Form 5500-SF Short Form Annual Return/Report of Small Emport				oyee	OMB Nos. 1210-0110 1210-0089				
	nent of the Treasury al Revenue Service	This form is required to be fil	Benefit Pla		etirement	2015			
Employee Ber	artment of Labor hefits Security Administration	Income Security Act of 1974		orm is Open to c Inspection					
	efit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.				
For calendar	plan year 2015 or fisca	dentification Information al plan year beginning 01/01/		and ending 1	2/31/2015				
	rn/report is for:	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer) employer information in ad		-			
<b>B</b> This retur	n/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	onthe)				
C Check bo	L bx if filing under:	 Form 5558	automatic extension		· _	FVC progra	am		
De st II	Desis Dise la fem	special extension (enter desc							
Part II 1a Name o ALLEN & KIL		mation—enter all requested in S, LLP401(K) PLAN	itormation		1b Three plan n (PN) 1c Effect	umber ▶	001 plan		
		er, if for a single-employer plan) apt., suite no. and street, or P.				yer Identifi	/1994 cation Number		
City or t		country, and ZIP or foreign pos		nstructions)	(EIN) 2c Spons		31576 one number 5-2222		
12 WEST 27T					2d Busine	```	ee instructions)		
NEW YORK, I	NY 10001					5413	10		
<b>3a</b> Plan ad	ministrator's name and	address XSame as Plan Spor	isor.		3b Admin 3c Admin		IN elephone number		
	EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN 4c PN				
		t the beginning of the plan year.			40 PN		17		
		t the end of the plan year			5b		20		
C Numbe	r of participants with ac	count balances as of the end o	the plan year (defined b	enefit plans do not	5c		17		
<b>d(1)</b> Total	number of active partie	cipants at the beginning of the p	lan year		5d(1)		11		
		cipants at the end of the plan ye rminated employment during th			5d(2) 5e		13		
		incomplete filing of this retu				ished.	0		
Under penal SB or Scheo	ties of perjury and othe	r penalties set forth in the instru signed by an enrolled actuary,	ictions, I declare that I have a second s	ave examined this return/re	port, includin	g, if applica			
SIGN		alid electronic signature.	06/27/2016	DANIEL ALLEN					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	vidual signing as plan administrator				
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing a	s emplover	or plan sponsor		
Preparer's n		me, if applicable) and address (			Preparer's t				
For Paperwo	rk Reduction Act Notice	and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.		F	Form 5500-SF (2015)		

	Form 5500-5F 2015 Page Z									
b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									
	f the plan is a defined benefit plan, is it covered under the PBGC ir								ot determined	
Par					,	<u> </u>				
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of	Year	
	Total plan assets	. 7a	(,g	1242				(	1323794	
	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		1242	291				1323794	
_	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Tota	al	
	Contributions received or receivable from: (1) Employers	8a(1)		36	612					
	(2) Participants	8a(2)		67	324					
	(3) Others (including rollovers)	8a(3)		4	143					
b	Other income (loss)	8b		-4	520					
C -	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							103559	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		21	996					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f /	Administrative service providers (salaries, fees, commissions)	8f		60						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							22056	
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	<b>8</b> i							81503	
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	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instruction	ns:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	e instruction	s:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Α	mount	
а	Was there a failure to transmit to the plan any participant contribut 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		х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
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.).			10e	X				449	99
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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 No	
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Code	e or se	ction 3	302 of E	RISA?	Yes 🗙 No

10j

j Did the plan trust incur unrelated business taxable income?

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					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	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					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
<ul><li><b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>				b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?	Y	es	No	N/A			

Fo	loyee		OMB Nos. 1210-0110 1210-0089						
Inte	artment of the Treasury amal Revenue Service	e Retirement the Internal This Form Is Open to Public Inspection							
Employee I	Department of Labor Benefits Security Administration Benefit Guaranty Corporation								
Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	Annual Report	Identification Information				1			
For calend	ar plan year 2015 of th	scal plan year beginning	01/01/2015	and ending		/31/201			
A This re	turn/report is for:	plan (not multiemployer) mployer information in a							
a one-participant plan a foreign plan									
<b>B</b> This ret	um/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extension		[] I	DFVC prog	jram		
		special extension (enter desc							
Part II	Basic Plan Info	rmation-enter all requested in	formation						
1a Name					1b Thre	e-digit			
ALLEN 8	& KILLCOYNE AR	CHITECTS, LLP401(K)	PLAN		plan (PN)	number	001		
					1c Effec	ctive date o			
		ver, if for a single-employer plan)				01/199 loyer identi	fication Number		
Mailing City or	g address (include roon r town, state or province	n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	). Box) al code (if foreign, see inst	ructions)	<u> </u>	20-843			
		RCHITECTS, LLP		·		1sor's telep - 645-23	hone number		
12 WES	ST 27TH ST				2d Business code (see instructions) 541310				
NEW YO		d address XSame as Plan Spons			26.44-1				
Ja Flati a	diministrator s name an	d address Asame as Plan Spons	sor.		JD Admi	nistrator's	EIN		
					3c Administrator's telephone number				
				S					
4 If the r name,	name and/or EIN of the , EIN, and the plan num	plan sponsor has changed since i ber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
a Sponse	or's name				4c PN				
5a Total r	number of participants a	at the beginning of the plan year			5a		17		
<b>b</b> Total r	number of participants a	at the end of the plan year			5b		20		
C Numbe complete	er of participants with a ete this item)	ccount balances as of the end of t	he plan year (defined bene	efit plans do not	5c		17		
		icipants at the beginning of the pla			5d(1)		11		
		icipants at the end of the plan yea			5d(2)		13		
e Numb	er of participants that to	erminated employment during the	plan year with accrued be	nefits that were less	5e				
than 1	100% vested	r Incomplete filing of this return	lane and could be an end of the				0		
Under pena	alties of periury and othe	er penalties set forth in the instruc	tions. I declare that I have	uniess reasonable cau examined this return/rer	Se is estab	lisned.	able a Sabadula		
SB or Sche	dule MB completed and	d signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/report	, and to the	best of my	knowledge and		
beliet, it is t	que, correct, and compl	ete.							
SIGN	RT.	le	6/27/16	DANIEL ALLEN					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing a	s plan adm	ninistrator		
SIGN									
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing a	e employe			
Preparer's r		me, if applicable) and address (in		r)	Preparer's				
	-				4				
				Ļ					
East Derror	- Barbartan A - 4 BT - 43	and OUD Or stand blood by	The American State of the State						
FOF PaperWO	TK REQUCTION ACT NOTICE	and OMB Control Numbers, see the	Instructions for Form 5500-	SP			Form 5500-SF (2015)		

6a b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must Instead use Form 5500.</li> </ul>									
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	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	1,242,291	1,323,794						
b										
C	Net plan assets (subtract line 7b from line 7a)		1,242,291	1,323,794						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	36,612							

	(2) Participants	8a(2)	67,324	
	(3) Others (including rollovers)		4,143	
b	Other income (loss)		-4,520	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			103,559
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21,996	
е	Certain deemed and/or corrective distributions (see instructions)			
f	Administrative service providers (salaries, fees, commissions)	8f	60	
g	Other expenses	8g		
	Total expenses (add lines 8d, 8e, 8f, and 8g)			22,056
ì	Net income (loss) (subtract line 8h from line 8c)			81,503
J.	Transfers to (from) the plan (see instructions)	8j		

## Part IV **Plan Characteristics**

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 

 2E
 2F
 2G
 2J
 2K
 2T
 3D

 B
 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

10	During the plan year:	Ye	s No	N/A	Amount				
a	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)	Da	x						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	0b	x						
С	Was the plan covered by a fidelity bond?	0c	х						
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Dd Dd	x						
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.)	)e X			4,499				
f	Has the plan failed to provide any benefit when due under the plan?	Df	x						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	)g	X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x						
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	Di							
j	Did the plan trust incur unrelated business taxable income?	DI I							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)	complet	e Scheo	lule SB	(Form				
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40			11a					
12									

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	(If "Yes," complete line 12a or lines 12b, 12c, 12c	d, 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 instructions, and enter the date of the letter ruling granting the waiver								
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
	<b>b</b> Enter the minimum required contribution for this pl	lan year		12b					
	c Enter the amount contributed by the employer to the			12c					
	d Subtract the amount in line 12c from the amount i negative amount)	in line 12b. Enter the result (enter a minus sign to the	eleft of a	12d					
e	e Will the minimum funding amount reported on line				Yes N	10	N/A		
Parl	rt VII Plan Terminations and Transfers	s of Assets							
13a	3a Has a resolution to terminate the plan been adopted	in any plan year?			Yes X	No			
	If "Yes," enter the amount of any plan assets that	reverted to the employer this year		13a			-		
	of the PBGC?	s or beneficiaries, transferred to another plan, or brou			Ye	es X	No		
с 	C If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in the second sec	ere transferred from this plan to another plan(s), ident nstructions.)	ify the plan(s) to						
	13c(1) Name of plan(s):		13c(2)	EIN(s)	1	3c(3) F	PN(s)		
Par	art VIII Trust Information								
14a	a Name of trust			<b>14b</b> Tr	usťs EIN				
14c	4c Name of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	art IX IRS Compliance Questions								
15a	5a Is the plan a 401(k) plan?			Yes					
15b	5b If "Yes," how does the 401(k) plan satisfy the nond matching contributions (as applicable) under section	iscrimination requirements for employee deferrals an ons 401(k)(3) and 401(m)(2)?	d employer	Design- based safe ADP// harbor test method			/ACP		
15c	If the ADP/ACP test is used, did the 401(k) plan pe testing method" for nonhighly compensated employ 2(a)(2)(ii))?	rform ADP/ACP testing for the plan year using the "c yees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	401(m)-	Yes		No			
_	a Check the box to indicate the method used by the			Rati pero test	entage L	Ave	rage efit test		
160	b Does the plan satisfy the coverage and nondiscrim this plan with any other plans under the permissive	ination tests of sections 410(b) and 401(a)(4) by com aggregation rules?	ibining	Yes		No			
	a Has the plan been timely amended for all required		-	Yes		No	<b>N/A</b>		
	b Date the last plan amendment/restatement for the for tax law changes and codes).		Enter the a			•	structions		
	C If the plan sponsor is an adopter of a pre-approved advisory letter, enter the date of that favorable letter	r and the letter's serial n	umber				F		
	d If the plan is an individually-designed plan and rece determination letter			he plan's	alast favorab	le			
18		to Rico (if no election under ERISA section 1022(i)(2) Ith of the Northern Mariana Islands or the U.S. Virgin	) has been Islands)?	Yes		No			
19	Were in-service distributions made during the plan	year?		Yes		No			
	If "Yes," enter amount			19					
20		wners who have attained age 70 ½ (regardless of who	nether or not	Yes	*	No	<b>N/A</b>		