For	rm 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	Small Employee OMB No			
	tment of the Treasury nal Revenue Service	This form is required to be filed		nd 4065 of the Employee	Э	2	2012	
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 609 Employee Benefits Security Administration the Internal Revenue Code (the Code).						s Open to Public	
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	tions to the Form 5500)-SF.	113	pection	
Part I		entification Information		and an diam. A	0/04/	2010		
	ar plan year 2012 or fisca	al plan year beginning 01/01/2012		G	2/31/:			
	urn/report is for:		a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
B This ret	urn/report is:	the first return/report	the final return/report					
	Ļ			n/report (less than 12 mo	onths	—		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	IM	
		special extension (enter descriptio						
Part II		nation—enter all requested information	ation		41			
1a Name	of plan IORRIS ARCHITECTS,				10	Three-digit plan number		
WOOLLETIN	NORRIG ARCHITECTO,					(PN)	001	
					1c	Effective date o	f plan	
						01/01	/2000	
	oonsor's name and addre MORRIS ARCHITECTS,	ess; include room or suite number (er PC	mployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 16-14	fication Number 07894	
401 NORTH	STATE STREET				2c	Sponsor's telep 315-420		
SYRACUSE					2d	Business code (54131	,	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	lame	Sponsor Address	3b	Administrator's EIN		
		lan sponsor has changed since the later from the later from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN		
a Sponse					4c	PN		
5a Total r	number of participants at	the beginning of the plan year			5a		7	
b Total r	number of participants at	the end of the plan year			5b			
		count balances as of the end of the p			5c		3	
		uring the plan year invested in eligibl					X Yes No	
		ne annual examination and report of a						
		See instructions on waiver eligibility a					X Yes No	
-		er line 6a or line 6b, the plan cann						
		incomplete filing of this return/rep r penalties set forth in the instruction					able a Schodula	
SB or Sche	1 3 3	signed by an enrolled actuary, as we				0/ II	'	
SIGN	Filed with authorized/va	lid electronic signature.	06/18/2013	RICHARD G MORRIS				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator	
SIGN	Filed with authorized/va	lid electronic signature.	06/18/2013	RICHARD G MORRIS				
HERE	Signature of employe		Date	Enter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; includ	e room or suite number	r (optional)	Prep	parer's telephone	number (optional)	

7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b)	End of Year
a Total plan assets	. 7a	14129	5			155760
b Total plan liabilities	. 7b		0			
C Net plan assets (subtract line 7b from line 7a)	. 7c	14129	5			155760
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	80(1)	145	0			
(1) Employers	. 8a(1) . 8a(2)	145 200				
(2) Participants		200	0			
b Other income (loss)	. 8b	1771	5	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		1771	5			01404
d Benefits paid (including direct rollovers and insurance premiums						21181
to provide benefits)	. 8d	666	6			
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	1			_		
g Other expenses	. 8g	5	0	_		
h Total expenses (add lines 8d, 8e, 8f, and 8g)						6716
Net income (loss) (subtract line 8h from line 8c)				_		14465
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	· 8j					
b If the plan provides welfare benefits, enter the applicable welfare to Part V Compliance Questions	eature codes	from the list of Plan Charac	cterist		es in the in:	structions:
10 During the plan year:				Yes	No	Amount
 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 			10a		Х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not incl	ude transactions reported	10b		х	
C 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 or dishonesty?						250000
			10d		х	250000
e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the benefits	y an insurance carrier, under the plan? (See	10d 10e	×	x	
insurance service or other organization that provides some or all	of the benefits	y an insurance carrier, s under the plan? (See		×	X X	
insurance service or other organization that provides some or all instructions.)	of the benefits	y an insurance carrier, s under the plan? (See	10e 10f	×		
insurance service or other organization that provides some or all instructions.)f Has the plan failed to provide any benefit when due under the plan	of the benefits an? as of year end (See instruction	y an insurance carrier, s under the plan? (See 	10e	x	X	
 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plane g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	of the benefits an? as of year end (See instruction he required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g	×	X X	
 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101 	of the benefits an? as of year end (See instruction he required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h	×	X X	
 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 	of the benefits an? as of year end (See instruction he required no 11-3 hents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i	Schec	X X X ule SB (For	1487
 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	of the benefits an? as of year end. (See instruction he required no 11-3 nents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i	Scheo	X X X ule SB (For	1487
 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	of the benefits an? as of year end. (See instruction the required no 11-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete	Scheo	X X X ule SB (For 11a	1487
 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below). 	of the benefits an? (See instruction he required not 11-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete	Scheo	X X X ule SB (For 11a	1487 rm
 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding 	of the benefits an? (See instruction he required no 1-3 nents? (If "Yes grequirements grequirements grequirements grequirements grequirements	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete	Schec	X X X ule SB (For 11a 802 of ERIS	m _ Yes X No ;A? Yes X No
 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is being a subject to the minimum funding standard for a prior year is being a subject to the minimum funding standard for a prior year is being a subject to the minimum funding standard for a prior year is being a subject to the minimum funding standard for a prior year is being a subject to the minimum funding year is being a subject to the minimum funding year is being a subject to the minimum funding year is being a subject to the minimum funding year is being a subject to the minimum funding year is being a subject to the minimum funding year is being a subject to the minimum funding year is being a subject to the minimum funding year is being a subject to the minimum funding year is being a subject to the minimum funding year is being a subject is a defined year of the minimum funding year is being a subject is a defined year of the minimum funding year is being a subject is a defined year of the minimum funding year is being a subject is a defined year of the minimum funding year is being a subject is a sub	of the benefits an? (See instruction the required no 11-3 pents? (If "Yes prequirements of requirements of requirements of as applicable ng amortized in	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete	Schec	X X X ule SB (For 11a 302 of ERIS	Yes X No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е		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						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No			
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan				/ee OMB Nos. 121			
	partment of the Treasury iternal Revenue Service	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(the Internal Revenue Code (the Code).			e		2012		
Employee	Department of Labor Benefits Security Administration				B(a) of This Form is Open to Public Inspection				
	n Benefit Guaranty Corporation	► Complete all entries in ac		ctions to the Form 550	0-SF.				
Part		dentification Information		and anding	10	/21/2012			
	ndar plan year 2012 or fis			and ending	<u>_</u>	/31/2012			
_	return/report is for:	x a single-employer plan		lan (not multiemployer)	L	a one-partici	bant plan		
B This	return/report is:	the first return/report	the final return/report						
_		an amended return/report		rn/report (less than 12 m	iontns) F				
C Cheo	k box if filing under:	Form 5558	automatic extension		L	DFVC progra	im		
No. 1984 - No. 1970 Intel - 19		special extension (enter desc	ription)	·					
Part I		rmation enter all requested	information		46	There allouit	· · · · · · · · · · · · · · · · · · ·		
1a Na	me of plan					Three-digit plan number			
Wo	olley Morris Arch	itects, PC 401(k) Plan				(PN) ►	001		
						Effective date c 01/01/2000	or plan		
2a Pla	n sponsor's name and ad	dress; include room or suite num	per (employer, if for a single	e-employer plan)			ification Number		
	olley Morris Arch					(EIN) 16-14			
					1	Sponsor's telep			
40	h North State Str	eet				(315) 426-			
						Business code 541310	(see instructions)		
	racuse	NY 13203 nd address X Same as Plan Sp		Plan Sponsor Address		Administrator's	FIN		
Ja Pla									
					3c /	Administrator's	telephone number		
4 lf ti	he name and/or EIN of the	plan sponsor has changed since hber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN			
	onsor's name	iber nom tile last returniteport.			4c	PN			
		at the beginning of the plan year			5a		7		
		at the end of the plan year			5b		5		
c Nu	mber of participants with a	account balances as of the end of	the plan year (defined ben		5c		3		
6a We	ere all of the plan's assets	during the plan year invested in e	ligible assets? (See instruc	ctions.)			XYes No		
une	der 29 CFR 2520.104-46?	the annual examination and repo (See instructions on waiver eligib	oility and conditions.)				XYes No		
		<u>ther line 6a or line 6b, the plan (</u>					·		
		or incomplete filing of this retu							
SB or S	penalties of perjury and ot Schedule MB completed a it is tru <u>e</u> _correct, and com	her penalties set forth in the instr nd signed by an enrolled actuary, plete.	uctions, I declare that I hav as well as the electronic v	e examined this return/re ersion of this return/repo	eport, in rt, and i	icluding, if appl to the best of n	icable, a Schedule iy knowledge and		
ALM DR.	DUIM		2.14.17	RICHARD G. MORR	IS				
SIGN	Cirmoturo of plan adm	inistrator	Date	Enter name of individu		ng as plan adm	inistrator		
<u>nen</u> c	Signature of plan adm			Lifter name of marvida	ai sigini	ig as plan adm			
SIGN HERE		deles energes	Date	Enter name of individu	al signi		or plan sponsor		
THE PART OF SALES		name, if applicable) and address;					number (optional)		
Гюра									
L		Notice and OMB Control Numb		En Cours EE00 SE	1000 BEACT 188	and subsets periods at a fig	orm 5500-SF (2012)		

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Pa	rt III Financial Information							
7	Plan Assets and Liabilities	2.4关键	(a) Beginning of Year			(b) End of Year		
а	Total plan assets	7a	141,29	95		155,7		
b	Total plan liabilities	7b		0				
С	Net plan assets (subtract line 7b from line 7a)	7c	141,29	95	155,		155,760	
8	Income, Expenses, and Transfers for this Plan Year	1.2014-550	(a) Amount			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	1,45	58		611 (MA) 1911 - 1914 1912 - 1914 - 1914		
	(2) Participants	8a(2)	2,00	8				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	17,71	15				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					21,181	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6,66	56				
e	Certain deemed and/or corrective distributions (see instructions)	8e				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	5	50				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6,716	
i	Net income (loss) (subtract line 8h from line 8c)	8i		444.3			14,465	
i	Transfers to (from) the plan (see instructions)	8j						
P	art IV Plan Characteristics							
-	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charac	teristi	c Cod	es in f	the instructions:	
• •	2E $2F$ $2G$ $2J$ $2K$ $3D$ $2E$							
	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instructions:	
b	If the plan provides werare benefits, enter the applicable werare lea		S from the List of Filan Onarable		ouuc	5 11 41		
	A Compliance Questions							
	art V Compliance Questions	<u> </u>	. <u> </u>		Yes	No	Amount	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		162		Amount	
e 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	ciary Corre	ection Program)	10a		x		
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	Include transactions reported	10b		x		
				10c	x		250,000	
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x		
e	Were any fees or commisions paid to any brokers, agents, or othe	er persons	by an insurance carrier,					
	insurance service or other organization that provides some or all o	of the bene	efits under the plan? (See	10e	x		1,487	
	instructions.)							
	Has the plan failed to provide any benefit when due under the pla	n?		10f		x		
Q	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		х		
ł	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 the	he require	d notice or one of the	10i		-		
Da	exceptions to providing the notice applied under 29 CFR 2520.10 rt VI Pension Funding Compliance	1-3				_		
					Caba		P (Form	
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							
_11	a Enter the amount from Schedule SB line 39					11a		
12				or se	ction 3	02 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)					
	I If a waiver of the minimum funding standard for a prior year is bei granting the waiver	ng amortiz	zed in this plan year, see instruction	tions,	and e	enter t	the date of the letter ruling ay Year	
ľ	you completed line 12a, complete lines 3, 9, and 10 of Schedul							
	Enter the minimum required contribution for this plan year					12b		

Form 5500-SF 2012

Page 3	-	
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		-			
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		-	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	🗌 No	🗌 N/A
Part					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X	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 c of the PBGC?			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	D		,	
	13c(1) Name of plan(s): 13c	:(2) EIN	(s)	13c(3) PN(s)
Par	VIII Trust Information (optional)				

14a Name of trust	14b Trust's	EIN