Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification In						
For	calendar plan year 2010 or fiscal plan year beginni	ng 01/01/2	010	and ending	12/31/2	2010	
Α .	This return/report is for: Single-employer	plan	multiple-e	employer plan (not multiemployer)		one-participar	nt plan
В .	This return/report is for: first return/report		final retur	n/report			
	an amended retu	rn/report	short plar	n year return/report (less than 12 m	onths)		
C	Check box if filing under: Form 5558		automatic	extension		DFVC progra	m
	special extension	n (enter descrip	otion)			_	
Pa	urt II Basic Plan Information—enter all	requested info	rmation				
	Name of plan				1b	Three-digit	
	TAL DISTRICT SURGICAL ASSOCIATES, P.L.L.C	c. 401(K) PRO	FIT SHARING	G PLAN		plan number	001
						(PN) •	
					10	Effective date of 01/01/19	
2a	Plan sponsor's name and address (employer, if for	single-employ	ver plan)		2b	Employer Identif	
	TAL DISTRICT SURGICAL ASSOCIATES, P.L.L.C					(EIN) 16-1523	
2224	BURDETT AVENUE				2c	Plan sponsor's to 518-272	elephone number
SUIT	E 130				24	Business code (s	
TRO	Y, NY 12180				Zu	621111	see mstructions)
3a	Plan administrator's name and address (if same at TAL DISTRICT SURGICAL ASSOCIATES, P.L.L.C	Plan sponsor	, enter "Same	e" <u>)</u>	3b	Administrator's E	
CAPI	TAL DISTRICT SURGICAL ASSOCIATES, P.L.L.C	SUITE 130)	UE .	20	16-1523	
		TROY, NY	12180		30	Administrator's to 518-272	elephone number 2-0171
4 1	f the name and/or EIN of the plan sponsor has cha	nged since the	last return/re	eport filed for this plan, enter the	4b	EIN	
1	name, EIN, and the plan number from the last retur	n/report. Spor	sor's name		40	DNI	
52	Total number of participants at the haginning of th	o plan voor			4c	PN T	11
b	Total number of participants at the beginning of the Total number of participants at the end of the plan						11
C	Total number of participants at the end of the plant	•			5b		- 11
C	complete this item)			` .	5c		11
6a	Were all of the plan's assets during the plan year	invested in elig	gible assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examinat						
	under 29 CFR 2520.104-46? (See instructions on If you answered "No" to either 6a or 6b, the plants of the plants o	-	•	•			^ Yes No
Pa	rt III Financial Information	an cannot use	FOIII 5500-	or and must instead use Form :	500.		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
-	Total plan assets		7a	14572	53	(5) 2.10	1694112
	Total plan liabilities				0		0
С	Net plan assets (subtract line 7b from line 7a)			14572	53		1694112
8	Income, Expenses, and Transfers for this Plan Ye	ar		(a) Amount		(b) T	otal
а	Contributions received or receivable from:			230	74		
	(1) Employers						
	(2) Participants			600			
	(3) Others (including rollovers)			1837	0		
b	Other income (loss)			1837	04		266859
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8l	•	8c				200039
d	Benefits paid (including direct rollovers and insurato provide benefits)		8d	40	00		
е	Certain deemed and/or corrective distributions (se				0		
f	Administrative service providers (salaries, fees, co			260	00		
g	Other expenses	,			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						30000
i	Net income (loss) (subtract line 8h from line 8c)						236859
i	Transfers to (from) the plan (see instructions)				0		

Form 5500-SF 2010 Page 2-	Part IV Plan Characteristics		
	Form 5500-SF 2010	Page 2-	

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

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

	V Compliance Questions						
)	During the plan year:		Yes	No		Amo	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?	10c	X				800
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			
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.)	10e		Χ			
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				6
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	10i					
rt '	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					П	Yes X
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3		ERISA?		Yes X
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ection 3		ERISA		Yes X
а	(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 instrugranting the waiver.	ctions	, and e	302 of I	e date	of the le	tter ruling
a If y	(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 instrugranting the waiver	ictions nth	, and e	nter th	e date	of the le	tter ruling
a If y	(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 instrugranting the waiver.	ictions nth	, and e	nter th Day	e date	of the le	tter ruling
a If y b c	(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 instrugranting the waiver	actions,	, and e	nter th	e date	of the le	tter ruling
a If y b c d	(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 instrugranting the waiver	nctions	, and e	nter th Day	e date	of the le	tter ruling
a If y b c d	(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 instrugranting the waiver	nctions, nth	, and e	nter th Day 12b 12c	e date	of the le	tter ruling
a If y b c d	(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 instrugranting the waiver. You 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?.	nctions, nth	, and e	nter th Day 12b 12c	e date	of the le	tter ruling
a If y b c d	(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 instrugranting the waiver. You 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	octions	, and e	nter th Day 12b 12c 12d	e date	of the le	tter ruling
a If y b c d	(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 instrugranting the waiver. You 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year?	octions,	, and e	nter th Day 12b 12c 12d	e date	of the le	tter ruling r
b c d e rt 'Sa	(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 instrugranting the waiver	octions,	, and e	12b 12c 12d	e date	of the le	tter ruling r
a If y b c d e art '	(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 instrugranting the waiver	octions, and a second s	, and e	12b 12c 12d	e date	of the le	tter ruling r No No
a If y b c d e nrt '	(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 instrugranting the waiver	octions, and a second s	the co	12b 12c 12d	e date	of the le_Yea	tter ruling r No No
a If y b c d e nrt '	(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 instrugranting the waiver	octions, and a second s	the co	12b 12c 12d 	e date	of the le_Yea	tter ruling r No N/ Yes X
a If y b c d e urt ' sa b	(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 instrugranting the waiver	under	the co	12b 12c 12d 	Yes	of the le_Yea	tter ruling r No N/ Yes X

SIGN	Filed with authorized/valid electronic signature.	05/13/2011	YUSUF N SILK, MD, FACS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/13/2011	YUSUF N SILK, MD, FACS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110

1210-0089

2010

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in acco	rdance with	the instructions to the Form 5500-	-SF.		
P:	art I Annual Report Id	entification Information					
For	the calendar plan year 2010 or f	fiscal plan year beginning	01/01	/2010 and ending	12	/31/2010	
Α -	This return/report is for:	single-employer plan	multiple-em	ployer plan (not multiemployer)	Γ	one-participan	t plan
B.	This return/report is for:	first return/report	final return/	report	_	_	
_		an amended return/report	4	rear return/report (less than 12 months	e)		
_			= ' '		э, · Г	DEVC progress	•
C	Check box if filing under:	Form 5558	automatic e	extension	L	DFVC progran	1
		special extension (enter description	on)				
Pi	art II Basic Plan Inform	nation enter all requested inf	ormation.	· · · · · · · · · · · · · · · · · · ·			
1a	Name of plan					Three-digit plan number	
	Capital District Surg	ical Associates, P.L.L.	. 401(k)	Profit Sharing Plan		(PN) ►	001
	_			<u> </u>	1c	Effective date of	plan
						01/01/1998	
2a	•	ss (employer, if for single-employer				Employer Identifi	
	Capital District Surg	ical Associates, P.L.L.	3.	<u> </u>		(EIN) 16-152 Plan sponsor's te	
	2231 Burdett Avenue					(518) 272-0	•
	Suite 130			Ī	2d	Business code (s	see instructions)
	Troy	NY 12180				621111	11.1
sa	Plan administrators name and a Same	iddress (If same as plan employer,	enter "Same")	'	30	Administrator's E	in
				<u> </u>			
				·	3c	Administrator's te	elephone number
4		an sponsor has changed since the		ort filed for this plan, enter the	4b	EIN	
	name, EIN and the plan number	from the last return/report. Sponso	rs Name		4c	PN	
5a	Total number of participants at the	he beginning of the plan year			5a		11
b		he end of the plan year			5b		11
С	• •	account balances as of the end of	•	· ·	_		
<u></u>				· · · · · · · · · · · · · · · · · · ·	5c		11
	were all of the plan's assets dur	ing the plan year invested in eligible			• •	• • • •	X Yes No
	Annual alaiming a mainer of the	annual avamination and rapart of					
Ð	,	annual examination and report of a	•	.)			X Yes No
D	under 29 CFR 2520.104-46? (Se	annual examination and report of a ee instructions on waiver eligibility a 6a or 6b, the plan cannot use Fo	ind conditions	•			XYes No
	under 29 CFR 2520.104-46? (Se	ee instructions on waiver eligibility a fa or 6b, the plan cannot use Fo	ind conditions	•	• •		X Yes No
	under 29 CFR 2520.104-46? (Self you answered "No" to either	ee instructions on waiver eligibility a fa or 6b, the plan cannot use Fo	ind conditions	•	· ·	(b) End	
Pg	under 29 CFR 2520.104-46? (Se If you answered "No" to either Financial Informa	ee instructions on waiver eligibility a fa or 6b, the plan cannot use Fo	ind conditions	nd must instead use Form 5500. (a) Beginning of Year	 	(b) End (of Year
<u> ም</u> ፪ 7	under 29 CFR 2520.104-46? (Se If you answered "No" to either Financial Information Assets and Liabilities	ee instructions on waiver eligibility a fa or 6b, the plan cannot use Fo	and conditions orm 5500-SF a	and must instead use Form 5500.	· ·	(b) End (
P a 7 a b	under 29 CFR 2520.104-46? (Se If you answered "No" to either Financial Information Plan Assets and Liabilities Total plan assets	ee instructions on waiver eligibility a fa or 6b, the plan cannot use Fo	nd conditions rm 5500-SF a . 7a . 7b	(a) Beginning of Year		(b) End (of Year 1,694,112 0
P a a b c	under 29 CFR 2520.104-46? (Seif you answered "No" to either Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b)	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation	and conditions rm 5500-SF a	(a) Beginning of Year 1,457,253 0 1,457,253			of Year 1,694,112 0 1,694,112
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7 a b c	under 29 CFR 2520.104-46? (Seif you answered "No" to either Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b)	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation from line 7a) rs for this Plan Year	nd conditions rm 5500-SF a . 7a . 7b	(a) Beginning of Year 1,457,253 0 1,457,253			of Year 1,694,112 0 1,694,112
7 a b c	under 29 CFR 2520.104-46? (Seif you answered "No" to either Financial Information Finan	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation from line 7a) rs for this Plan Year	rm 5500-SF a . 7a . 7b . 7c	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount			of Year 1,694,112 0 1,694,112
7 a b c	under 29 CFR 2520.104-46? (Self you answered "No" to either Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfer Contributions received or received (1) Employers	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation from line 7a) rs for this Plan Year able from:	. 7a . 7b . 7c . 8a(1)	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount			of Year 1,694,112 0 1,694,112
7 a b c	under 29 CFR 2520.104-46? (Self you answered "No" to either Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfel Contributions received or received (1) Employers	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation from line 7a) rs for this Plan Year able from:	. 7a . 7b . 7c . 8a(1) . 8a(2)	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount 23,074 60,001			of Year 1,694,112 0 1,694,112
7 a b c 8 a	under 29 CFR 2520.104-46? (Se If you answered "No" to either Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfer Contributions received or received (1) Employers	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation from line 7a) rs for this Plan Year able from:	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount 23,074 60,001			of Year 1,694,112 0 1,694,112
7 a b c 8 a	under 29 CFR 2520.104-46? (Self you answered "No" to either Financial Informa Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b Income, Expenses, and Transfel Contributions received or receive (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss) Total income(add lines 8a(1), 8a Benefits paid (including direct ro	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation from line 7a) rs for this Plan Year able from:	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount 23,074 60,001 0 183,784			of Year 1,694,112 0 1,694,112 otal
7 a b c 8 a b	under 29 CFR 2520.104-46? (Self you answered "No" to either Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfer Contributions received or received (1) Employers	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation afrom line 7a) rs for this Plan Year able from: a(2), 8a(3), and 8b) llovers and insurance premiums	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b . 8c . 8d	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount 23,074 60,001			of Year 1,694,112 0 1,694,112 otal
7 a b c 8 a b	under 29 CFR 2520.104-46? (Self you answered "No" to either Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfer Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss) Total income(add lines 8a(1), 8a Benefits paid (including direct ro to provide benefits)	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation ation from line 7a) rs for this Plan Year able from: (2), 8a(3), and 8b) (2), 8a(3), and 8b) (3), and 8b) (4), and 8b) (5), and 8b) (6), and 8b) (7), and 8b) (8), and 8b)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b . 8c . 8d . 8e	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount 23,074 60,001 0 183,784			of Year 1,694,112 0 1,694,112 otal
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (Self you answered "No" to either Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfer Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss) Total income(add lines 8a(1), 8a Benefits paid (including direct ro to provide benefits)	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation afrom line 7a) rs for this Plan Year able from: a(2), 8a(3), and 8b) llovers and insurance premiums	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b . 8c . 8d . 8e	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount 23,074 60,001 0 183,784			of Year 1,694,112 0 1,694,112 otal
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (Self you answered "No" to either Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfer Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss) Total income(add lines 8a(1), 8a Benefits paid (including direct ro to provide benefits)	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation ation from line 7a) rs for this Plan Year able from: (2), 8a(3), and 8b) (2), 8a(3), and 8b) (3), and 8b) (4), and 8b) (5), and 8b) (6), and 8b) (7), and 8b) (8), and 8b)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b . 8c . 8d . 8e	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount 23,074 60,001 0 183,784			of Year 1,694,112 0 1,694,112 otal
7 abc 8 a bcd	under 29 CFR 2520.104-46? (Self you answered "No" to either Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfel Contributions received or receive (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss) Total income(add lines 8a(1), 8a Benefits paid (including direct ro to provide benefits) Certain deemed and/or corrective Administrative service providers	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation ation from line 7a) rs for this Plan Year able from: (2), 8a(3), and 8b) llovers and insurance premiums re distributions (see instructions) (salaries, fees, commissions)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b . 8c . 8d . 8e . 8f	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount 23,074 60,001 0 183,784			of Year 1,694,112 0 1,694,112 otal 266,859
7 a b c 8 a b c d e f g .	under 29 CFR 2520.104-46? (Self you answered "No" to either Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfel Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss) Total income(add lines 8a(1), 8a Benefits paid (including direct rolloprovide benefits) Certain deemed and/or correctives Administrative service providers Other expenses	ee instructions on waiver eligibility at 6a or 6b, the plan cannot use For ation ation from line 7a) rs for this Plan Year able from: (2(), 8a(3), and 8b) (2(), 8a(3), and 8b) (3(), 8a(3), and 8b) (4(), 8a(3), and 8b) (5(), 8a(3), and 8b) (6(), 8a(3), and 8b) (7(), 8a(3), and 8b) (8(), 8a(3), and 8b) (9(), 8a(3), and 8b)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f . 8g	(a) Beginning of Year 1,457,253 0 1,457,253 (a) Amount 23,074 60,001 0 183,784			of Year 1,694,112 0 1,694,112 rotal

Part	N Plan Characteristics				*					
9a 1	the plan provides pension benefits, enter the applicable pension featu	re codes fi	rom t	he List	of Plan Character	ristic (Codes	in the i	nstructions:	
b 1	2E 2F 2H 2J 2K 2T 3B 3D the plan provides welfare benefits, enter the applicable welfare feature	e codes fro	m th	e List o	of Plan Characteris	stic C	odes i	n the in	structions:	
Par	V. Compliance Questions									
10	During the plan year:						Yes	No	Arr	nount
а	Was there a failure to transmit to the plan any participant contribution	within the	time	period	described in			x		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary					10a		 ^		
b	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)				•	10b		x		
_	,					10c	x			80,000
c d	Was the plan covered by a fidelity bond?					-	-			
•	or dishonesty?	-				10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance services or other organization that provides some or all of transferrations.)	he benefits	s und	er the	plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?					10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of					10g	х			643
9 h	If this is an individual account plan, was there a blackout period? (See					109	<u> </u>			
	2520.101-3.)		•	• •		10h	ļ	x	his there are not a	
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3					10i			1.34 8 2 4	
Pari	VI Pension Funding Compliance	· · · · · · · · · · · · · · · · · · ·				1	1		a es asama a color a lagranga (a	an 1994), ann de seasand de scalaidh an t-àird ann an t-àird ann 1972 i bheanailt Da
11	Is this a defined benefit plan subject to minimum funding requirement	-								Yes X No
42	ls this a defined contribution plan subject to the minimum funding req									
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		or se	CHOIT 4	FIZ OF the Code of	Secu	011 302	ZUIEN	ion:	
а	If a waiver of the minimum funding standard for a prior year is being a		in this	s plan s	vear, see instruction	ons. a	nd en	ter the	date of the let	ter rulina
	granting the waiver				Mor					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME						Г	42h	T	
b	Enter the minimum required contribution for this plan year							12b		
C	Enter the amount contributed by the employer to the plan for this plan						.	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e resuit (er	iter a	minus	s sign to the left of	a • •	. [12d		
е	Will the minimum funding amount reported on line 12d be met by the	funding d	eadlir	ne? .					Yes [□No □N/A
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan y	year or any	/ prio	r year?			یے .	· · ·		Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this	year				<u>· · · l</u>	13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred t	o and	other p	lan, or brought un	der th	ne con	trol		Yes X No
	of the PBGC?	this plan to	ano	ther pl	an(s), identify the	plan(s	s) to	• • •	• • • •	
	3c(1) Name of plan(s):						1:	3c(2) ⊟	IN(s)	13c(3) PN(s)
									•	
						+				
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be ass	esse	d unle	ess reasonable c	ause	is est	ablishe	ed.	
Unde	penalties of perjury and other penalties set forth in the instructions, I d	leclare tha	t i ha	ve exa	mined this return/	repor	t, inclu	ıding, if	applicable, a	Schedule
belief	Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	the electr	onic	versio	of this return/rep	ort, a	nd to t	he besi	t of my knowle	edge and
Sie	1 July w	ļ	<u> </u>		Yusuf N. Si	lk,	M.D.	, F.	A.C.S.	
HE	Signature of plan administrator	Date 4	28	31	Enter name of in	dividu	ıal sigi	ning as	plan administ	trator
Sic	1 mln		۱ 	I	Yusuf N. Si	lk,	M.D.	, F.	A.C.S.	
HE		Date 4	128	11	Enter name of in	dividu	ıal sigi	ning as	employer or p	olan sponsor

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