charac	cterist	ic Cod	es in the ir	nstructions:
10 During the plan year:				Yes	No	Amount
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi 			10a		x	Anoun
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	st? (Do not incl	ude transactions reported	10b		х	
C Was the plan covered by a fidelity bond?						
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	o fidality band		10c	Х		10000
0. a.o.ioi.oo()		that was caused by fraud	10c 10d	X	X	10000
 Were any fees or commissions paid to any brokers, agents, or c insurance service or other organization that provides some or al instructions.) 	other persons by I of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See		X		10000
e Were any fees or commissions paid to any brokers, agents, or c insurance service or other organization that provides some or al	other persons by I of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10d	X	X	10000
e Were any fees or commissions paid to any brokers, agents, or c insurance service or other organization that provides some or al instructions.)	other persons by I of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e 10f	X	x x	10000
 e Were any fees or commissions paid to any brokers, agents, or communication insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the prov	ther persons by I of the benefits lan? as of year end. ? (See instruction	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e	×	X X X	10000
 e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 	ther persons by I of the benefits lan? as of year end. ? (See instruction the required no	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g	X	X X X X X	10000
 e Were any fees or commissions paid to any brokers, agents, or consurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	ther persons by I of the benefits lan? as of year end. ? (See instruction the required no	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h	×	X X X X X	10000
 e Were any fees or commissions paid to any brokers, agents, or consurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period" 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	ther persons by I of the benefits as of year end. ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, under the plan? (See)	10d 10e 10f 10g 10h 10i	Schec	X X X X X X ule SB (Fc	orm
 e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). 	ther persons by I of the benefits as of year end. ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i	Schec	X X X X X X ule SB (Fc	orm
 e Were any fees or commissions paid to any brokers, agents, or consurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). 	ther persons by l of the benefits lan? as of year end. ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i	Schec	X X X X X Ule SB (Fc	orm
 e Were any fees or commissions paid to any brokers, agents, or consurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ther persons by I of the benefits as of year end. ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i	Schec	X X X X X Ule SB (Fc	orm
 e Were any fees or commissions paid to any brokers, agents, or communication insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding 	ther persons by I of the benefits as of year end. ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i plete or se	Schec	X X X X X X ule SB (Fc 	orm
 e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum fundir (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be 	ther persons by I of the benefits as of year end. ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i plete or se	Schec	X X X X X X ule SB (Fc 11a 302 of ERIS Inter the da	Arr Content of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were of the		Yes X No		
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Application for Extension of Time To File Certain Employee Plan Returns

Department of the Treasury Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see instructions.
 Information about Form 5558 and its instructions is at www.irs.gov/form5558

	lentification number	er (see instructions) Imber (EIN)(9 digits XX-XXXXXX)				
16 - 1673877 Social security number (SSN) (9 digits XXX-XX-XXXX)						
Plan		Plan year ending				
ber	MM	DD	<u> </u>			
1	12	31	2012			
		5500 porios roturn/				

1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2	I request an extension of time until	10 /	15	1	2013	to file Form 5500 series (see instructions).
	Note. A signature IS NOT required if	you a	re rec	ques	sting an	extension to file Form 5500 series.

3 I request an extension of time until / / to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

4	I request an extension of time until / / / to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
a	Enter the Code section(s) imposing the tax
b	Enter the payment amount attached
с 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date
	Client information is not yet complete.
dor n	enalties of perius 1 declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature >

Form 5500-SF	vee	OMB Nos. 1210-0110 1210-0089				
Internal Revenue Service	This form is required to be					2012
Department of Labor Employee Benefits Security Administration	Retirement Income Security A the Int	ct of 1974 (ERISA), and ernal Revenue Code (th		(a) of		is Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 550	0-SF.		
and the second	dentification Information	01/01/2012	and opding	10	/31/2012	
For calendar plan year 2012 or fisc			and ending	<u> </u>	٦	
A This return/report is for:	x a single-employer plan		plan (not multiemployer)	L] a one-particip	bant plan
B This return/report is:	the first return/report	the final return/report				
_	an amended return/report		urn/report (less than 12 m	ionths)	1 	
C Check box if filing under:	x Form 5558	automatic extension		L	DFVC progra	im
	special extension (enter descri	otion)				
	mation enter all requested in	nformation				
1a Name of plan					Fhree-digit Dan number	
Jeffrey McKean Arch	Jeffrey McKean Architect, PC 401(k) Plan					001
				1	Effective date o	f plan
2a Plan sponsor's name and add	dress; include room or suite numbe	er (employer, if for a sind	ile-employer plan)			ification Number
Jeffrey McKean Arch					EIN) 16-16	
				1	Sponsor's telep (212) 964-	
225 Broadway, Suite	3005					(see instructions)
US New York	NY 10007			ł	541310	· · · · · · · · · · · · · · · · · · ·
	id address 🗽 Same as Plan Spo	nsor Name 🔲 Same as	s Plan Sponsor Address	3b /	Administrator's	EIN
4 If the name and/or EIN of the	plan sponsor has changed since t	he last return/report filed	d for this plan, enter the	4b 6		telephone number
	ber from the last return/report.					
a Sponsor's name				4c F	PN	10
	at the beginning of the plan year .			5a 5b		10
	at the end of the plan year					
· · · · · ·				<u>5c</u>		10
6a Were all of the plan's assets	during the plan year invested in eli	gible assets? (See instru	uctions.)		•••••	X Yes No
under 29 CFR 2520.104-46?	the annual examination and report (See instructions on waiver eligibil	ity and conditions.)	*********			XYes No
-	<u>her line 6a or line 6b, the plan ca</u>					· · · · · · · · · · · · · · · · · · ·
	or incomplete filing of this return					
Under penalties of perjury and ot SB or Schedule MB opmoleted a belief, it is true, correct and com	her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	ctions, I declare that I ha as well as the electronic	ve examined this return/repo version of this return/repo	eport, in rt, and t	o the best of m	icable, a Schedule iy knowledge and
	· <u>·</u> ··································	XBOIL	JEFFREY MC KEAN			
HERE Signature of plan adm	inistrator	Date // /	Enter name of individu	al signir	ng as plan adm	inistrator
		X & hille	JEFFREY MC KEAN		Free wall	
SIGN BERE Signature of employer/plan sponsor Date Enter name of individual signing as employer of						or plan sponsor
	name, if applicable) and address; ir				<u> </u>	number (optional)
Lee Kaminetzky, Pr				(2	01) 530-06	566
Pension Actuaries,				`_		
584 Rutland Avenue				75345656205349		P\$ 7.05 ** 0.
US Teaneck	NJ 07666					
Ear Danamural: Reduction Act I	Notice and OMB Control Number	re eas the instructions	for Form 5500-SE	100000000000000000000000000000000000000	F	orm 5500-SF (2012)

ontrol Numbers, see the instructions for Form 5500-SF.

Part III Financial Information

	rt III Financial Information	Jan Berry American							
7	Plan Assets and Liabilities	101 V. 6 12	(a) Beginning of Year			(b) End of Year			
a	Total plan assets	7a	127,599			131,078			78
b	Total plan liabilities	7b		0	0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	127,5	99	131,078			78	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
	Contributions received or receivable from: (1) Employers	8a(1)	901						
	(1) Employers	8a(2)	2,667						
	· · · · · · · · · · · · · · · · · · ·	1	270						
-	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80		 105 (175	1280892 8				20
	Benefits paid (including direct rollovers and insurance premiums			0.121013	80.2	1. A.S. 8		3,5	19
	to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	1(00		Serent int	ada badarra		der gerege
g	Other expenses	8g		0			an an an an		a an
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			の語の記念			1	00
	Net income (loss) (subtract line 8h from line 8c)	8i		1.18	d.			3,4	79
i	Transfers to (from) the plan (see instructions)	8j	a state de trans e la suit suit suit d'anna suit de la suit de la suit de la suit de la suit a suit a suit de s	0					
342356503	rt IV. Plan Characteristics	· · ·							
Los regardo	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Cod	es in f	the instructi	ons:	
	2A 2E 2F 2H 2J 3D				0 000				
-			· · · · · · · · · · · · ·		~ ·				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in th		ns:	· · ·
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	/	Mount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure			10a		x			
b		? (Do not i	nclude transactions reported	10b		x			
				10c	x			1(0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		x	<u> </u>		
	or dishonesty?			liuu					
e	insurance service or other organization that provides some or all o instructions.)	of the bene	fits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		x	1		
							ļ., ", ", ", ", ", ", ", ", ", ", ", ", ",		
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X			1
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x			
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			10i					
Pa	t VI Pension Funding Compliance		······································				,		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							🗌 Yes	X No
11:	a Enter the amount from Schedule SB line 39			•••••		11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	tion 3	02 of	ERISA?	🗌 Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)					<u></u>	
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	ng amortiz	ed in this plan year, see instruc	tions, hth	and e	enter t _ Da		he letter ruli . Year	ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
b						12b			
	and the minimum requires contribution of the plan your minimum				. 1.				

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		1			
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 of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No No	<u>N/A</u>
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		es 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
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0			
_	13c(1) Name of plan(s): 13	c(2) EIN	(s)	13c(3) PN(s)
•••••					
Dar	VIII Trust Information (optional)				. <u></u>

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14a Name of trust	14b Trust's EIN