	m 5500-SF	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	065 of the Employee R	etirement		2017					
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), a		7(b) and 6058(a) of the			orm is Open to		
Pension Be	nefit Guaranty Corporation	Complete all entries in a		e with the instru	ctions to the Form 5	500-SF.	Fublic	c Inspection		
Part I		dentification Information								
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/2			and ending 12 n (not multiemployer) (2/31/2017 Filors chock	king this box	must attach a		
A This ret	urn/report is for:	X a single-employer plan	list of	participating emp	ployer information in ac		-			
		a one-participant plan	a forei	gn plan						
B This return/report is the first return/report the final return/report										
		an amended return/report	a short	plan year return	/report (less than 12 m	onths)				
C Check b	box if filing under:	X Form 5558	autom	atic extension		DFVC p	rogram			
		special extension (enter descri	ription)							
Part II	Basic Plan Infor	mation—enter all requested inf	formation							
1a Name	of plan					1b Thre	e-digit number			
NOBUTAKA	IOBUTAKA ASHIHARA ARCHITECT PC 401(K) PROFIT SHARING PLAN							002		
							ctive date of 01/01			
		rer, if for a single-employer plan)						cation Number		
		n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		oreign, see instru	uctions)	, ,	(EIN) 45-4956576			
NOBUTAKA	NOBUTAKA ASHIHARA ARCHITECT PC						2c Sponsor's telephone number 212-233-1783			
						2d Busir	Business code (see instructions)			
2A SHADOW LARCHMON						541310				
	1,11110000									
3a Plan ad	dministrator's name and	d address X Same as Plan Spon	nsor.			3b Admi	inistrator's E	IN		
						3c Administrator's telephone number				
		plan sponsor or the plan name has sor's name, EIN, the plan name a				4b EIN				
a Sponse						4d PN				
C Plan N	ame									
52 Total r	wher of participants	at the beginning of the plan year				5a		14		
		at the end of the plan year				5b		9		
C Numbe	er of participants with a	ccount balances as of the end of t	the plan yea	ar (only defined o	contribution plans	5c		8		
•	,	ticipants at the beginning of the pla				5d(1)		5		
		ticipants at the end of the plan yea	-			5d(2)		1		
e Numb	per of participants who t	terminated employment during the	e plan year	with accrued ber	efits that were less	5e		0		
than '	100% vested	r incomplete filing of this return	n/roport wil	l bo assassad i	unioss rogsonable ca		blichod	Ū		
Under pena	alties of perjury and oth	er penalties set forth in the instruc	ctions, I dec	lare that I have e	examined this return/re	port, includi	ing, if applica			
	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, a lete.	as well as th	e electronic vers	sion of this return/repor	t, and to the	e best of my	knowledge and		
SIGN		valid electronic signature.	10/*	10/2018	NOBUTAKA ASHIHAI	RA				
HERE	Signature of plan ac		Da	te	Enter name of individ	ual signing	as plan adm	inistrator		
SIGN							·			
HERE	Signature of employ	/er/plan sponsor	Da	te	Enter name of individ	lual signing as employer or plan sponsor				
		and the Instructions for Form FEOO						EE00 SE (2017)		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)	X Yes 🗌 No						
b	Are you claiming a waiver of the annual examination and report of a									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno									
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from the									
	· ·	e i bee p								
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	200378	72070						
b	Total plan liabilities	7b	0	0						
C	Net plan assets (subtract line 7b from line 7a)	7c	200378	72070						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	0							
	(2) Participants	8a(2)	2206							
	(3) Others (including rollovers)	8a(3)	0							
b	Other income (loss)	8b	21434							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		23640						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	149119							
е	Certain deemed and/or corrective distributions (see instructions)	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f	2829							
g	Other expenses	8g	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		151948						
i	Net income (loss) (subtract line 8h from line 8c)	8i		-128308						
j	Transfers to (from) the plan (see instructions)	8j	0							
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2A = 25 = 20 = 21 = 21 = 27$	feature co	des from the List of Plan Charac	cteristic Codes in the instructions:						
	2A 2E 2G 2J 2K 3D 2T		as from the List of Dian Charact	oriatio Cadao in the instructional						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the list of Plan Characte	eristic loaes in the instructions:						
	<u></u>									

Par	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused 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	×		1222
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 as of year-end.)	10g	X		0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So rm 5500) and line 11a below)	cheo	dule S	ЗB		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ion :	302 o	f 		Yes	X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a nting the waiver.	ind e	enter Da		of the let _ Yea		ıling
If	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Ente	r the minimum required contribution for this plan year		12b				
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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?			X Yes		No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	<i>'</i>	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th trol of the PBGC?	ne			Yes	1 X	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan ch assets or liabilities were transferred. (See instructions.)	(s) t	0				
1	3c(1) Name of plan(s): 13c	(2) E	IN(s)		13c	(3) P	N(s)

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employ	ee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	d under sections 104 and 4			2017		
Department of Labor Employee Benefits Security Administration		(ERISA), and sections 605 Revenue Code (the Code		ernal	This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instr	ructions to the Form 5500-	SF.	·		
Part I Annual Repor	t Identification Information						
For calendar plan year 2017 or	fiscal plan year beginning 01/01/20	17	and ending 12/31/20	017			
A This return/report is for:	X a single-employer plan	here a second se	an (not multiemployer) (File nployer information in accord				
B This return/report is	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
•	an amended return/report	a short plan year retur	n/report (less than 12 month	ns)			
C Check box if filing under:	X Form 5558	automatic extension	[] [DFVC prog	ram		
	special extension (enter desci		· · ·				
Part II Basic Plan Inf	ormation—enter all requested in	formation					
1a Name of plan			11) Three-di	•		
NOBUTAKA ASHIHARA ARCHI	TECT PC 401(K) PROFIT SHARING	G PLAN		plan nun (PN) ট	nber 002		
			10	Effective 01/01/20	date of plan 010		
1 1 1	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Box)	21	D Employer Identification Number			
	ce, country, and ZIP or foreign post		ructions) 2c	(EIN) 45-4956576 2c Sponsor's telephone number			
					(212) 233-1783		
2A Shadow Lane			20	Business 541310	s code (see instructions)		
Larchmont, NY 10538							
	and address 🗙 Same as Plan Spor	nsor.	31:	Administ	rator's EIN		
			30	Administ	rator's telephone number		
4 If the name and/or EIN of the	ne plan sponsor or the plan name ha	as changed since the last re	aturo/report filed for 4h	D EIN			
	onsor's name, EIN, the plan name a		ne last return/report.				
C Plan Name							
5a Total number of participant	s at the beginning of the plan year			5a			
b Total number of participant	s at the end of the plan year			5b	9		
c Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	8		
, .	articipants at the beginning of the pl			d(1)	5		
d(2) Total number of active p	articipants at the end of the plan yea	ar	5	d(2)	1		
e Number of participants wh	o terminated employment during the	e plan year with accrued be	nefits that were less	5e	0		
Caution: A penalty for the late Under penalties of perjury and c	or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I have	unless reasonable cause i examined this return/report,	including,	if applicable, a Schedule		
SIGN	Li .	00710,2018	NOBUTAKA ASHIHARA				
HERE Signature of plan	administrator	Date	Enter name of individual s	igning as p	lan administrator		
SIGN							
	oyer/plan sponsor ice, see the Instructions for Form 5500	Date	Enter name of individual s	igning as e	mployer or plan sponsor Form 5500-SF (2017)		
upor nork requiring Act NOT	as, see the matricellona for Form 3300				1 0111 0000-0F (2017)		

2018-13-09115-18-06.908-05.00

v.170203

Form 5500-SF 2017

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
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.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
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
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	_, (See instructions.)
Pa	rt III Financial Information	

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	200378	72070
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	200378	72070
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	0	
(2) Participants	8a(2)	2206	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	21434	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		23640
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	149119	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	2829	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		151948
i Net income (loss) (subtract line 8h from line 8c)	8 í		-128308
j Transfers to (from) the plan (see instructions)	8j	0	
Part IV Plan Characteristics	- 1		

a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 3D 2T

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

Yes No 10 During the plan year: Amount а Was there a failure to transmit to the plan any participant contributions within the time period descr bed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.).... 10b Х Was the plan covered by a fidelity bond?.... C 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused đ Х 10d by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е х carrier, insurance service, or other organization that provides some or all of the benefits under 1222 10e the plan? (See instructions.)..... х 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 as of year-end.) 0 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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..... 101

Form 5500-SF 2017

Page	3-	1	
Page	J-		

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В		Yes 🗙 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA?	n 302 o	f 		Yes 🛛 No
	(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 instructions, and granting the waiver	l enter Da		f the let	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		E		
b	Enter the minimum required contribution for this plan year	12b			
<u> </u>	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	<u> </u>
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes		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 control of the PBGC?] Yes	No No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c	(3) PN(s)