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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

| Pei | nsion Be | nefit Guaranty Corporation | ➤ Complete all entries in acc | ordance with the instruc | tions to the Form 5500 | 0-SF. | | spection | | | |
|--------------|-------------------|--|---|--------------------------------|---------------------------|-----------------|--------------------------------|--------------------|--|--|--|
| Pa | rt I | Annual Report le | dentification Information | | | | | | | | |
| For c | alenda | ar plan year 2013 or fisc | cal plan year beginning 01/01/2 | 2013 | and ending 1 | 2/31/2 | 2013 | | | | |
| | | urn/report is for: | an (not multiemployer) | a one-participant plan | | | | | | | |
| В | his reti | urn/report is: | the first return/report | the final return/report | | | | | | | |
| | | | an amended return/report | H | n/report (less than 12 mo | · — | | | | | |
| C c | heck b | oox if filing under: | Form 5558 special extension (enter descrip | automatic extension | | | DFVC progra | am | | | |
| Par | ~4 II | Pacia Blan Infor | ш ; | , | | | | | | | |
| | | | mation—enter all requested info | rmation | | 1h | Three-digit | 1 | | | |
| | | of plan ARCHITECTS PC 401 | (K) RETIREMENT PLAN | | | וט | plan number | | | | |
| Orthvic | | AROTTEOTOTOTOT | (IV) KETIKEMENT LAN | | | | (PN) ▶ | 001 | | | |
| | | | | | | 1c | Effective date o | f plan | | | |
| | | | | | | | 01/01 | • | | | |
| | | oonsor's name and add ARCHITECTS PC | lress; include room or suite number | r (employer, if for a single- | employer plan) | 2b | Employer Identi (EIN) 02-06 | fication Number | | | |
| 637 W | IEST 2 | 7TH STREET | | | | 2c | Sponsor's telep | | | | |
| NEW ' | YORK, | NY 10001 | | | | 2d | Business code (| (see instructions) | | | |
| 3a F | Plan ad | dministrator's name and | d address Same as Plan Sponso | or Name Same as Plan | Sponsor Address | 3b | Administrator's | | | | |
| | | | | | | 3с | Administrator's | telephone number | | | |
| | | | plan sponsor has changed since the | ne last return/report filed fo | or this plan, enter the | 4b | EIN | | | | |
| as | Sponso | or's name | · | | | 4c | PN | | | | |
| 5a | Total r | number of participants a | at the beginning of the plan year | | | 5a | | 103 | | | |
| b | Total r | number of participants a | at the end of the plan year | | | 5b | 1 | | | | |
| | | | ccount balances as of the end of th | . , , | • | 5c | | 94 | | | |
| 6a | Were | all of the plan's assets | during the plan year invested in eli | gible assets? (See instruct | tions.) | | | X Yes No | | | |
| | | | the annual examination and report (See instructions on waiver eligibili | | | | | X Yes No | | | |
| | If you | answered "No" to eit | her line 6a or line 6b, the plan ca | nnot use Form 5500-SF | and must instead use | Form | 5500. | | | | |
| C | If the p | lan is a defined benefit | plan, is it covered under the PBG0 | C insurance program (see | ERISA section 4021)? . | | Yes No | Not determined | | | |
| Caut | ion: A | penalty for the late of | r incomplete filing of this return/ | report will be assessed u | unless reasonable cau | se is | established. | | | | |
| Unde SB o | er pena r Sche | alties of perjury and other | er penalties set forth in the instruct d signed by an enrolled actuary, as | ions, I declare that I have | examined this return/rep | ort, in | ncluding, if applic | | | | |
| SIGN | | Filed with authorized/va | ralid electronic signature. | 10/15/2014 | ANDREW WHALLEY | | | | | | |
| HER | E | Signature of plan ad | ministrator | Date | Enter name of individu | ual sig | ning as plan adr | ministrator | | | |
| SIGN | | | | | | | | | | | |
| HER | E | Signature of employer/plan sponsor Date Enter name of indivi | | Enter name of individu | ual sig | ning as employe | er or plan sponsor | | | | |
| Prep | arer's i | | ame, if applicable) and address; inc | | | | | number (optional) | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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| Da | 4 III. Financial Information | | | | | | | | |
|------|--|--------------------------------|---------------------------------|------------|---------|-----------------|--------------------------------------|--|--|
| | t III Financial Information | | | | | 1 | | | |
| | Plan Assets and Liabilities | _ | (a) Beginning of Yea | | | | (b) End of Year | | |
| - | Total plan assets | 7a | | 0 | - | 2231586 | | | |
| | · | plan liabilities | | | | | 2231586 | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 156858 | 0 | - | | | | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 18506 | 3 | | | | | |
| | (2) Participants | 23887 | 9 | | | | | | |
| | (3) Others (including rollovers) | 2742 | 1 | | | | | | |
| - | Other income (loss) | others (more daming removers). | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 774694 | | |
| | Benefits paid (including direct rollovers and insurance premiums | - 55 | | | | | | | |
| | to provide benefits) | 8d | 11169 | 4 | | | | | |
| е | 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 | | | | | 111694 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 663000 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature code | es from the List of Plan Charac | cterist | ic Coc | les in ti | he instructions: | | |
| Part | V Compliance Questions | | | , | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | | |
| a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ciary Corr | ection Program) | 10a | | X | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ` | • | 10b | | X | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | 125000 | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | - | 10d | | X | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) | of the bene | efits under the plan? (See | 10e | X | | 2 | | |
| f | | | | | | Χ | _ | | |
| | | | | 10f 10q | X | | 44126 | | |
| 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 | ne required | notice or one of the | 10i | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | |
| 11 | | | | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | as applica | able.) | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | Mon | | , and e | enter th Day | ne date of the letter ruling Year | | |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedule | e MB (For | m 5500), and skip to line 13. | | | 1 | | | |
| h | Enter the minimum required contribution for this plan year | | | | | 12b | 1 | | |

| Page | 3 - | | 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 N/A | | | | | |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | Y | 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 coof the PBGC? | ontrol | | 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) to which assets or liabilities were transferred. (See instructions.) | | | | | | | | | |
| 1 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | | | |
| 14a | Name of trust | 14b Trust's EIN | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

| Part I | TENERS IN THE PROPERTY OF THE PARTY OF THE P | Identification information | | | | | | | | |
|-----------------|--|---------------------------------------|---------------------------------|----------------------------|--|------------------------------------|--|--|--|--|
| For calenda | ar plan year 2013 or fis | scal plan year beginning | 01/01/2013 | and ending | | 12/31/2013 | | | | |
| A This ret | This return/report is for: | | | | | | | | | |
| | urn/report is: | the first return/report | the final return/report | | | _ | | | | |
| D IIIIs iei | антиероп із. | report (less than 12 mo | onths) | | | | | | | |
| _ | | an amended return/report X Form 5558 | automatic extension | roport (1000 trial) 12 mil | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DEVC program | | | | |
| C Check I | box if filing under: | | L | DFVC program | | | | | | |
| | | special extension (enter desc | ription) | | | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested inf | ormation | | | | | | | |
| 1a Name | of plan | | | | | Three-digit | | | | |
| Grim | shaw Architec | ts PC | | | | olan number | | | | |
| | k) Retirement | | | | | (PN) 001 | | | | |
| , | • | | | | | Effective date of plan | | | | |
| | | | / I treat a stanta | 1 | | 01/01/2004 | | | | |
| | | dress; include room or suite numb | er (employer, it for a single-e | employer plan) | | Employer Identification Number | | | | |
| Grim | shaw Architec | ts PC | | | | EIN) 02-0622328 | | | | |
| | | | | | | Sponsor's telephone number | | | | |
| 637 | West 27th Str | eet | | | | (646) 293-3600 | | | | |
| | | | See and the second | | | Business code (see instructions) | | | | |
| New | | | | 10001 | | 541310 Administrator's EIN | | | | |
| 3a Plan a | dministrator's name ar | nd address XSame as Plan Spons | sor Name Usame as Plan | Sponsor Address | JU / | Administrator 5 Em | | | | |
| | | | | | 3c A | Administrator's telephone number | | | | |
| | | | | | | • | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | e plan sponsor has changed since | the last return/report filed fo | r this plan, enter the | 4b E | EIN | | | | |
| name | , EIN, and the plan nu | mber from the last return/report. | | | | | | | | |
| | or's name | | | | 4c PN | | | | | |
| 5a Total | number of participants | at the beginning of the plan year. | | | 5a | 103 | | | | |
| b Total | number of participants | at the end of the plan year | | | 5b | 119 | | | | |
| C Numb | er of participants with | account balances as of the end of | the plan year (defined bene- | fit plans do not | | | | | | |
| | | | | | 5c | 94 | | | | |
| 6a Were | all of the plan's asset | s during the plan year invested in e | eligible assets? (See instruct | ions.) | | X Yes No | | | | |
| b Are yo | ou claiming a waiver o | f the annual examination and repo | rt of an independent qualifie | d public accountant (IQ | PA) | ₽ Vas □ Na | | | | |
| under | 29 CFR 2520.104-46 | ? (See instructions on waiver eligib | oility and conditions.) | | | X Yes No | | | | |
| If you | ı answered "No" to e | ither line 6a or line 6b, the plan | cannot use Form 5500-SF | and must instead use | Form 5 | | | | | |
| C If the | plan is a defined benef | fit plan, is it covered under the PB0 | GC insurance program (see | ERISA section 4021)? | ∐ | Yes No Not determined | | | | |
| Caution: A | nenalty for the late | or incomplete filing of this retur | n/report will be assessed t | ınless reasonable cau | ıse is e | stablished. | | | | |
| Under nen | alties of periury and of | her penalties set forth in the instru | ctions. I declare that I have e | examined this return/rea | oort, inc | cluding, if applicable, a Schedule | | | | |
| SB or Sche | edule MB completed a | nd signed by an enrolled actuary, : | as well as the electronic vers | sion of this return/report | , and to | the best of my knowledge and | | | | |
| belief, it is | true, correct, and com | plete. | | | | | | | | |
| | | U.S. | 16/12/16 | Andrew Whalley | 7 | | | | | |
| SIGN HERE | | - | 10/13/15 | | | | | | | |
| HEKE | Signature of plan a | dministrator | Date | Enter name of individ | ual sign | ning as plan administrator | | | | |
| SIGN | 12 | | | | | | | | | |
| UEDE | | | | | | ning as employer or plan sponsor | | | | |
| Preparer's | name (including firm r | name, if applicable) and address; in | nclude room or suite number | r (optional) | Prepa | arer's telephone number (optional) | | | | |
| | . • | | | | | | | | | |
| | | | | | l | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Par | t III Financial Information | | | | | | | | |
|----------------|--|--------------|---|---------|---------|------------------|-------------|---------|------------|
| | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End | of Ye | ar |
| - | Total plan assets | 7a | 1,56 | | 6 | | | | ,231,586 |
| | Total plan liabilities | 7b | | | 0 | | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 1,56 | 8,58 | 6 | | | 2 | ,231,586 |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | | |
| | Contributions received or receivable from: | | | | | | 1 | | |
| | (1) Employers | 8a(1) | | 5,06 | | | | | |
| | (2) Participants | 8a(2) | | 8,87 | _ | | 11. | | |
| | (3) Others (including rollovers) | 8a(3) | | 7,42 | | | | | |
| b | Other income (loss) | 8b | 32: | 3,33 | 1 | | | _ | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | _ | | | | 774,694 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 11: | 1,69 | - | | | | |
| 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 | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 111,694 |
| <u>_i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | 411 | | | | 663,000 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | 0 | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instruc | ctions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Chara | cterist | ic Cod | les in ti | he instruct | ions: | |
| Part | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amo | unt |
| | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide | tions withi | n the time period described in rection Program) | 10a | | х | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | х | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | х | | | | 125,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bo | nd, that was caused by fraud | 10d | | х | | | |
| | or dishonesty? Were any fees or commissions paid to any brokers, agents, or other | | | 100 | | | | | |
| e | insurance service or other organization that provides some or all instructions.) | of the ben | efits under the plan? (See | 10e | х | | | | 2 |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | х | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a | | | 10g | х | | | | 44,126 |
| g h | If this is an individual account plan, was there a blackout period? | (See instru | uctions and 29 CFR | 10g | | х | | | |
| - i | 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to | he require | d notice or one of the | | | | | Т | |
| Part | exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance | 1-3 | * | 10i | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | nents? (If " | Yes," see instructions and con | nplete | Sche | dule SE | 3 (Form | П | Yes X No |
| 112 | Enter the unpaid minimum required contribution for current year f | | | | | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | | ERISA? | П | Yes X No |
| _12_ | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | | WS7 65 | . Ji 30 | .0.1011 | JUE 01 | | للسل | |
| a | If a waiver of the minimum funding standard for a prior year is bei granting the waiver. | ng amortiz | ed in this plan year, see instru | ctions | , and | enter the Day | ne date of | the let | ter ruling |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedul | e MB (Fo | rm 5500), and skip to line 13. | | | | | | |
| | Enter the minimum required contribution for this plan year | | | | | 12b | | | |
| | The state of the s | | | | | | | | |

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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 resul negative amount) | t (enter a minus sign to the left of a | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding | ng deadline? | | Yes | No | N/A | |
| Part | VII Plan Terminations and Transfers of Assets | | | 3-17 | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | res 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, transfer of the PBGC? | | | | | | |
| С | If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.) | an to another plan(s), identify the plan(s) t | 0 | | | | |
| | 13c(1) Name of plan(s): | 13 | c(2) E | IN(s) | 13c(3) | PN(s) | |
| | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | |
| 14a Name of trust | | | | 14b Trust's EIN | | | |
| | | | | | | | |