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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF.					
Part I Annual Repor	t Identification Information							
For calendar plan year 2015 or	fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015					
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_				
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 mg	onths)					
C Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC prog	ram			
Part II Basic Plan Inf	ormation—enter all requested in	formation						
1a Name of plan DEVON ARCHITECT OF NEW Y	YORK PC 401(K) PROFIT SHARING	G PLAN AND TRUST	(PN	n number i) ective date o				
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		2b Em (EIN	ployer Identi	1/2007 fication Number 395427			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DEVON ARCHITECT OF NEW YORK PC				2c Sponsor's telephone number 516-466-6320				
20 JERUSALEM AVE., SUITE 20 HICKSVILLE, NY 11801	33		2d Bus	iness code (see instructions)			
3a Plan administrator's name a	and address XSame as Plan Spons	sor.		ninistrator's I	EIN elephone number			
	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	I				
	ts at the beginning of the plan year		5a		11			
			5b		9			
C Number of participants with	h account balances as of the end of	the plan year (defined benefit plans do not	5c		8			
d(1) Total number of active p	participants at the beginning of the pl	an year	5d(1)		6			
d(2) Total number of active p	participants at the end of the plan year	ar	5d(2)		4			
Number of participants that than 100% vested	at terminated employment during the	plan year with accrued benefits that were less	5e		0			
Caution: A nenalty for the late	or incomplete filing of this return	n/renort will be assessed unless reasonable cau	ISE IS EST	ahlished				

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it is true correct, and complete

Deliel, it is t	irde, correct, and complete.				
SIGN	Filed with authorized/valid electronic signature.	03/09/2016	STEVE LANE		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan admi		
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor	
Preparer's	name (including firm name, if applicable) and address (include r	room or suite numbe	r)	Preparer's telephone number	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indeper and conditi	dent qualified public a	ccount	ant (IQ	PA)			□	es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		367	698				36	5429
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7с		367	698				36	5429
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
Contributions received or receivable from: (1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-2	175					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-	2175
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f			94					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								94
i Net income (loss) (subtract line 8h from line 8c)	8i							-	2269
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for		and the state of Dis	. 01			L			
B If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the list of Pia	n Chara	acterist	ic Coc	ies in the	nstruct	ions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	it
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					36543
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		X				30343
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	s by an insurance the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		X				
i If 10h was answered "Yes," check the box if you either provided the	ne required	I notice or one of the	10h	-	^				
exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income?			10i						
			10j						
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem	onto? (If II)	/on I one instruction	and ar	mplat-	Cab -	lula CD /	Eor		
5500) and line 11a below)	······			·······				Y	es X No
11a Enter the unpaid minimum required contribution for all years from						11a		Ι π .	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of El	RISA?	∐ Y	es 🗶 No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2015 or fiscal plan year beginning

Annual Report Identification Information

a single-employer plan

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 section 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.

01/01/2015

and ending

a multiple-employer plan (not multiemployer) (Filers checking this box must attach

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

12/31/2015

A	This return/report is for:			employer information in a	ccordance wi	th the form instructions)
B	This return/report is:	a one-participant plan the first return/report	a foreign plan			
Ь	This return/report is.	an amended return/report	the final return/repor	urn/report (less than 12 mo	antha\	
		an amended return/report	a short plan year ret	ani/report (less than 12 mg	onins)	
C	Check box if filing under:	Form 5558	automatic extension		DFV	C program
		special extension (enter desc	ription)			
P	art II Basic Plan Info	ormation enter all requested	information			
1a	Name of plan				1b Three-	
	Devon Architect of	New York Pc 401(k) Pro	fit Sharing Plan	and Trust	plan nu (PN) ▶	
					1c Effective	ve date of plan
2a	Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street or P.C			The second secon	yer Identification Number 11-3395427
	Devon Architect of	ce, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)		or's telephone number
	Devon Architect of	New TOTA PC			10.00	466-6320
	20 Jerusalem Ave.,	Suite 203			2d Busine 54199	ss code (see instructions)
	US Hicksville NY 11801					
3a	Plan administrator's name a	nd address X Same as Plan Sp	onsor Name		3b Admini	strator's EIN
					3c Admini	strator's telephone number
4		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	or this plan, enter the	4b EIN	
а	Sponsor's name				4c PN	
5a	Total number of participants	at the beginning of the plan year			5a	11
b		at the end of the plan year			5b	9
С	Number of participants with complete this item)	account balances as of the end of	the plan year (defined ben	efit plans do not	5c	8
d(Total number of active par 	ticipants at the beginning of the pla	n year		5d(1)	6
d (2) Total number of active par	ticipants at the end of the plan yea	r		5d(2)	4
е		erminated employment during the		STATE OF A	5e	0
Ca	ution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable caus	se is establis	hed.
SB	der penalties of perjury and or or Schedule MB completed a ief, it is true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, a plete	ctions, I declare that I have as well as the electronic ve	examined this return/report,	ort, including, and to the be	if applicable, a Schedule est of my knowledge and
SI	GN OT	Ine	392016	STEVE LAN	E	
C. E. Marie	ERE Signature of plan adm	inistrator	Date	Enter name of individual	signing as pl	an administrator
SI	GN					
100 m	ERE Signature of employer	r/plan sponsor	Date	Enter name of individual	signing as er	nployer or plan sponsor
Pre	parer's name (including firm r	name, if applicable) and address; ir	clude room or suite numb	er	Preparer's tel	ephone number

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_	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of ar	n independ	lent qualified public accou	ıntant	(IQP	۹)	••••••		X Yes	_
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC ins	t use Forr	ns.) n 5500-SF and must inst	ead	use F	orm 5	500.			_
Pa	art III Financial Information		T							
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End o	f Year	
<u>a</u>	Total plan assets	7a	36	7,6	98	-			365,42	29
b	Total plan liabilities	7b				-				
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		7,6	98	-			365,42	29
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) To	otai	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	(2	2,17	5)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							(2,17	5)
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			94					
g	Other expenses	8g		_						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								94
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							(2,269))
<u> </u>	Transfers to (from) the plan (see instructions) Int IV Plan Characteristics	8j								
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fea									
Pa	art V Compliance Questions									
10	During the plan year:			ı	Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		·							
	Program)			10a		x				
b	<u> </u>	(Do not i	nclude transactions	10b		х				
C				10c	х				36	5,543
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•	·	10d		х				
е	carrier, insurance service, or other organization that provides some	e or all of t	he benefits under	4.0		v				
	the plan? (See instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	i?	•••••••••••	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						
j	Did the plan trust incur unrelated business taxable income?	•••••	•••••••••••••••••••••••••••••••••••••••	10j						
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•						•	Yes [X No
11	a Enter the unpaid minimum required contribution for current year fro				•••••		11a			
12	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·)2 of El	RISA?	Yes [X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Month	ctions, and e		of the letter ruling Year
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		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	•••••••••	163	INO IN/A
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	7 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 of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		<u> </u>	
13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b Trust's	EIN
14c Name of trustee or custodian		14d Trustee telephone	or custodian's number
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:	•••••	Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	. ,	Design- based sa harbor method	fe ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?		Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	110(b):	Ratio Percenta Test	ge Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini this plan with any other plans under the permissive aggregation rules?		Yes	☐ No
17a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//i instructions for tax law changes and codes).	Enter the	applicable co	ode (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that		a favorable IF	RS opinion or
advisory letter, enter the date of that favorable letter / / . and the letter's serial number 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please endetermination letter / / .		of plan's last	favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	☐ No
19 Were in-service distributions made during the plan year?	••••••	Yes	☐ No
If Yes, enter amount	••••••	19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A