For	m 5500-SF	Short Form Annual Return/Report of Small Employee OMB Nos. 1210-01 Benefit Plan								
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee			e 2012					
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6057 Employee Benefits Security Administration the Internal Revenue Code (the Code).						B(a) of This Form is Open to Pub			ublic	
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		entification Information								
For calenda	ar plan year 2012 or fisca			<u> </u>	2/31/2					
A This ret	urn/report is for:		a multiple-employer pla	an (not multiemployer)		a one-particip	ant pla	an		
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check b	box if filing under:	Form 5558 automatic extension DFVC program								
		special extension (enter description	n)							
Part II	Basic Plan Inform	nation—enter all requested informa	ation							
1a Name	•				1b	Three-digit				
TERAKEET	CORPORATION 401(K)	RETIREMENT PLAN				plan number (PN) ▶	(001		
					1c	Effective date of				
						01/01/				
	oonsor's name and addre	ess; include room or suite number (er	mployer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 16-16		Numb	ber	
318 S. CLIN	TON STREET, SUITE 50	00			2c	Sponsor's telephone number 800-655-2724			r	
SYRACUSE					2d	Business code (see instructions) 541511				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b					
 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. 										
	pr's nameTERAKEET Co	•			4c	C PN 001				
5a Total number of participants at the beginning of the plan year					5a	21				
b Total number of participants at the end of the plan year					5b	25				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not										
complete this item)					5c			-	23	
						No				
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.)						No				
		er line 6a or line 6b, the plan canno						L		
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed u	unless reasonable cau	se 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/va	lid electronic signature.	08/05/2013	PATRICK DANIAL						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator						
SIGN	Filed with authorized/va	lid electronic signature.	08/05/2013	PATRICK DANIAL						
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; include	e room or suite number	· (optional)	Prep	parer's telephone	numbe	er (opti	onal)	

b Total plan liabilities	Part III Financial Information									
b Total plan labilities Tb c Net plan assets (subtract line 7b from line 7a) 7c 503366 685313 d Income, Expense, and Transfers for line Plan Year (a) Amount (b) Total a Contributions received or receivable from. (a) Amount (b) Total (c) Participants 8s(1) 46432 (d) Others (including rollovers) 6s(2) 0 (e) Dutter (including rollovers) 6s(2) 0 (f) Genetis paid (including rollovers) 6s(2) 0 (f) Genetis paid (including rollovers) 6s 0 (f) Genetis paid (including rollovers) 6s 0 (f) Genetis paid (including roll rollovers) 6s 0 (f) Genetis paid (including roll rollovers) 8s 0 (g) Other appenses 8g 0 0 (f) Asimisratives service providers (salaries, fees, commissions) 8t 0 1000 (g) Other appenses 8g 0 1000 (f) Total sequents (salaries, fees, contributions (salaries, fees, contributions (salaries, fees, contributions) 8g 0 (g) Other appenses 8g 0 1000000000000000	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
c Net plan assets (subtract lim 7b from line 7a)	a Total plan assets	7a	50338	6		683313				
8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 46432 (a) Participants. 8a(2) 71257 (b) Engloyees 8a(3) 0 (c) Other income (loss) 8a(3) 0 (c) Total income (loss) 8a(3) 0 0 (c) Total income (loss) 8a(3) 0 0 (c) Cheric indemed and/or corrective distributions (see instructions). 8g 0 0 (c) Other expenses (add lines 8d, 8e, 8f, and 8g) 8g 0 1000 (c) Total income (loss) (subtract line 8h from line 8C) 8i 1179927 Part IV Plan Characteristic 8g 0 1200 (c) ZK (c) 1 300 30 1 1400 1200 (c) ZK (c) 1 300 30 1 1200 1200 (c) Total income loss) (subtr	b Total plan liabilities	7b								
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b Other income (loss) 8b 63547 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 1309 g Benefits paid (including direct followers and insurance premiums de lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1309 g Certail demend and/or corrective distributions (see instructions). 8d 0 0 f Administrative service providers (salaries, fees, commissions). 8d 0 0 g Other expenses 8g 0 0 0 Total expenses (add lines 8d, 5e, 8f, and 8g) 8h 1309 1300 i Net income (loss) (subtract line 8h from line 8c)					_					
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d Bendits paid (including direct rollovers and insurance premiums to provide bendifs)			6354	•7	_					
to provide benefits). Bd 1309 e Certain deemed and/or corrective distributions (see instructions)		80			_		181236			
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g Other expenses 8g 0 h Total expenses (add lines 6d, 6e, 8f, and 8g). 8h 1300 i Net income (loss) (subtract line 8h from line 8c)		8e								
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h Total expenses (add lines 8d, 8e, 8f, and 8g)										
i Net income (loss) (subtract line 8h from line 8c)	-						1309			
j Transfers to (from) the plan (see instructions) g 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: 21 21 27 30 38 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 Yes No Amount 10 During the plan year: Yes No Amount 20 CR2510.3.102 Yes No Amount 10 During the plan year: Yes No Amount 11 20 CFR2510.3.102 See instructions and DOL's Voluntary Fiduairy Correction Program) 10a X 10 During the plan overed by a fidelity bond? 10b X 10c X 10 During relation to any participant contributions within the time period described in 10a X 10b X 10 During the plan overed by a fidelity bond? 10c X 10c X 10c X 10c X 10c X <td></td> <td>8i</td> <td></td> <td></td> <td></td> <td></td> <td>179927</td>		8i					179927			
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2f 2j 2K 21 3D 3B 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 Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was there a failure to transmit to the plan any party-in-interest? (Do not include transactions reported on line 10a.) 10a X c Was the plan covered by a fidelity bond? 10c X Inc X 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 Inc	Part IV Plan Characteristics	9								
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud								
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all o	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				X				
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h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3	g Did the plan have any participant loans? (If "Yes." enter amount as					Х				
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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)	If 10h was answered "Yes," check the box if you either provided the required notice or one of the									
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)	Part VI Pension Funding Compliance									
11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruli granting the waiver. Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If a waive to line 13. If a waive to line 13.	11 Is this a defined benefit plan subject to minimum funding requirement									
(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 ruli granting the waiver										
(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 ruli granting the waiver	12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	e or se	ection 3	302 of I	ERISA? Yes 🗙 No			
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 ruli granting the waiver	· · · · · ·				-	-				
b Enter the minimum required contribution for this plan year	a If a waiver of the minimum funding standard for a prior year is bein	ng amortized	in this plan year, see instrue		, and e		-			
	a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortized	in this plan year, see instruc		, and e		•			

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			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
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