### 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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending	12/31/2	2011
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description				
Pa	art II Basic Plan Information—enter all requested information	•			
	Name of plan	itiOii		1b	Three-digit
	DLLEY MORRIS ARCHITECTS, PC 401(K) PLAN				plan number
					(PN) ▶ 001
				1c	Effective date of plan
				01	01/01/2000
WOO	Plan sponsor's name and address; include room or suite number (em DLLEY MORRIS ARCHITECTS, PC	nployer, if	for a single-employer plan)	26	Employer Identification Number (EIN) 16-1407894
	,			20	Sponsor's telephone number
404 1	JORTH OTATE OTREET			20	315-426-9871
	NORTH STATE STREET ACUSE, NY 13203			2d	Business code (see instructions)
					541310
	Plan administrator's name and address (if same as plan sponsor, ent			3b	Administrator's EIN
WOO	DLLEY MORRIS ARCHITECTS, PC 401 NORTH S SYRACUSE, N			20	16-1407894
	,			30	Administrator's telephone number 315-426-9871
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.		•		
	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	9
b	Total number of participants at the end of the plan year			5b	7
С	Number of participants with account balances as of the end of the plants this item.			5c	3
	complete this item)				X Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	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 all		'		A les [] No
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at				X Yes No
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Information		T	-1	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets	7a	303231		141295
b	Total plan liabilities	7b	0		0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	303231		141295
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:  (1) Employers	8a(1)	2143		
	(2) Participants	8a(2)	3857		
	(3) Others (including rollovers)	8a(3)	0		
b		8b	-1553		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4447
d	Benefits paid (including direct rollovers and insurance premiums	- 00			
	to provide benefits)	8d	166233		
е	Certain deemed and/or corrective distributions (see instructions)	8e	0		
f	Administrative service providers (salaries, fees, commissions)	8f	0		
g	Other expenses	8g	150		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			166383
i	Net income (loss) (subtract line 8h from line 8c)	8i			-161936
j	Transfers to (from) the plan (see instructions)	8j	0		

Form	5500-SF 2011
⊢orm	5500-SE 2011

**Plan Characteristics** 

500-SF 2011	rage Z - 1

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 3D 2E

Part IV

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

)								
_	During the plan year:		Yes	No		Am	ount	
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		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					25000
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				
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	Χ					224
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ				
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						
art '								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							
_	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of I	ERISA?	Г	Yes	X N
	5 1	e or se	ction 3	802 of I	ERISA?		Yes	X N
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	ctions,	and e	nter th	e date o	of the le	tter rul	ng
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ctions,	and e	nter th	e date o	of the le	tter rul	ng
a If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, nth	and e	nter th	e date o	of the le	tter rul	ng
a If y b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, nth	and e	nter th Day	e date o	of the le	tter rul	ng
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.	ctions,  ith  of a	and e	nter th Day	e date o	of the le	tter rul	ng
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions,	and e	nter th Day 12b 12c 12d	e date o	of the le	tter rul	ng ——
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	nter th Day 12b 12c 12d	e date d	of the le	etter rul	
a  If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	e date o	of the le	etter rul	ng ——
a  If y b c d  e art ' 3a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date o	of the le	etter rul	ng
a  If y b c d e art '	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  WII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	and e	12b 12c 12d	e date o	of the le Yea	nter rul	ng
a If y b c d e rt ' Ba	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.	of a	and e	12b 12c 12d	e date o	of the le Yea	etter rul	ng
a If y b c d e urt ' 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  WII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d	Yes X	of the le Yea	nter rul	ng
a  If y b c d e art ' 3a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugenting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  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.)	of a	and e	12b 12c 12d	Yes X	of the le Yea	No Yes	ng

SB or Schedule MB completed and sig belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/20/2012	RICHARD G MORRIS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/20/2012	RICHARD G MORRIS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

#### 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

#### 2011

This Form is Open to Public Inspection

F	Part I Annual Repor	t Identification Information								
Fo	r the calendar plan year 2011 o	r fiscal plan year beginning	01/0	01/2011	and ending	12	2/31/2011			
Α	This return/report is for:	x a single-employer plan	a multipl	e-employer plan	(not multiemployer)		a one-participant plan			
В	This return/report is:	the first return/report	the final	return/report			_			
		an amended return/report	a short p	lan year return/r	report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5558	automati	c extension		ſ	DFVC program			
	v	special extension (enter description	 on)			L				
P	art II Basic Plan Info	ormation enter all requested inf	ormotion							
	Name of plan	ormation enter an requested in	omation.			1b	Three-digit			
	•	itects, PC 401(k) Plan					plan number			
	WOOTIEY MOTITS ATCH	reects, FC 401(k) Fian					(PN) ► 001 Effective date of plan			
							01/01/2000			
2a	Plan sponsor's name and add Woolley Morris Arch:	dress; include room or suite number (e	mployer, if f	or single-employ	yer plan)	2b	Employer Identification Number			
	MOOTIEA WOLLTR WIGHT	itects, PC					(EIN) 16-1407894			
							Plan sponsor's telephone number			
	401 North State Stre	eet					(315) 426-9871			
TTG	Syracuse	NY 13203					Business code (see instructions) 541310			
		d address (If same as plan sponsor, er	nter "Same"			3b /	Administrator's EIN			
	Same		·							
						3c /	Administrator's telephone number			
4	If the name and/or EIN of the	plan sponsor has changed since the la	ıst return/red	oort filed for this	nlan, enter the	4b E	-IN			
_	name, EIN, and the plan number from the last return/report.						4c PN			
<u>а</u> 5а	Sponsor's Name	at the heginning of the plan year				5a				
b	· · · · · · · · · · · · · · · · · · ·						9 7			
c	Number of participants with a	count balances as of the end of the pl	an year (del	ined benefit pla	ns do not	<u>5b</u>				
^ -						5c	3			
6a b		luring the plan year invested in eligible		,			X Yes No			
N	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.)									
		er 6a or 6b, the plan cannot use For		•	ad use Form 5500.					
Pa	rt III Financial Inform	nation	h.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
7	Plan Assets and Liabilities	•	6856	(a) Be	ginning of Year		(b) End of Year			
a	Total plan assets	• • • • • • • • • • • • • • • • • • • •	. 7a		303,231		141,295			
	Total plan liabilities		. 7b		0		0			
<u>c</u>	Net plan assets (subtract line )		. 7c		303,231		141,295			
a	Income, Expenses, and Trans Contributions received or received			(a	a) Amount	-0500-0-0-0	(b) Total			
	(1) Employers		. 8a(1)		2,143	1000000				
	(2) Participants	• • • • • • • • • • • •	. 8a(2)		3,857		produktion and a design produktion of the back in Partie of the produktion of the back in the surface of			
_		)	. 8a(3)		0					
	Other income (loss)		. 8b		(1,553)					
	Total income (add lines 8a(1),		. 8c				4,447			
	The second of th	rollovers and insurance premiums	. 8d		166,233		e de la composició de la La composició de la compo			
е	Certain deemed and/or correct	tive distributions (see instructions) .	. 8e		0					
_		rs (salaries, fees, commissions)	. 8f		0					
g	Other expenses	• • • • • • • • • • • •	. 8g		150					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	. 8h				166,383			
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				(161,936)			
<u> </u>	Transfers to (from) the plan (se	ee instructions)	. 8j		0					

	Form 5500-SF 2011 Page <b>2-</b>						
Par	V Plan Characteristics						
9a	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte	ristic	Codes	in the	instructio	ns:	
b	2E 2F 2G 2J 2K 3D 2E f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character.	istic C	odes	in the i	instruction	s:	
Par	V Compliance Questions						
0	During the plan year:		Yes	No	<u> </u>	Amount	
a b	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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a		x			
	on line 10a.)	10b		х			
С	Was the plan covered by a fidelity bond?	10c	х				250,000
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		х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	×				2,241
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		х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			alis dipubulan Alis di Alisaba
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					
***********	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))			-	Form	Ye	s X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	sectio	n 302	of ER	ISA? .	. <u></u> Ye	s X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver					e letter rulin Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
g	Enter the minimum required contribution for this plan year			12c			
d	Enter the amount contributed by the employer to the plan for this plan year			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□No	□N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?		٠.۲	 13a		Yes	s X No
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uncof the PBGC?			ol		. []Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)					·	· · · · · · · · · · · · · · · · · · ·
1	Bc(1) Name of plan(s):		13	c(2) E	IN(s)	13c(3	3) PN(s)
					·		
autic	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	use is	esta	blishe	d	<u> </u>	

Caution: A penalty for

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.

SIGN U[8]0018	- Kichard G. Morris
HERE Signature of plan administrator Date	Enter name of individual signing as plan administrator
SIGN	
HERE Signature of employer/plan sponsor Date	Enter name of individual signing as employer or plan sponsor