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).

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| | art I Annual Report Identification Information | | | | | | | | |
|---|---|--|-------------------------------------|--------|--|-----------------|--|--|--|
| For | calendar plan year 2009 or fiscal plan year beginning 01/01/200 | 9 | and ending | 12/31/ | 2009 | | | | |
| Α . | This return/report is for: | multiple-employer plan (not multiemployer) | | | one-participant plan | | | | |
| В | This return/report is for: first return/report | final retur | al return/report | | | | | | |
| | an amended return/report | short plar | year return/report (less than 12 m | onths) | | | | | |
| С | Check box if filing under: | automatic | extension | | DFVC progra | m | | | |
| | special extension (enter description | on) | | | | | | | |
| Pa | rt II Basic Plan Information—enter all requested inform | , | | | | | | | |
| | Name of plan | iation | | 1b | Three-digit | | | | |
| | TAL DISTRICT SURGICAL ASSOCIATES, P.L.L.C. 401(K) PROFI | T SHARING | G PLAN | | plan number | 001 | | | |
| | | | | _ | (PN) • | | | | |
| | | | | 10 | C Effective date of plan 01/01/1998 | | | | |
| | Plan sponsor's name and address (employer, if for single-employer | plan) | | 2b | 2b Employer Identification Number | | | | |
| CAPI | TAL DISTRICT SURGICAL ASSOCIATES, P.L.L.C. | | | 20 | (EIN) 16-1523335 2c Plan sponsor's telephone numb | | | | |
| 2231 | BURDETT AVENUE | | | 20 | 518-272 | | | | |
| | E 130 /, NY 12180 | | | 2d | 2d Business code (see instruction | | | | |
| | <u> </u> | | . 1) | 2 h | 621111 Administrator's E | -IN1 | | | |
| | Plan administrator's name and address (if same as Plan sponsor, e TAL DISTRICT SURGICAL ASSOCIATES, P.L.L.C. 2231 BURDE | | | 30 | 16-1523 | | | | |
| | SUITE 130 TROY, NY 1 | 2180 | | 3с | Administrator's t | elephone number | | | |
| 4 1 | the name and/or EIN of the plan sponsor has changed since the la | st return/re | port filed for this plan, enter the | 4b | 4b EIN | | | | |
| | name, EIN, and the plan number from the last return/report. Sponso | | , | | | | | | |
| | Total conduct of a self-fee state at the bands of a self-bands on a | | | | PN T | | | | |
| 5a Total number of participants at the beginning of the plan year | | | | | 10 | | | | |
| | Total number of participants at the end of the plan year | | | 5b | 1 | | | | |
| C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | | | | | 11 | | | | |
| | Were all of the plan's assets during the plan year invested in eligib | | , | | | X Yes No | | | |
| b | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | | | | | X Yes □ No | | | |
| | If you answered "No" to either 6a or 6b, the plan cannot use F | | • | | | [| | | |
| Pa | rt III Financial Information | | or and made motoda add room c | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | of Year | | | |
| а | Total plan assets | . 7a | 10653 | 10 | 0 1 | | | | |
| b | Total plan liabilities | . 7b | | 0 | 0 | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 10653 | 10 | 0 145728 | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) Total | | | | |
| а | Contributions received or receivable from: | 0-(4) | 1086 | 72 | | | | | |
| | (1) Employers | 1 | | _ | | | | | |
| | (2) Participants | | 65200 | | 0 | | | | |
| b | (3) Others (including rollovers) | ` ' | 279505 | | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | 2190 | 03 | 450 | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums | 60 | | | | 400011 | | | |
| - | to provide benefits) | . 8d | 389 | 42 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) \ldots | . 8е | | 0 | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | 0 | | | | | |
| g | Other expenses | . 8g | 224 | 92 | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | 61434 | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | 391943 | | | |
| - | Transfers to (from) the plan (see instructions) | | | | | | | | |

| Part IV | Dlan | Characteristics |
|---------|------|-----------------|
| Partiv | Plan | Characteristics |

HERE

SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2H 2J 2K 2T 3B 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 | ٧ | Compliance Questions | | | | | | | | |
|-------|---|--|----------------------|----------------------|---------|----------------------------------|--------|--------|--------|-------|
| 10 | During the plan year: | | | | | | No | | Amount | |
| а | | s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar | | | 10a | | X | | | |
| b | | re there any nonexempt transactions with any party-in-interest? (D ine 10a.) | | | 10b | | X | | | |
| С | Wa | s the plan covered by a fidelity bond? | | | 10c | X | | | | 80000 |
| d | | the plan have a loss, whether or not reimbursed by the plan's fidel ishonesty? | • | • | 10d | | X | | | |
| е | insu | re any fees or commissions paid to any brokers, agents, or other p irance service or other organization that provides some or all of the ructions.) | e benefits under the | e plan? (See | 10e | | X | | | |
| 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 | | X | | | |
| h | | is is an individual account plan, was there a blackout period? (See 0.101-3.) | | | 10h | | X | | | |
| i | | Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3 | | | 10i | | | | | |
| Part | VI | Pension Funding Compliance | | | | | | | | |
| 11 | | is a defined benefit plan subject to minimum funding requirements | | | | | | | Yes | X No |
| 12 | ls t | his a defined contribution plan subject to the minimum funding requ | uirements of section | n 412 of the Code | or se | ction 3 | 302 of | ERISA? | Yes | X No |
| | (If "\ | Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable | e.) | | | | | | | |
| а | | waiver of the minimum funding standard for a prior year is being ar | | | | | | | | |
| lf v | - | nting the waivercomplete lines 3, 9, and 10 of Schedule ME | | | un | | Day | | rear | |
| - | b Enter the minimum required contribution for this plan year | | | | | Г | 12b | | | |
| | | | | | | | 12c | | | |
| | Sub | tract the amount in line 12c from the amount in line 12b. Enter the ative amount) | result (enter a mini | us sign to the left | of a | | 12d | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the f | funding deadline? | | | | | Yes | No | N/A |
| art | VII | Plan Terminations and Transfers of Assets | | | | | | | | |
| I3a | Has | a resolution to terminate the plan been adopted during the plan ye | ear or any prior yea | r? | | | | | Yes | X No |
| | If "Y | es," enter the amount of any plan assets that reverted to the emplo | lover this year | | | | 13a | | | |
| b | Wer | e all the plan assets distributed to participants or beneficiaries, traine PBGC? | insferred to another | plan, or brought u | under | the co | | | Yes | X No |
| С | | uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.) | this plan to another | plan(s), identify th | ne plar | n(s) to | | | _ | |
| 1 | 13c(1) Name of plan(s): | | | | | 13c(2) EIN(s) 13c(| | | 13c(3) | PN(s) |
| | | | | | | | | | | |
| | _ | | | | | _ | | | | |
| Cauti | ion: | A penalty for the late or incomplete filing of this return/report | will be assessed u | ınless reasonabl | le cau | se is | establ | ished. | | |
| SB o | · Śch | nalties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete. | | | | | | | | |
| | · - | · · · · · · · · · · · · · · · · · · · | 10/13/2010 | YUSUF N SILK, N | ИD | | | | | |
| SIG | N L | <u> </u> | | | | | | | | |

Date

Date

10/13/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

YUSUF N SILK, MD

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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

| Pe | ension Benefit Guaranty Corporation | ► Complete all entries in a | ccordance with | the instructions to the Form 550 | 0-SF. | | |
|---------------------------------|--|--|--|--|-------------|--|---|
| Pa | irt I Annual Report I | dentification Informatio | | | | | |
| | the calendar plan year 2009 or | | 2009- | 01-01 and ending | 20 | 09-12-31 | |
| | | x single-employer plan | ☐ multiple-em | ployer plan (not multiemployer) | Γ | one-participan | nt plan |
| | ' | | | · · · · · · · · · · · · · · · · · · · | L | | |
| BI | his return/report is for: | first return/report | final return/ | • | | | |
| | | an amended return/report | short plan y | ear return/report (less than 12 mont | hs) | _ | |
| C | Check box if filing under: | x Form 5558 | automatic e | extension | | DFVC prograr | n |
| | · | special extension (enter descr | iption) | | | | |
| | Decis Dien Infe | | t != f= = t! = = | | | | · · · · · · · · · · · · · · · · · · · |
| - | Mame of plan | rmation enter all requested | information. | | 1h | Three-digit | |
| ıa | • | | | | | plan number | |
| | Capital District Sur | gical Associates, P.L. | L.C. 401(k) | Profit Sharing Plan | | (PN) ► | 001 |
| | | | | | ı | Effective date of | plan |
| | | | | | | 1998-01-01 Employer Identif | ication Number |
| Za | • | ress (employer, if for single-emplo | | | | (EIN) 16-152 | |
| | Capital District Sur | gical Associates, P.L. | ь.с. | | | · · · · · · · · · · · · · · · · · · · | elephone number |
| | 2231 Burdett Avenue | | | | | (518) 272-0 | • |
| | Suite 130 | 10100 | | | 2d | Business code (| see instructions) |
| | Troy | NY 12180 | | | 3h | Administrator's E | IIN) |
| 3a | Plan administrator's name and Same | l address (If same as plan employ | er, enter "Same") | | 30 | Auministrators | TIIA |
| | Dame | | | | | | |
| | | | | | 3c | Administrator's t | elephone number |
| | | | | | 1 | | |
| 4 | If the name and/or EIN of the t | plan sponsor has changed since t | he last return/repo | ort filed for this plan, enter the | 4b | EIN | |
| • | name, EIN and the plan numb | er from the last return. Sponsor's | Name | • | 4c | DNI | |
| | | | | | 5a | 1 | 10 |
| | a Total number of participants at the beginning of the plan year | | | | | | 1 () |
| | • • | | | | | | |
| b | Total number of participants a | t the end of the plan year | | | 5b | | 11 |
| | Total number of participants a Total number of participants w | t the end of the plan year | d of the plan year | | | | |
| b c | Total number of participants at Total number of participants we complete this item) | t the end of the plan year vith account balances as of the en | d of the plan year | (defined benefit plans do not | 5b | | 11 |
| b c 6a | Total number of participants at Total number of participants we complete this item) | t the end of the plan year vith account balances as of the en | d of the plan year | (defined benefit plans do not enstructions.) | 5b 5c | | 11 |
| b c | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? | t the end of the plan year vith account balances as of the en | d of the plan year gible assets? (See of an independer ity and conditions | (defined benefit plans do not enstructions.) at qualified public accountant (IQPA) | 5b 5c | | 11 |
| b c 6a | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? | t the end of the plan year vith account balances as of the en | d of the plan year gible assets? (See of an independer ity and conditions | (defined benefit plans do not enstructions.) | 5b 5c | | 11 11 X Yes \(\text{No} |
| b c 6a b | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? | t the end of the plan year | d of the plan year gible assets? (See of an independer ity and conditions | (defined benefit plans do not enstructions.) at qualified public accountant (IQPA) | 5b 5c | | 11 11 X Yes No |
| b c 6a b | Total number of participants at Total number of participants we complete this item). Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith | t the end of the plan year | d of the plan year gible assets? (See of an independer ity and conditions | (defined benefit plans do not enstructions.) at qualified public accountant (IQPA) | 5b 5c | (b) End | 11 X Yes No X Yes No |
| 6a b | Total number of participants at Total number of participants we complete this item) | t the end of the plan year | d of the plan year gible assets? (See of an independer ity and conditions | (defined benefit plans do not e instructions.) at qualified public accountant (IQPA).) and must instead use Form 5500. | 5b 5c | (b) End | 11 X Yes No X Yes No |
| 6a b | Total number of participants at Total number of participants we complete this item) | t the end of the plan year | gible assets? (See of an independer lity and conditions a Form 5500-SF a | (defined benefit plans do not e instructions.) In qualified public accountant (IQPA) Ind must instead use Form 5500. | 5b 5c | (b) End | 11 11 XYes No XYes No |
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| b c 6a b | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities | t the end of the plan year | gible assets? (Second an independer ity and conditions Form 5500-SF at 7b | (defined benefit plans do not e instructions.) Int qualified public accountant (IQPA).) Ind must instead use Form 5500. (a) Beginning of Year 1,065,310 | 5b 5c | | 11 11 X Yes No X Yes No of Year 1,457,253 |
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| 6a b 7 a b c 8 | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Trans | t the end of the plan year | gible assets? (Second an independentity and conditions a Form 5500-SF at the conditions of the conditi | (defined benefit plans do not interpretations.) In qualified public accountant (IQPA).) In and must instead use Form 5500. (a) Beginning of Year 1,065,310 0 1,065,310 (a) Amount 108,672 | 5b 5c | | 11 11 X Yes No X Yes No of Year 1,457,253 0 1,457,253 |
| 6a b 7 a b c 8 | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Trans Contributions received or received | t the end of the plan year | gible assets? (See of an independer lity and conditions Form 5500-SF at 7a 7b 7c | (defined benefit plans do not instructions.) It qualified public accountant (IQPA).) Ind must instead use Form 5500. (a) Beginning of Year 1,065,310 0 1,065,310 (a) Amount 108,672 65,200 | 5b 5c | | 11 11 X Yes No X Yes No of Year 1,457,253 0 1,457,253 |
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| 6a b Pa 7 a b c 8 a | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Trans Contributions received or received in Employers (2) Participants (3) Others (including rollovers Other income (loss) Total income(add lines 8a(1), | the end of the plan year | gible assets? (See of an independer ity and conditions a Form 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8b 8c | (defined benefit plans do not instructions.) In qualified public accountant (IQPA).) In a Beginning of Year 1,065,310 0 1,065,310 (a) Amount 108,672 65,200 | 5b 5c | | 11 11 X Yes No X Yes No of Year 1,457,253 0 1,457,253 |
| 6a b Pa 7 a b c 8 a b | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith Financial Inform Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Trans Contributions received or received in Employers (2) Participants (3) Others (including rollovers Other income (loss) Total income(add lines 8a(1), Benefits paid (including direct | the end of the plan year | gible assets? (Second an independentity and conditions a Form 5500-SF at the second and the seco | (defined benefit plans do not interpretations.) (a) Beginning of Year (a) Beginning of Year 1,065,310 0 1,065,310 (a) Amount 108,672 65,200 0 279,505 | 5b 5c | | 11 11 X Yes No X Yes No of Year 1,457,253 0 1,457,253 |
| 6a b Pa 7 a b c 8 a b c | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith Intellia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Trans Contributions received or received in Employers | t the end of the plan year | gible assets? (See of an independer lity and conditions Form 5500-SF at 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d | (defined benefit plans do not interpretation in a contraction in a contrac | 5b 5c | | 11 11 X Yes No X Yes No of Year 1,457,253 0 1,457,253 |
| 6a b Pa 7 a b c 8 a b c | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith Iti Financial Information Flan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Trans Contributions received or received or received in Employers (2) Participants (3) Others (including rollovers Other income (loss) Total income(add lines 8a(1), Benefits paid (including direct to provide benefits) Certain deemed and/or corrected. | the end of the plan year | gible assets? (See of an independer lity and conditions a Form 5500-SF at 7a 7b 7c 8a(1) 8a(2) 8b 8c | (defined benefit plans do not interpretations.) (a) Beginning of Year 1,065,310 0 1,065,310 (a) Amount 108,672 65,200 0 279,505 | 5b 5c | | 11 11 X Yes No X Yes No of Year 1,457,253 0 1,457,253 |
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| 6a b c 8 a b c d e f | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith Financial Information Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Trans Contributions received or received in Employers (2) Participants (3) Others (including rollovers Other income (loss) Total income(add lines 8a(1), Benefits paid (including direct to provide benefits) Certain deemed and/or correct Administrative service provide | the end of the plan year | gible assets? (See of an independer ity and conditions a Form 5500-SF a rotal | (defined benefit plans do not interpretations.) (a) Beginning of Year 1,065,310 0 1,065,310 (a) Amount 108,672 65,200 0 279,505 | 5b 5c | | 11 11 X Yes No X Yes No of Year 1,457,253 0 1,457,253 Total |
| bc 6ab Pa 7 ab c 8 a b cd ef g. | Total number of participants at Total number of participants we complete this item) Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith Intellia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Trans Contributions received or received or received in Employers (2) Participants (3) Others (including rollovers Other income (loss) Total income(add lines 8a(1), Benefits paid (including direct to provide benefits) Certain deemed and/or correct Administrative service provide Other expenses | the end of the plan year | gible assets? (See of an independer lity and conditions a Form 5500-SF a 7a | (defined benefit plans do not interpretations.) (a) Beginning of Year 1,065,310 0 1,065,310 (a) Amount 108,672 65,200 0 279,505 | 5b 5c | | 11 11 X Yes No X Yes No of Year 1,457,253 0 1,457,253 Total |

| Par | IV Plan Characteristics | | | | | | | | |
|--------|--|------------------------|--------------------------|--------|----------------|---------------|--------------|-------------|---|
| | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2H 2J 2K 2T 3B 3D | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare featur | e codes from the List | of Plan Characteristi | ic Co | des ir | n the in | structions: | | |
| Pa | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | \ | Yes | No | An | nount | |
| а | Was there a failure to transmit to the plan any participant contribution | within the time perio | | | | х | | | |
| b | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary | | , | 10a | | | | | |
| U | Were there any nonexempt transactions with any party-in-interest? (Don line 10a.) | | · | 10ь | | х | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | х | | | 8 | 0,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fide | | | + | | | | | -, |
| | or dishonesty? | = | · · | 10d | | x | | | |
| е | Were any fees or commisions paid to any brokers, agents, or other page 1 | ersons by an insurance | ce carrier, | | | | | | |
| | insurance services or other organization that provides some or all of t | he benefits under the | | 10e | | х | | | |
| f | instructions.) Has the plan failed to provide any benefit when due under the plan? | • • • • • • | | | | х | | | • |
| | | | - | 10f | | х | | | |
| g h | Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (See | • | F- | 10g | | ^ | 1 | | |
| '' | 2520.101-3.) | | | 10h | | х | | | |
| i | If 10h was answered "Yes," check the box if you either provided the re | | | | · | | | | |
| | exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | 10i | | | 0.20 10 17 5 | | |
| | Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement | | | | | | | Yes 2 | K No |
| 12 | Is this a defined contribution plan subject to the minimum funding req | | | | | | | Yes 2 | K No |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable | | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being a | | | | | | | | |
| 1.6 | granting the waiver | | | —_ | | Day | Y Y | ear | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule ME | • | - | | Г | 12b | | | |
| b | Enter the minimum required contribution for this plan year | | | | • | 12c | | | |
| c d | Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the | • | | | · - | | | | |
| | negative amount) | · · · · · · | · · · · · · · | | . L | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the | funding deadline? . | | | • | | Yes [|]No [|]N/A |
| Par | VII Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted during the plan y | ear or any prior year | ? | | | | | Yes 2 | K No |
| | If "Yes," enter the amount of any plan assets that reverted to the emp | loyer this year | | | $\cdot \lceil$ | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, tra | ansferred to another p | olan, or brought unde | er the | contr | ol | | | |
| _ | of the PBGC? | this plan to spether o | lon(a) identify the als | • • | ٠. | | | Yes 2 | K No |
| С | which assets or liabilities were transferred. (See instructions.) | uns plan to another p | ian(s), identity the pia | an(s) | Ю | | | | |
| | 13c(1) Name of plan(s): | | | | 13 | c(2) E | IN(s) | 13c(3) PI | V(s) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | on: A penalty for the late or incomplete filing of this return/report v | | | | | | | | |
| | r penalties of perjury and other penalties set forth in the instructions, I d · Schedule MB completed and signed by an enrolled actuary, as well as | | | | | | | | |
| | , it is true, correct, and complete. | | | ., | | | | | |
| SI | -K-1 /v , | | Yusuf N. Silk | ., м | .D., | F.A | c.s. | | |
| | Signature of plan administrator | Date | Enter name of indiv | | | - | | rator | |
| /si | | | Yusuf N. Silk | | | | | | |
| | | Date | Enter name of indiv | | • | | | lan sponsor | |
| | | 1 | | | 2.911 | 3 46 | | Sponso | |

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Form 5500-SF (2009)