Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

		t Identification Information			0.10.1.10.0.1.0	
For Calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016	
_		🔀 a single-employer plan		olan (not multiemployer) (
A This ret	urn/report is for:	a one-participant plan	_ ' ' "	mployer information in ac	ccordance with the for	rm instructions.)
		a one-participant plan	a foreign plan			
D		the first return/report	the final return/report			
B This retu	urn/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	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	
	-	special extension (enter desc				
Dort II	Pasia Blan Inf					
Part II		formation—enter all requested in	ntormation		1b Three dist	T
1a Name		LP 401(K) PROFIT SHARING PLAI	N		1b Three-digit plan number	
io bibliotti	10271110111120102	2. 101(17) 11(01) 11 01 11 (11) 12 11			(PN) ▶	001
					1c Effective date	of plan
						01/2008
		loyer, if for a single-employer plan)			2b Employer Iden	tification Number
		oom, apt., suite no. and street, or P.0		tructions)	(EIN) 13-4	4079472
	CZ ARCHITECTS LI	nce, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions)	2c Sponsor's tele	
io bibliotti	0271101111201012				212-98	32-3633
					2d Business code	(see instructions)
220 EAST 23 NEW YORK,	BRD STREET, SUITE NY 10010	∄ 401			541	310
ruziv rorun,	111 10010					
3a Dian o	dminiatratar'a nama	and address X Same as Plan Spo	200		3b Administrator's	- FIN
Ja Plan a	uministrator's name	and address Same as Plan Spo	onsor.		SD Administrators	5 EIIN
					3c Administrator's	telephone number
					Administrator s	s telephone number
					Administrators	з тетерионе папіреі
					O Administrator s	s telephone number
4 If the r	name and/or FIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the		з сетернопе папіреї
		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	з сетернопе папівет
	, EIN, and the plan n		e the last return/report filed	for this plan, enter the		з сетерноне папівет
name, a Sponso	, EIN, and the plan n or's name	number from the last return/report.		·	4b EIN	
a Sponso	, EIN, and the plan nor's name	ts at the beginning of the plan year.			4b EIN 4c PN	7
a Sponso 5a Total r b Total r	, EIN, and the plan n or's name number of participan number of participan	ts at the beginning of the plan year			4b EIN 4c PN 5a 5b	7 6
a Sponso 5a Total r b Total r c Number	EIN, and the plan nor's name number of participan number of participan er of participants witl	ts at the beginning of the plan year.	f the plan year (only define	d contribution plans	4b EIN 4c PN 5a	7 6
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name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A	EIN, and the plan nor's name number of participan er of participants with ete this item) al number of active p al number of active p oer of participants the 100% vested penalty for the late alties of perjury and o	ts at the beginning of the plan year at the end of the plan year articipants at the beginning of the end of the plan year articipants at the beginning of the poarticipants at the end of the plan year terminated employment during the er incomplete filing of this returning the penalties set forth in the instru	olan year (only define blan yeareare plan year with accrued b	d contribution plans enefits that were less d unless reasonable cale examined this return/re	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if app	7 6 6 4 3 0
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name, a Sponsor 5a Total r b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schebelief, it is total sign HERE	EIN, and the plan nor's name number of participant number of participants with lete this item)	ts at the beginning of the plan year. Its at the end of the plan year. I	f the plan year (only defined by the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic versions of the plan year with accrued by the plan year with accrued by the plan year. 05/18/2017	enefits that were less d unless reasonable care examined this return/repore NATHAN BIBLIOWCZ Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appert, and to the best of next and to t	7 6 6 6 1 3 0 licable, a Schedule ny knowledge and dministrator
name, a Sponsor 5a Total r b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schebelief, it is total sign HERE	EIN, and the plan nor's name number of participant number of participants with lete this item)	ts at the beginning of the plan year. Its at the end of the plan year. I	f the plan year (only defined by the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic versions of the plan year with accrued by the plan year with accrued by the plan year. 05/18/2017	enefits that were less d unless reasonable care examined this return/repore NATHAN BIBLIOWCZ Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appert, and to the best of next and to t	7 6 6 6 1 3 0 licable, a Schedule ny knowledge and dministrator
name, a Sponsor 5a Total r b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schebelief, it is total sign HERE	EIN, and the plan nor's name number of participant number of participants with lete this item)	ts at the beginning of the plan year. Its at the end of the plan year. I	f the plan year (only defined by the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic versions of the plan year with accrued by the plan year with accrued by the plan year. 05/18/2017	enefits that were less d unless reasonable care examined this return/repore NATHAN BIBLIOWCZ Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appert, and to the best of next and to t	7 6 6 6 1 3 0 licable, a Schedule ny knowledge and dministrator

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	' (See instructions.)						X Yes	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Yes	s No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not det	ermined
	rt III Financial Information	isurarice p	orogram (see LINIOA se	SCHOIT 4	021):		163			
<u>га</u> 7	Plan Assets and Liabilities		(a) Basinning	of Voor				(b) End	f Voor	
_ ' _a	Total plan assets	7a	(a) Beginning	<u>744787</u>				(b) End o	76065	5
_	Total plan liabilities	7b		0)				(0
	Net plan assets (subtract line 7b from line 7a)	7c		744787	,				76065	5
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount (b) Total				otal					
	Contributions received or receivable from:		(4) 7 1111 241					(=)		
	(1) Employers	8a(1)		19731						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b		55656						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							75387	7
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		57504	ļ.					
е	Certain deemed and/or corrective distributions (see instructions).	8e	00							
f	Administrative service providers (salaries, fees, commissions)	ed ana/or corrective distributions (see instructions).								
a	1 Administrative service providers (salaries, rees, commissions) 61									
	1 Total expenses (add lines 8d, 8e, 8f, and 8g)								5951	9
i	Net income (loss) (subtract line 8h from line 8c)								1586	8
Ť	Transfers to (form) the plan (see instructions)									
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction			X				
b		t? (Do not	include transactions	10a 10b		X				
	reported on line 10a.)				X					50000
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10c		X				
е	by fraud or dishonesty? 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.)				X					4915
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						
_										

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	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 l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							□ N/A	
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

P	art I Annual Repo	rt Identification Information	1					
For	calendar plan year 2016 or	fiscal plan year beginning		01/01/2016	and ending	1	2/31/2016	
A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan								
C	Check box if filing under:	Form 5558 special extension (enter desc	riptio	automatic extension	antara residente de la compania del compania de la compania del compania de la compania del compa		DFVC progra	m
Pa	rt II Basic Plan In	formation enter all requested	infor	rmation				
	Name of plan	hitects LLP 401(k) Profi	.t s	haring Plan		Tecano.	Three-digit plan number (PN) ▶	001
1c Effective date of plan						f plan		
Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					tructions)	2b	01/01/2008 Employer Identi (EIN) 13-40	
Iu Bibliowicz Architects LLP 2c Sponsor's telephone num (212) 982-3633								
220 East 23rd Street, Suite 401					2d	Business code (541310		
	US New York NY 10010	and address X Same as Plan Spo					Administrator's I	
3c Administrator's telephone number						elephone number		
4		he plan sponsor has changed since umber from the last return/report.	the la	ast return/report filed	or this plan, enter the	4b	EIN	W. 554
а	Sponsor's name					4c	PN	
-	Commence of the Commence of th	s at the beginning of the plan year				58		7
	172.000	s at the end of the plan year a account balances as of the end of the				51		6
C		account balances as of the end of t			ACTUAL CONTRACTOR OF THE PROPERTY OF THE PROPE	50		6
d(1) Total number of active pa	articipants at the beginning of the pla	ın ye	ar	*******************************	5d((1)	4
d(2	?) Total number of active pa	articipants at the end of the plan year	r .	*****************************	********************************	5d((2)	3
е	Number of participants that less than 100% vested	terminated employment during the	plan	year with accrued ber	efits that were	5		0
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
SB		other penalties set forth in the instruction and signed by an enrolled actuary, a polete						
SIC	RE Signature of plan add	ministrator		5 13 17 Date	NATAN Enter name of individu			ictrator
SIC	SN			Juic				
	RE Signature of employe	MINISTER CONTRACTOR CO	and of	Date	Enter name of individu	_		
	p this question	name, if applicable) and address (in	iciua	e room or suite numb	er)		arer's telephone r p this questi	
e I								

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (9	See instructions)						x Yes	□No
_	Are you claiming a waiver of the annual examination and report of ar								12 . 00	
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar				`	,		•••••	X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	m 5500-SF and must inst	tead ι	ıse Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?		Yes	☐ No	Not de	etermined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
а	Total plan assets	7a	74	14,7	87				760,	655
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	74	14,7	87				760,	655
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) 1	Γotal	
а	Contributions received or receivable from: (1) Employers	8a(1)	1	L9,7	31					
	(2) Participants	8a(2)	_		0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	-	55,6						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		,,,					75	387
d	Benefits paid (including direct rollovers and insurance premiums								,,,	307
	to provide benefits)				04					
e	Certain deemed and/or corrective distributions (see instructions) 8e									
<u>f</u>	f Administrative service providers (salaries, fees, commissions) 8f 2,01									
<u>g</u>	Other expenses	8g								
<u>h</u>	1 Total expenses (add lines 8d, 8e, 8f, and 8g)					-				519
÷	i Net income (loss) (subtract line 8h from line 8c)								15,	868
	Transfers to (from) the plan (see instructions)									
$\overline{}$	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instructi	ons:	
_	2A 2E 2F 2G 2J 2K 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (Codes	in the	instructio	ns:	
	art V Compliance Questions					١	21/2			
10	During the plan year:	iono within	the time period	\Box	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				
k										
	reported on line 10a.)			10b		х				
				10c	Х					50,000
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)				x					4,915
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
r	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 2520.101			10i						

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Par	t VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				Yes X	No	
_11a		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12	ERISA? Yes X No							
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver			r the date	of the letter rulin Year	g	
If y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			<u> </u>			
b	Enter t	ne minimum required contribution for this plan year	•••••	12b				
С	Enter t	ne amount contributed by the employer to the plan for the plan year	•••••	12c				
d								
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes [] No [] N/A	4	
Par	t VII	Plan Terminations and Transfers of Assets		•				
13a	Has a	esolution to terminate the plan been adopted in any plan year?	***************************************		Yes	X No		
		" enter the amount of any plan assets that reverted to the employer this year		13a	T			
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?	-			Yes X No		
С	If, durir	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideassets or liabilities were transferred. (See instructions.)			•			
1		me of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	
Par	Part VIII Trust Information - Skip These Questions							
	Name	•		14b	Trust's E	N		
140	Name •	of trustee or custodian		140	Trustee of telephone	or custodian's e number		
Par	t IX	IRS Compliance Questions - Skip These Questions						
15a	Is the p							
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Design-based safe harbor Test or employee deferrals under section "Prior year" AD test or employee deferrals under section N/A						☐ No		
131		d the plan satisfy the nondiscrimination requirements for employee deferrals under section		safe har "Current	bor year"	"Prior yea	ır" ADP	
	401(k)(d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Design-l safe har	year" t	"Prior yea	ar" ADP	
16a	401(k)(What to year? (olan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: esting method was used to satisfy the coverage requirements under section 410(b) for the plan		Design-l safe har "Current ADP tes Ratio percenta	year" t	"Prior year test N/A Average		
16a	401(k)(What to year? (Did the for the	d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Sesting method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF		Design-l safe har "Current ADP tes Ratio percenta test Yes	bor year" t	"Prior year test N/A Average benefit test No	□ N/A	
16a	401(k)(a) What to year? (c) Did the for the left the left	d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Sesting method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF	i	Design-I safe har "Current ADP tes Ratio percenta test Yes	year" t age dvisory let	"Prior year test N/A Average benefit test No ter, enter the dat	N/A	
16a	401(k)(What to year? (Did the for the letter Define Were a	d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF and serial number	RS opinion le	Design-I safe har "Current ADP tes Ratio percentatest Yes etter or a	year" t age dvisory let	"Prior year test N/A Average benefit test No ter, enter the dat	N/A	

5500-SF Electronic Filing Authorization

Plan Name: Iu Bibliowicz Architects LLP 401(k) Profit Sharing Plan

EIN/PN:

13-4079472/001

Plan Year: 01/01/2016 - 12/31/2016

I hereby authorize Sabina Frank @ QBI, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator	Plan Sponsor
(sign) 5/18/17	(sign)
(date)	(date)