Form 5500-SF		Short Form Annual Return/Report of Small Empl Benefit Plan			oyee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the				2014		
Employee Benefits Security Administration Revenue Code (the Code). Pension Benefit Guaranty Corporation Revenue Line of the Security Administration						This Form is Open to Public Inspection		
		Complete all entries in acc	ordance with the instr	ructions to the Form 55	500-SF.			
For calenda	ar plan year 2014 or fisc	dentification Information cal plan year beginning 01/01/2014		and ending 12	/31/2014			
B This retu	urn/report is for: urn/report is	X a single-employer plan a one-participant plan	of participating emplo a foreign plan the final return/report	lan (not multiemployer) (yer information in accord n/report (less than 12 m	dance with the dance	king this box must attach a list he form instructions) FVC program		
		special extension (enter description	,					
Part II		mation—enter all requested inform	ation		41			
1a Name N F ARCHIT		LC RETIREMENT PLAN			(PN)	number ▶ 001 tive date of plan		
	ponsor's name and add ECTURAL DESIGNS, P	ress; include room or suite number (e	employer, if for a single-	-employer plan)	2b Empl (EIN)	1 3		
447 REMSEI OYSTER BA						Sponsor's telephone number 516-627-3300 Business code (see instructions)		
3a Plan a	dministrator's name and	I address XSame as Plan Sponsor.			541310 3b Administrator's EIN			
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN	nistrator's telephone number		
	, EIN, and the plan hum or's name	ber from the last return/report.			4c PN			
		t the beginning of the plan year			5a	2		
b Total ı	number of participants a	t the end of the plan year			5b	2		
comple	ete this item)	ccount balances as of the end of the			5c	2		
d(1) Tota	al number of active part	cipants at the beginning of the plan y	/ear		5d(1)	2		
		icipants at the end of the plan year			5d(2)	2		
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0		
Under pena SB or Sche	alties of perjury and othe	r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as w ete.	ns, I declare that I have	examined this return/rep	oort, includir	ng, if applicable, a Schedule		
SIGN	Filed with authorized/va	alid electronic signature.						
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signing as plan administrator				
SIGN HERE	Signature of employ		Date		ual signing a	as employer or plan sponsor		
		me, if applicable) and address (inclue			Preparer's	Eorm 5500-SE (2014)		

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 							
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
Pa	rt III Financial Information					-		
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	7a	8430				878401	
b	Total plan liabilities	7b		0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	8430	054			878401	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:		555	75				
	(1) Employers	8a(1)	000	55575				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)	264	-	_			
	Other income (loss)	8b	204	109	_		04004	
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		81984	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	466	6637				
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)						46637	
i	Net income (loss) (subtract line 8h from line 8c)						35347	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a b	 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 							
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		Х		
b	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		Х		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х		
e	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.)					х		
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х		
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
	2520.101-3.)			10h		Х		
i	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							
Part VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No							
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							
12	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 applicable.)							

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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)	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?	3a Has a resolution to terminate the plan been adopted in any plan year?						
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?	control		Yes 🗙 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.)							
13c(1) Name of plan(s):	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)							
14a Name of trust			14b Trust's EIN				

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Internal Revenue Service		This form is required to be	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee						
	Department of Labor Benefits Security Administration	Retirement Income Security A	ct of 1974 (ERISA), and se ernal Revenue Code (the		s(a) of	f This Form is Open to Public			
	sion Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		Identification Information							
For calen	dar plan year 2014 or fi	scal plan year beginning	01/01/2014	and ending	12/3	1/2014			
_	eturn/report is for: eturn/report is:	 a single-employer plan a one-participant plan the first return/report an amended return/report 	of participating employ a foreign plan the final return/report	lan (not multiemployer) (yer information in accord n/report (less than 12 m	dance with	-			
C Chec	k box if filing under:	x Form 5558 □ special extension (enter descri	automatic extension						
Part II	Basic Plan Info	prmation enter all requested in							
	ne of plan	ination enter an requested in	normation		1b Thr	ee-digit			
ni	architetural d	esigns PLLC Retirement H	lan			n number J) ▶	001		
		-			1c Effe	(PN) ► 001 C Effective date of plan 01/01/2007			
2a Plai n f	n sponsor's name and a architectural	ddress; include room or suite numbe designs, PLLC	er (employer, if for a single	e-employer plan)	1	2b Employer Identification Number (EIN) 80-0032009			
447	447 Remsens Lane					2c Sponsor's telephone number (516) 627-3300			
					2d Business code (see instructions) 541310				
	oyster Bay NY 11771 n administrator's name a	and address 🕱 Same as Plan Spo	nsor Name		3b Administrator's EIN				
4 If th	e name and/or EIN of th ne, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	he last return/report filed	or this plan, enter the	4b EIN				
a Spo	onsor's name				4c PN	PN			
		s at the beginning of the plan year			5a		2		
		s at the end of the plan year account balances as of the end of t			5b		2		
con	plete this item)	account balances as of the end of t	ne plan year (defined ben	etit plans do not	5c		2		
d(1) ⊤	otal number of active pa	rticipants at the beginning of the pla	n year		5d(1)		2		
		rticipants at the end of the plan yea			5d(2)		2		
		terminated employment during the			5e		0		
		e or incomplete filing of this return							
SB or S	enalties of perjury and o chedule MB completed is true, correct and cor	other penalties set forth in the instru- and signed by an enrolled actuary, a nplete.	ctions, I declare that I have as well as the electronic ve	e examined this return/re ersion of this return/repo	eport, inclu rt, and to t	iding, if appli he best of m	cable, a Schedule y knowledge and		
SIGN	XTAC	e#		Frank Truglio					
HERE	Signature of plan adr	ministrator	Date 10/13/15	Enter name of individu	al signing :	as plan admi	nistrator		
SIGN Frank Truglio									
HERE Signature of employer/plan sponsor Date 10/12/15 Enter name of individual signing as employer or plan spo						or plan sponsor			
Prepare	r's name (includi k g firm	name, if applicable) and address; ir	nclude room or suite numb	er (optional)	Preparer	's telephone	number (optional)		
For Pa	perwork Reduction Act	Notice and OMB Control Number	rs. see the instructions f	or Form 5500-SF		E	orm 5500-SF (2014)		