_	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee	! 	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed un	nder sections 104 and 4				2014
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ER Re	RISA), and sections 605 evenue Code (the Code		Interna	This F	orm is Open to lic Inspection
	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instr	uctions to the Form 55	500-SF		ine mapeetion
For calend	Annual Report Ic ar plan year 2014 or fisc	dentification Information cal plan year beginning 01/01/2014		and ending 12/	31/201	А	
		X a single-employer plan	a multiple-employer pl	an (not multiemployer) (x must attach a list
	turn/report is for: [urn/report is	a one-participant plan	of participating employ a foreign plan the final return/report	n/report (less than 12 mo	dance v	-	
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension		[DFVC progra	am
Part II	Basic Plan Infor	mation—enter all requested inform	ation				
1a Name ALLEN & KI	of plan LLCOYNE ARCHITECT	[°] S, LLP401(K) PLAN				Three-digit plan number (PN) ▶	001
					-	Effective date c	f plan //1994
	ponsor's name and addr LCOYNE ARCHITECTS	ress; include room or suite number (e S, LLP	employer, if for a single-	employer plan)	(Employer Identi (EIN) 20-84	fication Number 131576
12 WEST 27					2c 3	Sponsor's telep 212-64	hone number 5-2222
NEW YORK,	NY 10001				2d	Business code 8129	(see instructions) 90
3a Plan a	dministrator's name and	address XSame as Plan Sponsor.			3b /	Administrator's	EIN
		plan sponsor has changed since the l ber from the last return/report.	last return/report filed fo	or this plan, enter the	4b		telephone number
	or's name				4c		
		at the beginning of the plan year			5a		9
		at the end of the plan year ccount balances as of the end of the p			5b		10
comple	ete this item)				50	;	10
		icipants at the beginning of the plan y			5d(1	-	10
		icipants at the end of the plan year minated employment during the plan			5d(2)	10
					5e	•	0
Under pena SB or Sche	alties of perjury and othe	r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we ete.	ns, I declare that I have	examined this return/rep	oort, ind	cluding, if applic	
SIGN		alid electronic signature.	04/27/2015	DANIEL ALLEN			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sigr	ning as plan adı	ministrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu			
Preparer's	name (including firm na	me, if applicable) and address (incluc	de room or suite numbe	r) (optional)	Prepa	arer's telephone	number (optional)

	Were all of the plan's assets during the plan year invested in eligib		· · · · · ·					X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						_1
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	program (see ERISA section 40	21)?		Yes	No N	ot determir	ned
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of	Year	
а	Total plan assets	7a	11259	912				1242291	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	11259	912				1242291	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al	
а	Contributions received or receivable from:	80(4)	285	580					
	(1) Employers (2) Participants	8a(1) 8a(2)	581						
	(3) Others (including rollovers)	8a(3)		-					
b	Other income (loss)	8b	296	62					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						116379	
	Benefits paid (including direct rollovers and insurance premiums	00							
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
i	Net income (loss) (subtract line 8h from line 8c)	8i			_			116379	
j	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 Chara	acteri	stic Co	odes in	the instructio	ns:	
b			log from the List of Dian Charge	otoriot		loo in t	ha instruction		
D	If the plan provides welfare benefits, enter the applicable welfare fe			lensi				5.	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Ar	nount	
а	Was there a failure to transmit to the plan any participant contribu		•			X			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		- ·	10a		Х			
D	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	X			26	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
е	· · · · · · · · · · · · · · · · · · ·								
	insurance service, or other organization that provides some or all instructions.)			10e	х				4051
f	Has the plan failed to provide any benefit when due under the plan					х			
g	· · · · ·			10f					
	If this is an individual account plan, was there a blackout period?			10g		Х			
<u> </u>	2520.101-3.)			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			10i					
Part	VI Pension Funding Compliance						.		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
<u>11</u> a	Enter the unpaid minimum required contribution for current year fr	om Schec	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Yes 🗡	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						
2	If a waiver of the minimum funding standard for a prior year is bein	a omortiz	ad in this plan year and instru	otiono	and	optor th	a data of the	lottor rulin	~

Page 3 - 1

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 onegative amount)	of a	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 in any plan year?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF (2014) v. 140124		SF.	Instructions for Form 5500-	For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF	nvork Reduction Act Notice	For Pape
Enter name of individual signing as employer or plan sponsor (optional) Preparer's telephone number (optional)	ual signing a Preparer's	Enter name of individ	Date clude room or suite numbe	Sign HERE Signature of employer/plan sponsor Date Enter nam Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)	Signature of employ 's name (including firm na	Prepare
as plan administrator	ual signing a	Enter name of individual signing as plan administrator	Date	ministrator	Signature of plan administrator	
		DANIEL ALLEN	+	M	F	SIGN
to the best of my knowledge and	, and to the	sion of this return/report	actuary, as well as the electronic version of this return/report, and	SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, porrect, and complete.	hedule MB completed and is true, porrect, and complete	SB or Sc belief, it
established.	ise is estab	rt will be assessed unless reasonable cause is	freport will be assessed	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is Under penalties of periory and other penalties set forth in the instructions. I declare that I have examined this return/report i	: A penalty for the late or analties of periury and other	Caution
0	5e	fits that were	lan year with accrued bene	O Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	Number of participants that ten less than 100% vested	e Nun less
10	5d(2)		9 6	d(2) Total number of active participants at the end of the plan year	otal number of active parti	d(2)
10	5d(1)		an year	d(1) Total number of active participants at the beginning of the plan year	otal number of active parti	d(1)
10	5c	fit plans do not	he plan year (defined bene	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	Number of participants with ac complete this item)	C Nu
10	5b			Total number of participants at the end of the plan year	al number of participants a	
6	5a			Total number of participants at the beginning of the plan year	al number of participants a	5a Tot
				name, EIN, and the plan number from the last return/report. Sponsor's name	name, EIN, and the plan num Sponsor's name	
	4b EIN	or this plan, enter the	he last return/report filed for	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	e name and/or EIN of the I	4 If th
Administrator's EIN	3b Admi		or,	address XSame as Plan Sponsor.	3a Plan administrator's name and address	3a Plar
Business code (see instructions) 812990	20 Business (812990			10001 YN	ORK	NEW YORK
Sponsor's telephone number 212-645-2222					WEST 27TH ST	12 WE
Employer Identification Number (EIN) 20-8431576	2b Empl (EIN)	employer plan)	r (employer, if for a single⊷employer plan)	address; include room or suite number ARCHITECTS, LLP	2a Plan sponsor's name and addi ALLEN & KILLCOYNE AR(2a Plar ALLEN
Effective date of plan 01/01/1994	1c Effec 01/					
Three-digit plan number 001 (PN)			PLAN	ARCHITECTS, LLP401(K)	e of plan & KILLI	1a Name of ALLEN &
			ormation	Plan Information-enter all requested information	Basic	Part II
DFVC program			automatic extension aption)	Form 5558 a a special extension (enter description)	Check box if filing under:	C Che
	onths)	a short plan year return/report (less than 12 months	a short plan year return	an amended return/report		
			a foreign plan the final return/report	a one-participant plan the first return/report	This return/report is	B This I
a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)	Filers check fance with th	an (not multiemployer) (Filers /er information in accordance	a multiple-employer plan of participating employer	⊠ a single-employer plan	This return/report is for:	A This
12/31/2014	12/	and ending	01/01/2014	Plan year 2014 or fiscal plan year beginning	dar	For calen
Public inspection	00-SF.	uctions to the Form 55	Complete all entries in accordance with the instructions to the Form 5500-S	Complete all entries in a	Ben	Pensio
This Form is Open to	Internal	7(b) and 6058(a) of the).	(ERISA), and sections 605 Revenue Code (the Code	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).	Department of Labor Employee Benefits Security Administration	Employe
2014	- Income	nce of the Employee D	Benefit Plan	This form is remained to be file	Department of the Treasury Internal Revenue Service	- 2
OMB Nos. 1210-0110 1210-0089	oyee	of Small Emplo	al Return/Report	Short Form Annual Return/Report of Small Employe	Form 5500-SF	F

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the letter milling	he date of	enter	and	aliane	able.) ad in this nlan vear, see instru	as applica	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
. Yes X No	section 302 of ERISA?	302 0	ction	or se	ents of section 412 of the Code	requireme	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or	12
		11a			ule SB (Form 5500) line 39	om Sched	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a
. Yes No	Schedule SB (Form	dule S	Sche	plete	Yes," see instructions and con	ients? (If "	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	13
							-	Part
				101	1 notice or one of the	he required	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	-
		×		10h	octions and 29 CFR	(See instru	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
		×		10g	nd.)	s of year e	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	9
		×		10f		n?	Has the plan failed to provide any benefit when due under the plan?	
4051			×	10e	s by an insurance carrier, efits under the plan? (See	ter persons of the ben	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.)	e
		×		10d	nd, that was caused by fraud	fidelity bor	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	٩
265000			×	10c			Was the plan covered by a fidelity bond?	0
		×		10b	nclude transactions reported	? (Do not i	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	5
		×		10a	 the time period described in ection Program) 	tions withir iciary Corr	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)	ച
Amount		No	Yes				During the plan year:	10
							t V Compliance Questions	Part
stions:	es in the instructions:		tic Co	acteris	des from the List of Plan Char	feature co	Part IV Plan characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Cod 2E 2F 2G 2J 2K 2T 3D	9a
			\vdash			8		
116379			┢			8	Net income (loss) (subtract line 8h from line 8c)	
0			╈			8h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 3
			+			89	Other expenses	. 6
			┢			81	Administrative service providers (salaries, fees, commissions)	-
			┢			8e	Certain deemed and/or corrective distributions (see Instructions)	0
						8d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	đ
116379						8c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	c
			N	29662		8a(3) 8b	(3) Others (including rollovers)	8
			7	58137		8a(2)	(2) Participants	
			0	28580		8a(1)	Contributions received or receivable from: (1) Employers	2
(b) Total	(b) 1		\vdash		(a) Amount		Income, Expenses, and Transfers for this Plan Year	~
1242291			N	1125912	citi	7c	Net plan assets (subtract line 7b from line 7a)	c
						7b	Total plan liabilities	8
1242291			N	1125912	113	7a	Total plan assets	മ
(b) End of Year	(b) End		-		(a) Beginning of Year		Plan Assets and Liabilities	7
							Part III Financial Information	Pa
Not determined	No	Yes		125 53	ogram (see ERISA section 40	surance pr	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	c
Yes 🗆		PA)	A)	nt (IQI	dent qualified public accounta ons.)	an indepen and conditi	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)	5
X Yes No					(See instructions.)	e assets?	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	6a
		-	65		Page 2		Form 5500-SF 2014	

13c(Z) EIN(S)
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.)
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?
If "Yes," enter the amount of any plan assets that reverted to the employer this year
Has a resolution to terminate the plan been adopted in any plan year?
Will the minimum funding amount reported on line 12d be met by the funding deadline?
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount)
Enter the amount contributed by the employer to the plan for this plan year
Enter the minimum required contribution for this plan year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

14a Name of trust

14b Trust's EIN