Definit Print           Definit Print <th colspan="3">P</th> <th></th> <th>Report of Small Employ</th> <th colspan="3">OMB Nos. 1210-0110 1210-0089</th>	P				Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
Description at Lass         Press action (0.34 A for 1.974 (ERISA), and action (0.038(.9) of the instructions to the Form \$500-57.         This Form is Open to Public Inspection           Part I         Annual Report (dentification in formation         and ending         127.107.00           For all and reports is for:         in signification in formation         and ending         127.107.00           B         This repurphysication is for:         in an ended fail that reports is for:         in a mended that have set at the instructions to the Form and ending         127.107.00           C         Check to it filling under:         in a mended that have set at the instruction is that that that that that that that tha		Internel Boyonus Service		Benefit Plan			2010			
Part   Annual Report Learning (applicable all entries in accordance with the instructions to the Form 5500-SE. Part   Annual Report Learning (applicable applicable	Department of Labor Retirement Income Security Ac			ct of 1974 (ERISA), and section 6058(a) of the			•			
For calendar plan year 2010 or fiscal plan year beginning     0101/2010     and ending     1231/2010       A This return/report is for:     Instrum/report     Instrum/report     Instrum/report     Instrum/report       B This return/report is for:     Instrum/report     Instrum/report     Instrum/report     Instrum/report       B This return/report     Instrum/report     Instrum/report     Instrum/report     Instrum/report       B This return/report     Instrum/report     Instrum/report     Instrum/report     Instrum/report       B A This of guing     Special extension (enter description)     Instrum/report     Instrum/report     Instrum/report       Part II     Basic Plan Information - enter all requested information     Instrum/report     Instrum/report     Instrum/report       TERARCEE CORPORATION     Instrum/report     Instrum/report     Instrum/report     Instrum/report       A This return/report     Instrum/report     Instrum/report     Instrum/report     Instrum/report       B Administrator's name and address (employer, if for single-employer plan)     Instrum/report     Instrum/report     Instrum/report       Structures (INTON STREET, SUITE 600       Structures (INTON STREET, SUITE 600     Structures (INTON STREET, SUITE 600     Structures (INTON STREET	P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	0-SF.		ection		
A       This return/report is for:       istrigle-employer plan       multiple-amployer plan (not multimetyper)       one-participant plan         B       This return/report is for:       inter term/report       inter term/report       inter term/report         B       This return/report is for:       inter term/report       inter term/report       inter term/report         C       Check box if filing under:       Form 5558       justomatic extension       DFVC program         Part II       Easic Plan Information—entre all requested information       1       Three-digit plan number       on         13       Name of plan       Term-scigit plan number       on       on       on         14       Name of plan       Term-scigit plan number       on       on       on         14       Name of plan       Term-scigit plan number       on       on       on       on         15       C.LINTON STREET, SUITE 500       StrAcUSE, NY 1202       2       Employer identification Number         16       Term-scigit plan deministrator's name and address (if same as Plan poncor enter "Same")       3b       Administrator's name         16       Total number of participants at the egning of the plan yaar.       5a       15b       5a       15b         17       Total number of participants at t				0	and ending 1	2/31/2	2010			
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C Check boxit filing unde:				•				plan		
C Check box if filing under:          Form 5558 appeal extension (enter description) Part II         Basic Plan Information—enter al requested information 1a Name of plan TERAKEET CORPORATION 401(x) RETIREMENT PLAN (P) 1c Effective data of plan 01012200 22 Plan sponsor's name and address (employer, if for single-employer plan) TERAKEET CORPORATION 401(x) RETIREMENT PLAN 1c Effective data of plan 01012200 22 Plan sponsor's name and address (employer, if for single-employer plan) TERAKEET CORPORATION 24 Business code (see Instructions) 343 Plan administrator's name and address (frame as Plan sponsor, enter "Same") 316 S. CLINTON STREET, SUITE 500 317ACLISE, NV 13202 32 Administrator's telephone number 305 Administrator's telephone number 30 Administra	D				•	nths)				
Part III       Basic Plan Information —enter all requested information         14       Name of plan         TERAKEET CORPORATION 401(K) RETIREMENT PLAN       1b         The approximation of the plan sponsor's name and address (amployer, if for single-employer plan)       1c         Effective date of plan       10.101/2009         2a Plan approximation of the plan sponsor's name and address (amployer, if for single-employer plan)       2c         TERAKEET CORPORATION       2c         34 Plan administrator's name and address (frame as Plan sponsor, enter "Same").       3b         34 Plan administrator's name and address (if same as Plan sponsor, enter "Same").       3b         34 If the name and/or EIN of the plan sponsor has changed since the last return/report fland file for this plan, enter the name, EIN, and the plan number from the last return/report sponsor's name       4b         5a       Total number of participants at the beginning of the plan year (weered in eligible assets? (See instructions).       5b       14         5a       Total number of participants at the begin and in independent qualified public accountant (IQPA)       Yes in No         Yes and Liabilitie       7a       (a) Beginning of Yes       No         6a       Were all of the plan sasets during the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes in No         7b       1d       1deord3       340633	С	Check box if filing under:				,	DFVC program			
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TERAKEET CORPORATION 401(k) RETIREMENT PLAN     pian number 0101/2009       2a Pian sponsor's name and address (employer, if for single-employer plan) TERAKEET CORPORATION     2b Employer Identification Number (EN)       3a Pian administrator's name and address (employer, if for single-employer plan) TERAKEET CORPORATION     2b Employer Identification Number (EN)       3a Pian administrator's name and address (if same as Plan sponsor, enter "Same") SYRACUSE, NY 13202     2d Business code (ese instructions) SYRACUSE, NY 13202       3a Pian administrator's name and address (if same as Plan sponsor, enter "Same") SYRACUSE, NY 13202     3b Administrator's EIN 15 S. CLINTON STREET, SUITE 500 SYRACUSE, NY 13202       4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the obginning of the plan year.     5a 5a     16 5b       5a Total number of participants at the ed of the plan year.     5a 16     13 5b       6a Were all the plan's sested during the plan year invested in eligible assets? (See instructions).     If yes No       7 Pian Assets and Liabilities     7a     146073       7 Pian Assets and Liabilitis     7a	Pa	rt II Basic Plan Inform	nation—enter all requested information	ation						
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It c         Effective date of plan 01/01/2009           2a Plan sponsor's name and address (employer, if for single-employer plan) TERAKEET CORPORATION         2b         Employer Identification Number (EN)           3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") SYRACLISE, NY 13202         2b         Employer Identification Number (EN)           3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") SIRES_CLINTON         3b         Administrator's EIN (16.11.4411           3d Plan administrator's name and address (if same as Plan sponsor, enter "Same") SIRES_CLINTON         3b         Administrator's EIN (16.11.4411           3d Plan administrator's IN ITERAKEET CORPORATION         3b         Administrator's EIN (16.11.4411         3c           4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name         4c         PN           5a         Total number of participants at the ed of the plan year         5a         15           5b         Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)         6         13           6a         Were all the plan's seste during the plan variantation and report of an independent qualified public accountant (IOPA)         Yes         No           hypu answered 'No' to either Ga or 6b, the plan cannot use Form 5500-SF and mus	TER/	AKEET CORPORATION 401(K)	RETIREMENT PLAN					001		
TERRACEET CORPORATION       I.E.N. 16-1613411         2C       Plan sponsor biologina number 900-665-2724         2d       Business code (see instructions) 34151         3a       Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3541511         3a       Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3545151         3a       Plan administrator's name and address (if same as Plan sponsor, enter "Same") 354 Administrator's telephone number 900-65-2724         4       If the name and/or EIN of the plan sponsor has charged since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b         5a       Total number of participants at the edgin high operation of the plan year.       5a       15         5a       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       13         6a       Were all of the plan saests during the plan year invested in eligible saests? (See instructions).       14         7a       140073       340633         8       Total plan assets.       7a         7b       146073       340633         8       10 adging a waiver of the plan saests during the plan cannot use Form S500-SF and must instead use Form S500-         Partial plan assets.       7a       146073       34063						1c	Effective date of p			
316 S. CLINTON STREET, SUITE 500       2c       Plan sponsor's telephone number sources of the summary structure sources of the summary structures of			ess (employer, if for single-employer	plan)		2b				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same"). 316 S. CLNTON STREET, SUITE 500 SYRACUSE, NY 13202       3b Administrator's EIN 16-1613411         3c Administrator's LiN address (if same as Plan sponsor, enter "Same"). 316 S. CLNTON STREET, SUITE 500 SYRACUSE, NY 13202       3b Administrator's EIN 16-1613411         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year.       5a       15         5 Total number of participants at the end of the plan year.       5a       15         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Provide State Sta			00			2c	Plan sponsor's tel	ephone number 2724		
TERAKEET CORPORATION       316 S. CLINTON STREET, SUITE 500 SYRACUSE, NY 13202       16-1613411         3c       Administrator's sitelephone number 800-855-2724       3c       Administrator's sitelephone number 800-855-2724         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report since the last return/report filed for this plan, enter the name, EIN, and the plan sponsor has changed since the last return/report filed for this plan, enter the for the number of participants at the end of the plan year       5a       15         5a       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         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Mere Model       Yes       No         If you answered 'No" to either 8 aor 6 b, the plan cannot use Form 5500-SF and must instead use Form 5500-SF       Yes       No         Part III       Financial Information       7a       146073       340633         7       Plan Assets and Liabilities       7a       146073       340633         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         6       Other plan isabilities       7a       146073       340633         8 <t< th=""><th>STR</th><th>ACUSE, NY 13202</th><th></th><th></th><th></th><th>2d</th><th></th><th>e instructions)</th></t<>	STR	ACUSE, NY 13202				2d		e instructions)		
3C       Administrator's Elephone number source has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a       Total number of participants at the beginning of the plan year	3a TER/	Plan administrator's name and AKEET CORPORATION	316 S. CLINT	FON STRE	ET, SUITE 500		16-16134	11		
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     15       b     Total number of participants at the end of the plan year     5a     15       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       Ga     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Sec     13       Ga     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes     No       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     No       rd you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.     Part III     Financial Information       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a     Total plan iabilities     7a     146073     340633       b     Total plan liabilities     7b     0     0     146073     340633       c     Not plan assets     Total plan iabilities     7c     146073     340633       b     Contributions received or receivable from:     6a(1)     110501     10501						800-655-2724				
5a       Total number of participants at the beginning of the plan year       5a       15         b       Total number of participants at the end of the plan year       5a       15         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         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Total plan assets       Are of the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information       Yes       340633         7       Total plan assets       7a       146073       340633         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       (b) Total         (2)       Participants       8a(2)       61448       61448       63       00 <th></th> <th></th> <th></th> <th></th> <th>port filed for this plan, enter the</th> <th colspan="3">4b EIN</th>					port filed for this plan, enter the	4b EIN				
b       Total number of participants at the end of the plan year							PN			
C       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			0 0 1 1							
complete this item)     5c     13       Ga     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Complete this item)     Image: Complete this						5b				
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of Conteretity Control of Control of	<u> </u>	· · ·		the plan y		5c		13		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		•						X Yes 🗌 No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       146073       340633         b       Total plan liabilities       7b       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       146073       340633         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       110501         (1)       Employers       8a(2)       61448         (3)       Other (including rollovers)       8b       26036         b       Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       197985         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       3425         e       Certain deemed and/or corrective distributions (see instructions)       8e       197985         d       Administrative service providers (salaries, fees, commissions)       8f       3425         g       Other expenses       8g       3425	b							X Yes 🗌 No		
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       146073       340633         b       Total plan liabilities       7b       7c       146073       340633         c       Net plan assets (subtract line 7b from line 7a)       7c       146073       340633         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       110501         (1)       Employers       8a(1)       110501         (2)       Participants       8a(2)       61448         (3)       Others (including rollovers)       8a(3)       0         b       Other income (loss)       8b       26036         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       197985         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       3425         e       Certain deemed and/or corrective distributions (see instructions)       8e       3425         f       Administrative service providers (salaries, fees, commissions)       8f       3425         g       Other expenses       8g       3425 <th></th> <th>If you answered "No" to eith</th> <th>er 6a or 6b, the plan cannot use Fo</th> <th></th> <th></th> <th></th> <th></th> <th></th>		If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo							
aTotal plan assets7a146073340633bTotal plan liabilities7b	_		ation							
aTotal plan lassets7abTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c1460733406338Income, Expenses, and Transfers for this Plan Year(a) AmountaContributions received or receivable from: (1) Employers8a(1)110501(2) Participants8a(2)61448(3) Others (including rollovers)8a(3)bOther income (loss)8bcTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cdBenefits paid (including direct rollovers and insurance premiums to provide benefits)8dgOther expenses8gfAdministrative service providers (salaries, fees, commissions)8fgOther expenses8ghTotal expenses (add lines 8d, 8e, 8f, and 8g)8h	_			7-		3	(b) End o			
CNet plan assets (subtract line 7b from line 7a)										
a Contributions received or receivable from:       110501         (1) Employers       8a(1)       110501         (2) Participants       8a(2)       61448         (3) Others (including rollovers)       8a(3)       61448         (3) Other income (loss)       8b       26036         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       197985         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       3425         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fees, commissions)       8f       3425         g Other expenses       8g       3425         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       3425	С				146073	3		340633		
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(2) Participants       8a(2)       61448         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       26036         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       197985         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       3425         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fees, commissions)       8f       3425         g Other expenses       8g       3425         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       3425	а			80(1)	110501					
(3) Others (including rollovers)       8a(3)         b Other income (loss)       8b         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d         g Other expenses       8f         g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h					61448	3				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       197985         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       197985         C Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       3425         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fees, commissions)       8f       6         g Other expenses       8g       6       3425         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       3425										
c       rotal income (add lines ba(1), ba(2), ba(3), and bb)         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	26036	5				
to provide benefits)       8d       3425         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h	c			8c				197985		
f       Administrative service providers (salaries, fees, commissions)	d			8d	3425	5				
g         Other expenses         8g           h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         3425	е	Certain deemed and/or correct	ive distributions (see instructions)	8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service provider	s (salaries, fees, commissions)	8f		_				
		•						2405		
	h ;									
j Transfers to (from) the plan (see instructions)			,							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2T 3D
- **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							
10	Du	ring the plan year:		Yes	No		Am	ount	
а		Vas there a failure to transmit to the plan any participant contributions within the time period described ir 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х				
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х				
С	W	Vas the plan covered by a fidelity bond?		Х					100000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, aurance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dio	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		0h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))						Yes	× No
lf	(If ' If a gra <b>you</b> Eni Eni Sul	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code 'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- inting the waiver	ctions, th of a	and e	nter th	e date of	the le		
		gative amount)		-			Π.		
		I 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						1	
13a	На	s a resolution to terminate the plan been adopted during the plan year or any prior year?		г				Yes	× No
		Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
D		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					Γ	Yes	X No
С	lf c	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.)							_
1	3c(*	I) Name of plan(s):		13	c <b>(2)</b> El	N(s)		13c(3)	PN(s)
-									

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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	Filed with authorized/valid electronic signature.	09/30/2011	PATRICK DANIAL			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	09/30/2011	PATRICK DANIAL			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			