For	m 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employ						
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form i	s Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection		
Part I		entification Information							
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/2	2013			
A This ret	urn/report is for:	🖌 a single-employer plan 🛛 🗌 a	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:	the first return/report th	ne final return/report						
	Γ	an amended return/report a a	short plan year return	n/report (less than 12 mo	onths)			
C Check	box if filing under:] Form 5558	utomatic extension			DFVC progra	Im		
	[] []	」] special extension (enter description)							
Part II	Basic Plan Inforn	nation—enter all requested information							
1a Name					1b	Three-digit			
	LCOYNE ARCHITECTS	s, LLP401(K) PLAN				plan number			
						(PN) 🕨	001		
					1c	Effective date or	•		
			- I			01/01			
	LLCOYNE ARCHITECTS	ess; include room or suite number (emp S, LLP	ployer, if for a single-	employer plan)	2b	1	fication Number 31576		
12 WEST 27	TH ST				2c	Sponsor's telephone number			
NEW YORK					2d	Business code (81299	,		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
		lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN			
	or's name	·			4c	PN			
5a Total r	number of participants at	the beginning of the plan year			5a		8		
b Total r	number of participants at	the end of the plan year			5b		9		
		count balances as of the end of the pla			F -				
					5c		9 X Yes No		
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (\$	uring the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	independent qualified d conditions.)	d public accountant (IQ	PA)		X Yes No		
C If the p	olan is a defined benefit p	plan, is it covered under the PBGC insu	Irance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed i	inless reasonable cau	ise is	established			
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	oort, ir	ncluding, if applic			
SIGN	Filed with authorized/val	lid electronic signature.	03/11/2014	DANIEL ALLEN					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as emplove	r or plan sponsor		
Preparer's		ne, if applicable) and address; include i			-		number (optional)		

7 DI A I IIIII							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a Total plan assets	7a	90203				1125912	
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	90203	4			1125912	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:		2052	0				
(1) Employers	8a(1)	2058		_			
(2) Participants	8a(2)	5869	4				
(3) Others (including rollovers)	8a(3)	40500	0				
b Other income (loss)	8b	19523	2	_			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		274514	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5033	6				
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f	30	0				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					50636	
i Net income (loss) (subtract line 8h from line 8c)	8i					223878	
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics	•,						
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	and a feature and the second stand					
		•	10b		Х		
C Was the plan covered by a fidelity bond?		·	10b 10c	X	X	26	\$5000
 C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? 	fidelity bond,	that was caused by fraud		X	× ×	26	35000
 d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of the plan's for the plan's for	fidelity bond, er persons b of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10c	x		26	
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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		
е	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 in any plan year?	Ye	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 🗙 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): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

	Short Form Annual Re	27 19 19 19 19 19 19 19 19 19 19 19 19 19	Employe	e	(OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service		enefit Plan under sections 104 and 4065 of t	he Employee	Employee and 6058(a) of This Form is Open to Publi			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of	1974 (ERISA), and sections 60576 Revenue Code (the Code).	(b) and 6058(a)				
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instructions to th	e Form 5500-S	F.	Ins	pection	
	dentification Information	1 (01 (001 2)			10/21/201	2	
For calendar plan year 2013 or fis	End to the second se		ending	-	12/31/201		
A This return/report is for:		a multiple-employer plan (not mul	tiemployer)		a one-particip	sant plan	
B This return/report is:	the first return/report	the final return/report	e then 12 meet	he)			
	an amended return/report	a short plan year return/report (les	is than 12 mont	.ns) Г	DFVC progra	102	
Check box if filing under:		automatic extension			Drvo progra		
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					PN)	0.01	
					ffective date o		
2a Plan sponsor's name and add Allen & Killcoyne	dress; include room or suite number (e Architects, LLP	mployer, if for a single-employer p	lan) 2	2b E		fication Number	
anananan di taken kumana			2		Sponsor's telep		
10 Wart 0755 05		6		(212) 645.	-2222	
12 West 27th St		adalahat ili ili ili ili ili ili ili ili ili il	1			(see instructions)	
New York	d address 🏾 Same as Plan Sponsor N	NY 10001 ame Same as Plan Sponsor A	Veldesse 4		12990 dministrator's		
2a Fian administrator's name ar	id address Moame as Plan oponsor R	ame Usame as Plan Sponsor A	Address		unninistrator s		
	plan sponsor has changed since the I		enter the	4b (EIN		
		ast return/report filed for this plan.					
name, EIN, and the plan nur	nber from the last return/report.	ast return/report filed for this plan.	-01550353200 - 400054-	40	PN		
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7a	902	,03	4]	.,125,912
7b						
7c	902	,03	4			,125,91:
	(a) Amount				(b) Total	
47948		50	0			
and the second			-			_
	50	103	-			-
	195	. 23	2			
	alle ver me	120	~	_		274,51
8C			-	-		
8d	50	,33	6			
8e				-		
8f		30	0	_		
8g						
8h						50,63
8i				_		223,87
8j					1.0	
90 - 1990 - 70-						
			Yes	No	Am	ount
itions within t	he time period described in	_				C1372347351771/
uciary Correc	tion Program)	10a		X		
t? (Do not inc	tion Program) lude transactions reported	10a 10b		x x		
t? (Do not inc	tion Program)		x	2.04		265,00
t? (Do not inc	tion Program) lude transactions reported	10b	x	2.04		265,00
t? (Do not inc i fidelity bond her persons to of the benefit	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c	x	x		265,00
t? (Do not inc i fidelity bond her persons to of the benefit	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier,	10b 10c 10d		x		
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t? (Do not inc i fidelity bond her persons t of the benefit an? (See instruct (See instruct the required r)1-3 nents? (If "Ye from Schedul	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See d.) ions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Jule SB		3,34
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	7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8c 8d 8c 8d 8d 8d 8f 8g 8h 8j feature codes	7a 902 7b 902 7c 902 (a) Amount 8a(1) 8a(1) 20 8a(2) 58 8a(3) 95 8b 195 8c 95 8d 50 8e 96 8f 96 8g 96 8h 96 8i 96 8j 96 6ature codes from the List of Plan Character 902 902 902 902 902 902 902 902 902 902 902 902 902 902 903 903 904 904 905 905 905 905 906 905 907 905 908 905 909 905 900 905 901 905 902 905 903 <td>7b 902,03 7c 902,03 8a(1) 20,58 8a(2) 58,69 8a(2) 58,69 8a(3) 195,23 8b 195,23 8c 30 8d 50,33 8e 30 8g 30 8g 30 8g 30 8g 30 8i 30 7 30 30 8i 30</td> <td>7a 902,034 7b 902,034 7c 902,034 7c 902,034 (a) Amount 902,034 8a(1) 20,588 8a(2) 58,694 8a(3) 95,232 8c 95,232 8c 902,034 8d 50,336 8e 902,034 8d 50,336 8e 902,034 8d 50,336 8e 900,0336 8g 900,000 8g 900,000 8g 900,000 8i 900,000 8i 900,000 8g 900,000 9g 900,000 8g 900,000 8g 900,000 8g 900,000 8g 900,000 9g 900,00</td> <td>7a 902,034 7b 902,034 7c 902,034 7c 902,034 8a(1) 20,588 8a(2) 58,694 8a(3) </td> <td>7a 902,034 1 7b 902,034 1 7c 902,034 1 (a) Amount (b) Total (b) Total 8a(1) 20,588 1 8a(2) 58,694 1 8a(3) 1 1 8b 1.95,232 1 8c 1 1 8d 50,336 1 8e 300 1 8f 300 1 8g 1 1 8i 1 1 8j 1 1 feature codes from the List of Plan Characteristic Codes in the instructions: 1 eature codes from the List of Plan Characteristic Codes in the instructions: 1</td>	7b 902,03 7c 902,03 8a(1) 20,58 8a(2) 58,69 8a(2) 58,69 8a(3) 195,23 8b 195,23 8c 30 8d 50,33 8e 30 8g 30 8g 30 8g 30 8g 30 8i 30 7 30 30 8i 30	7a 902,034 7b 902,034 7c 902,034 7c 902,034 (a) Amount 902,034 8a(1) 20,588 8a(2) 58,694 8a(3) 95,232 8c 95,232 8c 902,034 8d 50,336 8e 902,034 8d 50,336 8e 902,034 8d 50,336 8e 900,0336 8g 900,000 8g 900,000 8g 900,000 8i 900,000 8i 900,000 8g 900,000 9g 900,000 8g 900,000 8g 900,000 8g 900,000 8g 900,000 9g 900,00	7a 902,034 7b 902,034 7c 902,034 7c 902,034 8a(1) 20,588 8a(2) 58,694 8a(3)	7a 902,034 1 7b 902,034 1 7c 902,034 1 (a) Amount (b) Total (b) Total 8a(1) 20,588 1 8a(2) 58,694 1 8a(3) 1 1 8b 1.95,232 1 8c 1 1 8d 50,336 1 8e 300 1 8f 300 1 8g 1 1 8i 1 1 8j 1 1 feature codes from the List of Plan Characteristic Codes in the instructions: 1 eature codes from the List of Plan Characteristic Codes in the instructions: 1

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Page 3 -	
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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	1	No [N/A
Part	VII Plan Terminations and Transfers of Assets		(-)	- 3-34	<u> </u>	16
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):	3c(2) E	IN(s)	-	13c(3)	PN(s)
Part	VIII Trust Information (optional)			_		_
14a I	Name of trust	14b T	rust's Ell	N		