Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	enefit Guaranty Corporation	► Complete all entries in a	cordance with the inst	ructions to the Form 550	U-SE	insp	pection
	Annual Report	Identification Information		uctions to the Form 550	0-31 .		
			/2013	and ending	12/31/2	2013	
_	urn/report is for:	a single-employer plan		plan (not multiemployer)	12/31/2	a one-particip	ant plan
	urn/report is:	the first return/report	the final return/repo				ant plan
D THIS ICE	инитероп із.	x an amended return/report		··· urn/report (less than 12 m	onths)		
C Check h	oox if filing under:	Form 5558	automatic extension		,	DFVC prograr	m
• Oncor i	oox ii iiiiiig urider.	special extension (enter desc		•			
Part II	Basic Plan Info	rmation—enter all requested in	' '				
1a Name		citter all requested in	iomation		1h	Three-digit	
	•	LLC RETIREMENT PLAN			.~	plan number	
INT AROTHI	ETOTAL DEGICINOT	LEO RETIREMENT LEAN				(PN) •	001
					1c	Effective date of	nlan
						01/01/2	•
		dress; include room or suite numb	er (employer, if for a sing	le-employer plan)	2b	Employer Identifi	ication Number
N F ARCHIT	ECTURAL DESIGNS	, PLLC				(EIN) 80-003	32009
					2c	Sponsor's teleph	
447 REMSE OYSTER BA	NS LANE NY, NY 11771				24	516-627	
OTOTEK BA	,				Zu	Business code (s	
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spon	sor Name Same as P	an Sponsor Address	3b	Administrator's E	
		_	_		2-		
					3C	Administrator's te	elephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	I for this plan, enter the	4b	FIN	
name,	, EIN, and the plan nu	mber from the last return/report.					
a Sponso					4c	PN	
						1	
_		at the beginning of the plan year.			5a		4
b Total r	number of participants	at the end of the plan year			5a 5b		4
b Total r	number of participants er of participants with		the plan year (defined be	nefit plans do not			-
b Total r c Number	number of participants er of participants with ete this item)	at the end of the plan yearaccount balances as of the end of	the plan year (defined be	nefit plans do not	5b		4
b Total r c Number compl 6a Were b Are you	number of participants er of participants with ete this item)	at the end of the plan yearaccount balances as of the end ofs during the plan year invested in 6 f the annual examination and repo	the plan year (defined be	nefit plans do not uctions.)	5b 5c		4 X Yes No
b Total r c Number compl 6a Were b Are younder	number of participants er of participants with ete this item)	at the end of the plan year	the plan year (defined be	nefit plans do not uctions.) fied public accountant (IQ	5b 5c	5500	4
b Total r c Number complement of the complement	er of participants with ete this item)	at the end of the plan year	the plan year (defined be eligible assets? (See insti rt of an independent qual bility and conditions.)	uctions.)(IQ	5b 5c PA)		4 X Yes No X Yes No
b Total r c Number complement of the policy	er of participants with ete this item)	at the end of the plan year	the plan year (defined be eligible assets? (See instruction of an independent qual bility and conditions.)cannot use Form 5500-8	uctions.)	5b 5c PA) Form	Yes No	4 X Yes No
b Total r c Number complete 6a Were b Are younder If you c If the p Caution: A	er of participants with ete this item)	at the end of the plan year	the plan year (defined be eligible assets? (See institut of an independent qual bility and conditions.)cannot use Form 5500-S	uctions.) F and must instead use ERISA section 4021)?	5b 5c PA) Form	Yes No sestablished.	4 X Yes No X Yes No Not determined
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b Total r c Number complete 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	er of participants with ete this item)	at the end of the plan year	the plan year (defined be	uctions.) F and must instead use be ERISA section 4021)? d unless reasonable care examined this return/re	5b 5c PA) Form use is	Yes No octablished. Including, if applications	4 X Yes No X Yes No Not determined
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7			(a) Beginning of Ves				(h) End of Voor
	Plan Assets and Liabilities Total plan assets	7-	(a) Beginning of Yea				(b) End of Year 843054
	Total plan assets	. 7a		0			0
	·	7b	73291				843054
	Net plan assets (subtract line 7b from line 7a)	. 7c		0			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
а	(1) Employers	8a(1)	5554	8			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	. 8b	5459	6			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					110144
	Benefits paid (including direct rollovers and insurance premiums			_			
	to provide benefits)	. 8d		0			
<u>e</u>	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					0
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i					110144
<u>j</u> _	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:
Par	t V Compliance Questions						
10	•				Yes	No	A
	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions withi	n the time period described in		163	140	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection 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	
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	of the ben	efits under the plan? (See			Х	
	instructions.)			10e		Χ	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
ī	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							
11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a	1es NO
12	Is this a defined contribution plan subject to the minimum funding		•				ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				20011		
a	If a waiver of the minimum funding standard for a prior year is beir			ctions	, and e	enter th	ne date of the letter ruling
	granting the waiver.		Mon			Day	Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
h	Enter the minimum required contribution for this plan year					12b	

Page	3 -	1
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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	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	
С	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			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

Short Form Annual Return/Report of Small Employee

Benefit Plan

the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

-or	are i Amidai Report							
	calendar plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12	/31/2013		
A	This return/report is for:	🗶 a single-employer plan	a multiple-employer p	lan (not multiemployer)] a one-particip	ant plan	
В	This return/report is:	the first return/report	the final return/report					
		x an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
С	Check box if filing under:	Form 5558	automatic extension		Ĺ	DFVC program	m	
		special extension (enter description			L] D. vo program		
P	art II Basic Plan Info	ormation enter all requested inf						
	Name of plan	online enter all requested int	ormation		1h -	Three-digit		
	•	laniana PIIG P. I.				olan number		
	n r architeturar d	esigns PLLC Retirement Pl	lan			(PN) ▶	001	
						Effective date of 01/01/2007	plan	
Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)					2b Employer Identification Number			
	n f architectural	designs, PLLC			(EIN) 80-0032009			
					2c :	Sponsor's teleph	none number	
	447 Remsens Lane					(516) 627-3		
							see instructions)	
	Oyster Bay	NY 11771 and address X Same as Plan Spon	N			541310		
Ju	r lan administrator s name a	and address X Same as Plan Spon	sor Name Same as i	Plan Sponsor Address	30 /	Administrator's I	EIN	
					3c /	Administrator's t	elephone number	
4	If the name and/or EIN of the	ne plan sponsor has changed since th	e last return/report filed f	for this plan, enter the	4b	EIN ·		
	name, EIN, and the plan nu	umber from the last return/report.						
_	Sponsor's name				4c	PN		
5a b	Total number of participants	s at the beginning of the plan year	•••••••••••	•••••••••	5a		4	
	rotal number of participants	s at the end of the plan year		•••••••	5b	-	4	
C	Number of participants with	account halances as of the and of the		afit mlama da mat	l			
C	Number of participants with complete this item)	account balances as of the end of the	e plan year (defined ben	efit plans do not	5c		4	
	complete this item)	account balances as of the end of the	••••••	•••••	5c		¥ No	
	were all of the plan's asset Are you claiming a waiver of	s during the plan year invested in elig	ible assets? (See instruc	ctions.)	•••••			
6a	Complete this item)	s during the plan year invested in elig of the annual examination and report of c? (See instructions on waiver eligibilit	ible assets? (See instruction of an independent qualifier y and conditions.)	ctions.)ed public accountant (IQ	PA)			
6a b	were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e	s during the plan year invested in elig of the annual examination and report of 3? (See instructions on waiver eligibilit either line 6a or line 6b, the plan car	ible assets? (See instruction independent qualifier y and conditions.)	ed public accountant (IQ	PA) Form 5	500.	XYes No	
6a b	were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e	s during the plan year invested in elig of the annual examination and report of c? (See instructions on waiver eligibilit	ible assets? (See instruction independent qualifier y and conditions.)	ed public accountant (IQ	PA) Form 5	500.	XYes No	
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