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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2	018	and ending 0	7/05/2018				
A This re	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
B This ret	urn/report is	the first return/report	X the final return/report						
_		an amended return/report	X a short plan year retu	rn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am			
		special extension (enter descr	. ,						
Part II	Basic Plan Info	rmation—enter all requested in	formation		1				
1a Name of plan IU BIBLIOWICZ ARCHITECTS LLP 401(K) PROFIT SHARING PLAN					1b Three-dig plan num (PN) ▶	·			
					1c Effective	date of plan 01/01/2008			
		yer, if for a single-employer plan)) Pov)			Identification Number			
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		tructions)	(EIN)	13-4079472			
IU BIBLIOW	ICZ ARCHITECTS LLF				2c Sponsor's telephone number 212-982-3633				
					2d Business	code (see instructions)			
	ST STE 401 , NY 10010-4670		RD ST STE 401 RK, NY 10010-4670		541310				
	,,		,						
3a Plan a	administrator's name ar	nd address X Same as Plan Spor	nsor.		3b Administr	ator's EIN			
					20 41 :::				
					3C Administr	ator's telephone number			
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN				
	sor's name	noor o name, Ent, the plan name o	and the plan hamber from	and last retarn/report.	4d PN				
C Plan N	Name								
					5a				
_		at the beginning of the plan year			. 5a 5b	5			
		at the end of the plan yearaccount balances as of the end of				0			
		account balances as of the end of		· ·	. 5c	0			
d(1) Tot	tal number of active pa	rticipants at the beginning of the pl	an year		5d(1)	3			
		rticipants at the end of the plan year			5d(2)	0			
		terminated employment during the			5e	0			
Caution: A	A penalty for the late	or incomplete filing of this returi	n/report will be assessed	l unless reasonable ca					
SB or Sche		her penalties set forth in the instruction and signed by an enrolled actuary, and the control of							
SIGN		/valid electronic signature.	01/14/2019	CAROLYN IU					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ividual signing as plan administrator				
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as e	mplover or plan sponsor			

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_	 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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 							
	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 If "Yes" is checked, enter the My PAA confirmation number from the	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined (See instructions.)
Pa	rt III Financial Information		T					
7	Plan Assets and Liabilities		(a) Beginning				(b) Er	d of Year
	Total plan assets	7a	89	98881				0
<u>b</u>	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	89	98881				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		4615				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		41029				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						45644
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9:	39163				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		5362				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						944525
i	Net income (loss) (subtract line 8h from line 8c)	8i						-898881
j	Transfers to (from) the plan (see instructions)	8j	0					
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3B 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ir	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu 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.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	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	Х			3157
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g		s of year-	end.)	10g		X		
h	2520.101-3.)			10h		X		
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			10i		Х		

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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)							
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 se ERISA?		of	Yes X 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 enter the date of the letter ruling granting the waiver							
lf y	ou 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					
С	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					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				□ 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 Ye	s 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 control of the PBGC?	the		X Yes No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to					
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)			

E-SIGNATURE AUTHORIZATION

for

Iu Bibliowicz Architects Llp 401(k) Profit Sharing Plan 13-4079472/001

For Plan Year 01/01/2018 through 07/05/2018

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize SABINA FRANK @ ASCENSUS to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to SABINA
 FRANK @ ASCENSUS before they can begin the electronic filing process. I/We will retain a copy
 of this manually signed form and any schedules and attachments in the plan records.
 - SABINA FRANK @ ASCENSUS will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures
 will be included in the electronic filing and will be posted by the EBSA to the Internet for public
 disclosure.
- SABINA FRANK @ ASCENSUS will maintain a copy of this written authorization in its records.
- SABINA FRANK @ ASCENSUS will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- SABINA FRANK @ ASCENSUS shall not be deemed to be a plan fiduciary with respect to this
 plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan
 year listed above.

Lamlyn	lu		
Plan Administrator	/	Plan Sponsor	
Jan. 14.	2019		
Date		Date	

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

2017

This Form is Open to Public Inspection

E	Part I Annual Repor	t Identification Information	1	unce with the msu	iuci	ions to the Form	5500-SF.		
Fo	r calendar plan year 2017 or f	iscal plan year beginning		01/01/2018	_	and ending	0.	7/05/0010	
		x a single-employer plan	П					7/05/2018	
Α	This return/report is for:	a single employer plan	Ш	a multiple-employer a list of participating	r pia	n (not multiemploy	er) (Filers	checking this bo	ox must attach
		a one-participant plan	П	a foreign plan	y em	pioyer imormation	in accorda	nce with the foi	rm instructions.)
В	This return/report is:	the first return/report		the final return/repor	ort				
		an amended return/report	=				1000 00		
		an amended return/report	X a	a short plan year reti	turn	report (less than 1	2 months)		
C	Check box if filing under:	Form 5558	П	automatic extension	1		Г	DFVC progra	
	5-	special extension (enter descri			ė		ı	_ DEVC progra	dIII
	out II Danie Die 1 6			\$8					
	art II Basic Plan Inf	ormation enter all requested i	inforn	nation					
Ia	FILE SCHOOL SERVICE SERVICE STATE ST							Three-digit	
	Iu Bibliowicz Arch	itects Llp 401(k) Profit	t Sh	aring Plan				plan number (PN) ▶	001
								Effective date of	
_								01/01/2008	
2a	Plan sponsor's name (empl	oyer, if for a single-employer plan)							ification Number
	City or town, state or provin	om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta	D. Box	() le (if foreign, see inc	ot	ntia==\		(EIN) 13-40	
	Iu Bibliowicz Arch	itects Ilb	ai cou	ie (ii loreign, see ins	Struc	cuons)	7.000	Sponsor's telep	AND THE PARTY OF T
							-0	(212) 982-	
	200 = 1 20=1 =:						2d	1.40-21-10-10-10-10-10-10-10-10-10-10-10-10-10	(see instructions)
	220 East 23Rd Stre	et, Suite 401						541310	(coo mondonono)
	US New York NY 10010								
3a	Plan administrator's name a	and address X Same as Plan Spo	nsor				3h	Administrator's	CINI
		The constitution is a second of the second s					35	Administrator 5	CIIN
							3c /	Administrator's	telephone number
4	If the name and/or EIN of th	e plan sponsor or the plan name has	s chai	nged since the last r	rotu	rn/rapart filed for	4b	-IN1	
	this plan, enter the plan spo	nsor's name, EIN, the plan name and	d the	plan number from th	the la	ast return/report.	40	=1114	
а	Sponsor's name Iu Bib	liowicz Architects LLP		*			4d 1	DNI .	
С	Plan Name						""		
5a	Total number of participants	at the beginning of the plan year			-		- F-		-
b	Total number of participants	at the end of the plan year	•••••	***************************************	••••••	••••••••	5a 5b		5
С	Number of participants with	account balances as of the end of th	ne nla	n year (only defined	 d. cor	otribution plans	30		0
	complete this item)						5c		0
d(1) Total number of active par	ticipants at the beginning of the plan	n year			•••••)	3
		ticipants at the end of the plan year	•					-	
u				it		······································	5d(2	2)	0
е	less than 100% vested	terminated employment during the p	olan y	ear with accrued ber	enefi	ts that were	5e		0
							•••		0
		or incomplete filing of this return							
SB	der penalties of perjury and o	ther penalties set forth in the instruct	tions,	I declare that I have	e ex	amined this return	report, inc	luding, if applica	able, a Schedule
bel	ief, it is true, correct, and com	and signed by an enrolled actuary, as	s well	as the electronic ve	ersic	on of this return/rep	ort, and to	the best of my	knowledge and
1988	*	· / /		010 11. 100					
3-0793040	GN - QU	, , ,		Jan. 14/201	4	arolyn Iu			
Н	ERE Signature of plan adm	inistrator		Date	Ėr	nter name of indivi	dual signin	g as plan admir	nistrator
SI	GN	, ,						-	
31605409	ERE Signature of employe	r/plan sponsor		Date	Er	nter name of indivi	dual signin	a as employer o	or plan sponsor
									spoiledi

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6a	Were all of the plan's assets during the plan year invested in eligible	accote? (See instructions)						
b	Are you claiming a waiver of the annual examination and report of all	n independ	dent qualified public acco	untar	··········	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	•••••	Х	Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility as	nd conditio	ns.)						Yes No
	if you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must ins	stead	use F	orm	5500	₩	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	n 402	21)?		Yes	. □No □	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year	-	888			(See i	nstructions.)
P	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of	of Yea	ar	Т		(b) End of Ye	ar.
а	Total plan assets	7a		98,8		+		(b) Liid Oi Te	2000
b	Total plan liabilities	7b	0	30,0	701	+			0
С	Net plan assets (subtract line 7b from line 7a)	7c	8	98,8	881	+			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		,,,,	_		(b) Total	U
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
_	(2) Participants	8a(2)		4,6	15				
b	(3) Others (including rollovers)	8a(3)							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		41,0	129	No.			
d	Benefits paid (including direct rollovers and insurance premiums	8c						TO SERVICE CONTROL OF THE PARTY	45,644
	to provide benefits)	8d	9:	39,1	.63				
	Certain deemed and/or corrective distributions (see instructions)	8e			0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		5,3	62	daren.			
g	Other expenses	8g			0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	44,525
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	BEST TO STANDARD TO THE STANDARD				(898,881)		
j Marina	Transfers to (from) the plan (see instructions)	8j			0				
$\overline{}$	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feat	ature code:	s from the List of Plan Ch	naract	teristic	Code	es in the	instructions:	
\perp	2A 2E 2F 2G 2J 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Cha	aracte	ristic	Codes	in the i	nstructions:	
Pa	rt V Compliance Questions		-						
10	During the plan year:						100000		
a	Was there a failure to transmit to the plan any participant contribution	one within	the time period		Yes	No	N/A	Amou	ınt
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu								
	Program)			10a		x			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	clude transactions			2.662			
	reported on line 10a.)			10b		х			
<u>c</u>	The second of th			10c	х				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fit by fraud or dishonesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or othe	r persons l	by an insurance						
	carrier, insurance service, or other organization that provides some	or all of th	e benefits under		22				2 222
f	the plan? (See instructions.)			10e	х				3,157
	Has the plan failed to provide any benefit when due under the plan?			10f		х			
<u>g</u> h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S		AND	10g		х			
	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-	required r	notice or one of the	10:					
	exceptions to providing the notice applied under 29 CFR 2520.101-	J		10i			Section 1		

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100000						
Par	5 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500 and line 11a below)	chedule	SB	☐ Yes	X No	
_11a	I 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 sect ERISA?	on 302	of	Yes	X No	_
	(ii fes, 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, a granting the waiver Month	nd ente		of the letter Year	ruling	
lf y	ou 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 the 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 🔲	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		_
	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 th control of the PBGC?		X.	Yes	No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to				
13	3c(1) Name of plan(s): 13c(2) E	IN(s)		13c(3) P	N(s)	-
					, ,	_
			- 1			
						_