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 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Gua	ranty Corporation		▶ Complete all entries in accordance	rdance wit	h the instructions to the Form 550	0-SF.				
				entification Information							
For	calendar plan	year 2009 or	fiscal	plan year beginning 01/01/200)9	and ending	2/31/2	2009			
Α.	This return/rep	ort is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
	This return/report is for:										
				an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C	C Check box if filling under: Form 5558 automatic extension							DFVC progra	m		
	special extension (enter description)							_			
Pa	rt II Bas	ic Plan Inf	orm	ation—enter all requested inform	nation						
	Name of plan						1b	Three-digit			
	•	ORATION 40	1(K) I	RETIREMENT PLAN				plan number	001		
								(PN) •	001		
							1c	Effective date o			
22	Dian ananas'		ddra	na (ampleyer if for single ampleye	" nlon)		2h				
	AKEET CORP		laares	ss (employer, if for single-employe	r pian)		2b Employer Identification Number (EIN) 16-1613411				
							2c	Plan sponsor's t		number	
	S. CLINTON S		E 50	0			800-655-2724				
SYK	ACUSE, NY 13	3202					2d	Business code (541511	see instru	ctions)	
3a	Plan administ	rator's name a	and a	ddress (if same as Plan sponsor,	enter "Same		3b	Administrator's	=IN		
	AKEET CORP		ana a	316 S. CLIN	ITON STRE	ET, SUITE 500		16-161			
	SYRACUSE, NY 13202						3с	Administrator's		number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the							800-655-2724 4b EIN				
				from the last return/report. Spons		port med for this plan, enter the	40	EIIN			
							4c	PN			
5a	Total number	of participant	ts at t	he beginning of the plan year			5a			18	
b	b Total number of participants at the end of the plan year						5b			15	
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c			13		
62	•	•				(See instructions.)			X Yes		
						ndent qualified public accountant (IQ					
						ons.)			X Yes	s No	
					orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Fina	ancial Info	rma	tion							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan ass	sets			<u>7a</u>		0			146073	
b	•										
С	Net plan asse	ets (subtract li	ne 7t	from line 7a)	7с		0			146073	
8				rs for this Plan Year		(a) Amount		(b) 1	otal		
а	Contributions (1) Employe			able from:	8a(1)	103250	0				
					- ' '	4899	-				
						4000					
b	• •	·	,			116	3				
C		` '		a(2), 8a(3), and 8b)		1100				153410	
d				llovers and insurance premiums	00					100110	
		`			8d	733	7				
е	Certain deem	ed and/or cor	rectiv	ve distributions (see instructions)	<u>8e</u>		_				
f	Administrative	e service prov	viders	(salaries, fees, commissions)	<u>8f</u>		_				
g	Other expens	ses			8g						
h	Total expense	es (add lines 8	8d, 8	e, 8f, and 8g)	8h					7337	
i	Net income (I	oss) (subtract	t line	8h from line 8c)	<u>8i</u>					146073	
j	Transfers to (from) the plar	n (see	instructions)	8i						

Form 5500-SF 2009	Page 2- 1
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Part IV	Plan	Characteristics	c
railiv	ГІАП	CHALACLEH SUC:	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 2T 3D

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

art	V Compliance Questions									
0	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?	Χ					100000			
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							
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.)									
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.)	10g		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									
art	VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) Yes									
2										
	(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 instruction granting the waiver. Mont tou 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		[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 negative amount)			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									
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	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 u of the PBGC?	nder 	the co	ntrol 			Yes	× No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			-				
1	3c(1) Name of plan(s):		130	(2) EII	N(s)		13c(3)	PN(s)		
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.					
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.									

SIGN	Filed with authorized/valid electronic signature.	07/15/2010	PATRICK DANIAL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/15/2010	PATRICK DANIAL
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor