

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan INTERCIM, LLC 401(K) RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 02/01/1986
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) INTERCIM, LLC 1915 PLAZA DRIVE EAGAN, MN 55122
2b	Employer Identification Number (EIN) 41-1956146
2c	Sponsor's telephone number 651-289-5751
2d	Business code (see instructions) 541511

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	07/20/2011	RACHELLE HUBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") INTERCIM, LLC 1915 PLAZA DRIVE EAGAN, MN 55122	3b Administrator's EIN 41-1956146 3c Administrator's telephone number 651-289-5751
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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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	143
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	54
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	25
d Subtotal. Add lines 6a , 6b , and 6c	6d	79
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	79
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	78
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	14

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2J 3H 2K 2F 2G 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan INTERCIM, LLC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. INTERCIM, LLC	D Employer Identification Number (EIN) 41-1956146	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier GREAT WEST LIFE AND ANNUITY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	455368-01	78	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1066834**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 1724437**c** Additions: (1) Contributions deposited during the year **7c(1)** 199717(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 61253(4) Transferred from separate account **7c(4)** 313942(5) Other (specify below) **7c(5)** 9543

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 584455**d** Total of balance and additions (add **b** and **c(6)**). **7d** 2308892**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1241967(2) Administration charge made by carrier **7e(2)** 91(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 1242058**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 1066834

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>INTERCIM, LLC 401(K) RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>INTERCIM, LLC</div>	<div>D Employer Identification Number (EIN)</div> <div>41-1956146</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)						
<div>ADVISED ASSET GROUP</div> <div>8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111</div>						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	190	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐
(a) Enter name and EIN or address (see instructions)						
<div>GREAT-WEST LIFE AND ANNUITY COMPANY</div> <div>8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111</div>						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	938	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐
(a) Enter name and EIN or address (see instructions)						
<div>KMS FINANCIAL SERVICES</div> <div>2001 6TH AVE #2801 SEATTLE, WA 98121</div>						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	10114	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

UNISON INC

6117 BLUE CIR DRIVE
#101
MINNETONKA, MN 55343

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	3261	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan INTERCIM, LLC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERCIM, LLC	D Employer Identification Number (EIN) 41-1956146	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	166478	146960
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6608174	4938986
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1724437	1066834
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	8499089	6152780

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8499089	6152780
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	201359	
(B) Participants	2a(1)(B)	722630	
(C) Others (including rollovers)	2a(1)(C)	7	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		923996

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	12001	
(F) Other	2b(1)(F)	61253	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73254
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	92467	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		92467
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2068450
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3158167

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	591194	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		591194
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	1127	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1127
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		592321

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2565846
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		4912155

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KOLB CO

(2) EIN: 39-1214345

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒		143785
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
WORKWISE 401(K) RETIREMENT PLAN	39-2040884	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>INTERCIM, LLC 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERCIM, LLC</u>	D Employer Identification Number (EIN) <u>41-1956146</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**INTERCIM/WORKWISE
401(K) RETIREMENT PLAN**

Financial Statements
December 31, 2009

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INDEPENDENT AUDITOR'S REPORT

October 4, 2010

To the Plan Administrator of
Intercim/Workwise 401(k) Retirement Plan

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of Intercim/Workwise 401(k) Retirement Plan (the "Plan") as of December 31, 2009 and 2008 and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, and supplemental schedules, as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes #3, #5, and #8, which was certified by Orchard Trust Company, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Orchard Trust Company, LLC held the Plan's assets and executed investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with United States generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kolb+Co. SC

Kolb+Co. SC

Business Advisers/CPAs

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INTERCIM/WORKWISE 401(K) RETIREMENT PLAN
Statements of Net Assets Available for Benefits
(With the auditor's report of October 4, 2010)
As of December 31,

ASSETS

	<u>2009</u>	<u>2008</u>
Investments, at fair value	\$ <u>6,152,780</u>	\$ <u>8,499,089</u>
Receivables:		
Employer contributions	15,810	23,992
Participants' contributions	<u>105,338</u>	<u>44,097</u>
Total Receivables	<u>121,148</u>	<u>68,089</u>
Net Assets Available for Benefits	\$ <u><u>6,273,928</u></u>	\$ <u><u>8,567,178</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE STATEMENTS.

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits
 (With the auditor's report of October 4, 2010)
 For the year ended December 31, 2009

Additions to net assets attributed to:

Investment income:

Net appreciation of investments	\$ 2,160,917
Interest and dividend income	<u>73,254</u>

Total Investment Income	<u>2,234,171</u>
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Contributions:

Participants	783,871
Employers	193,177
Rollovers	<u>7</u>

Total Contributions	<u>977,055</u>
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Total Additions	<u>3,211,226</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	591,194
Administrative expenses	<u>1,127</u>

Total Deductions	<u>592,321</u>
------------------	----------------

Net Increase	2,618,905
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Net assets available for benefits:

Beginning of Year	8,567,178
Transfer of assets from the plan	<u>(4,912,155)</u>

End of Year	<u>\$ 6,273,928</u>
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INTERCIM/WORKWISE 401(K) RETIREMENT PLAN

Notes to Financial Statements

(With the auditor's report of October 4, 2010)

For the years ended December 31, 2009 and 2008

Note #1 Description of Plan

The following summary description of the Intercim/Workwise 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Intercim, LLC and Workwise, Inc. (the "Companies," or collectively, the "Company"). All employees over the age of 21 are eligible and there is no service requirement. Employees who are eligible and are active participants at any time during the pay period are eligible to receive the discretionary employer matching contribution for that particular pay period and an allocated portion of the discretionary contribution according to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective November 15, 2009, the assets of all eligible participants of Workwise, Inc. were transferred to a separate qualified plan.

Contributions

Participants may elect to defer compensation up to the Internal Revenue Code limit. For certain qualifying participants over the age of 50, an additional amount of catch-up deferrals may also be contributed. In addition, employees are allowed to make rollover contributions to the Plan. The Plan provides for discretionary Company matching and discretionary contributions that may be made to the Plan. During 2009, the Companies elected to make matching contributions of 50% up to the first 6% contributed by the participants. Effective November 16, 2009 Intercim discontinued the employer match for the remainder of 2009. Workwise made company matching contributions until the assets were transferred to a separate qualified plan. The Companies elected not to make an additional discretionary contribution for 2009.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's matching contribution, an allocation of Company discretionary contributions, Plan earnings, asset appreciation/(depreciation), forfeitures of terminated participants' non-vested accounts and expenses. Allocations of Plan earnings and asset appreciation/(depreciation) are based on specific investment options selected by participants. Allocation of Company discretionary contributions, forfeitures and expenses are based on proportionate compensation or account balance as defined by the Plan. The maximum benefit to which a participant is entitled from the Plan is the benefit that can be provided from that participant's vested portion of their account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company matching and discretionary contributions is based on years of continuous service on a graduated basis so that a participant is 100% vested after five years of credited service. Participants who leave the Plan because of death, retirement, or disability, as defined in the Plan, are considered 100% vested in the Companies' contributions.

Participant Loans

Participants may borrow from their accounts up to a maximum equal to the lesser of 50% of their account balance or \$50,000. The loan may also not be less than \$1,000. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. Loan terms may not exceed five years, except for loans made for the purchase of a primary residence in which case the term is determined by the Plan administrator. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates on the loans range from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions and may not be made less frequently than quarterly.

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN

Notes to Financial Statements

(With the auditor's report of October 4, 2010)

For the years ended December 31, 2009 and 2008

Note #1 Description of Plan (Cont'd)

Payment of Benefits

On termination of service due to death, disability, retirement or termination of employment, a Plan participant may elect to receive a lump-sum distribution, annuity or installment payments equal to the vested interest in their account.

Forfeitures

As of the year ended December 31, 2009, forfeited non-vested accounts available to reduce future employer contributions totaled \$3,268. During 2009, \$6,183 was forfeited from non-vested accounts and \$6,472 was used to reduce employer matching contributions. Forfeitures from Company discretionary contributions are used to reduce future discretionary employer contributions. There were no forfeitures of discretionary contributions.

Note #2 Summary of Significant Accounting Policies

Method of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment contracts held by a defined contribution plan are reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with United States generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent Events

The Company has evaluated subsequent events through October 4, 2010, the date on which the financial statements were available to be issued.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at the net asset value at quoted market prices of shares held by the Plan at year end. The fair value of the guaranteed investment contract, which is a fully benefit responsive investment contract, is determined by the activity in the investment contract, using a discounted cash flow valuation methodology. The fair value of the guaranteed investment contract equals the contract value (see Note #5). Participant loans are valued at their outstanding balances, which approximate fair value.

Purchases and sales of securities are recorded and valued on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. See Note #4.

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN

Notes to Financial Statements

(With the auditor's report of October 4, 2010)

For the years ended December 31, 2009 and 2008

Note #2 Summary of Significant Accounting Policies (Cont'd)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All expenses are paid by the Plan. Certain administrative functions are performed by employees of the Companies. No such employee, nor the Companies receive compensation from the Plan.

Accounting Pronouncement

The Financial Accounting Standards Board ("FASB") issued in 2010 an Accounting Standards Update ("ASU") No. 2010-06 Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures about Fair Value Measurements, that provides for expanded disclosures as follows:

- Requires separate disclosures of the amount of significant transfers between Levels 1 and 2 fair value measurements and the reasons for the transfers.
- Requires activity in the Level 3 fair value measurements to present separately information about purchases, sales, issuances, and settlements on a gross basis rather than net.
- Amends and clarifies the level of disaggregation of the assets and liabilities that require fair value measurements by disclosing assets and liabilities by class on the basis of the nature and risk of the assets and liabilities rather than broad categories.
- Requires disclosures about the inputs and valuation techniques used to estimate fair value for both recurring and non-recurring fair value measurements that fall in Level 2 or Level 3.

This ASU is effective for periods beginning after December 15, 2009, except for Level 3 activity, which is effective for periods beginning after December 15, 2010. Management is in the process of evaluating the impact on the financial statements.

In September 2010 the FASB issued ASU No. 2010-25 Plan Accounting-Defined Contribution Pension Plans (Topic 962) Reporting Loans to Participants by Defined Contribution Plan. The amendments in this update are required to be applied retrospectively to all prior periods presented, and is effective for fiscal years ending after December 15, 2010.

Existing guidance requires participant loans to be classified as plan investments, which are generally measured at fair value and are included in the fair value measurements disclosures. The update requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Additionally, fair value measurement disclosures for notes receivable from participants would not be required.

Reclassifications

Certain items in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN

Notes to Financial Statements

(With the auditor's report of October 4, 2010)

For the years ended December 31, 2009 and 2008

Note #3 Investments (Unaudited)

The fair value of investments that exceed 5% or more of the Plan's net assets available for benefits as of December 31 are as follows:

	2009	2008
American Funds Bond Fund of America	\$ -	\$ 437,931
American Funds Europacific Growth	524,861	917,274
American Funds Growth Fund of America	545,994	491,776
Columbia Small Cap Value Fund	320,701	484,614
Fidelity Advisor Leveraged Company Stock Fund	424,854	-
Key Guaranteed Portfolio Fund	1,066,833	1,724,436
Maxim S&P 500 Index Fund	423,777	465,043
Oppenheimer Main St. Small Cap	415,153	461,115

During 2009, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the fiscal year), appreciated in value by \$2,160,917.

Note #4 Fair Value Measurements

FASB Accounting Standards Codification ("ASC") 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN

Notes to Financial Statements

(With the auditor's report of October 4, 2010)

For the years ended December 31, 2009 and 2008

Note #4 Fair Value Measurements (Cont'd)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, as certified by the trustee (see Note #8), as of December 31:

2009				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Bond funds	\$ 411,568	\$ -	\$ -	\$ 411,568
International	898,956	-	-	898,956
Large cap	1,396,967	-	-	1,396,967
Mid cap	881,546	-	-	881,546
Small cap	921,922	-	-	921,922
Specialty	98,025	-	-	98,025
Target Retirement	330,003	-	-	330,003
Total mutual funds	4,938,987	-	-	4,938,987
Guaranteed portfolio fund	-	-	1,066,833	1,066,833
Participant loans	-	-	146,960	146,960
Total Assets at Fair Value	\$ 4,938,987	\$ -	\$ 1,213,793	\$ 6,152,780
2008				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Bond funds	\$ 745,354	\$ -	\$ -	\$ 745,354
International	1,484,951	-	-	1,484,951
Large cap	1,519,456	-	-	1,519,456
Mid cap	988,413	-	-	988,413
Small cap	1,197,966	-	-	1,197,966
Specialty	268,502	-	-	268,502
Target Retirement	403,533	-	-	403,533
Total mutual funds	6,608,175	-	-	6,608,175
Guaranteed portfolio fund	-	-	1,724,436	1,724,436
Participant loans	-	-	166,478	166,478
Total Assets at Fair Value	\$ 6,608,175	\$ -	\$ 1,890,914	\$ 8,499,089

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	Guaranteed Portfolio fund	Participant Loans	Total
Balance, beginning of year	\$ 1,724,436	\$ 166,478	\$ 1,890,914
Realized gains/(losses)	61,253	-	61,253
Purchases, sales, issuances and settlements (net)	(718,856)	(19,518)	(738,374)
Balance, end of year	\$ 1,066,833	\$ 146,960	\$ 1,213,793

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN

Notes to Financial Statements

(With the auditor's report of October 4, 2010)

For the years ended December 31, 2009 and 2008

Note #5 Investment Contract with Insurance Company (Unaudited)

The Plan maintains a benefit-responsive investment contract with Great-West Life & Annuity Insurance Company ("Great-West"), parent company of Orchard Trust Company, LLC, trustee of the Plan. Great-West maintains the contributions for the investment contracts in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note #2, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract because the guaranteed investment contract is fully benefit-responsive. Contract value, as reported to the Plan by Orchard Trust Company, LLC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The trustee has certified that the guaranteed investment contract is valued at the contract value, which approximates fair value and as such, does not require adjustment to the net assets available for benefits.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on the earnings of the underlying assets in the entire medium-long term portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Such interest rate is reviewed at least as frequently as quarterly for resetting.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date unless the Plan is terminating.

<u>Average yields:</u>	<u>2009</u>	<u>2008</u>
Based on actual earnings	3.16%	3.56%
Based on interest rate credited to participants	3.16%	3.55%

Note #6 Party-in-Interest Transactions

Transactions involving funds administered by Orchard Trust Company, LLC, trustee, and Great-West Life & Annuity Insurance Company, parent company of the trustee, are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under CFR 408(b) of the ERISA regulations.

Note #7 Plan Termination

Although they have not expressed any intent to do so, the Companies have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN

Notes to Financial Statements

(With the auditor's report of October 4, 2010)

For the years ended December 31, 2009 and 2008

Note #8 Information Certified by the Trustee (Unaudited)

The Plan sponsor has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under this election, the Plan sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Orchard Trust Company, LLC, trustee, as complete and accurate, except for comparing such information to the Plan's financial statements and supplemental schedules:

	<u>2009</u>	<u>2008</u>
Investments, at fair value	\$ <u>6,152,780</u>	\$ <u>8,499,089</u>

Additionally, the Plan's independent auditors did not perform any auditing procedures with respect to the following changes in net assets available for benefits in 2009, except for comparing such information to the Plan's financial statements:

Net appreciation of investments	\$ 2,160,917
Interest and dividend income	73,254
Administrative expenses	1,127

Note #9 Income Tax Status

The Plan is a Non-Standardized Prototype Plan ("Prototype Plan") sponsored by Orchard Trust Company, LLC and adopted by the Company, and has received a determination letter on March 31, 2008 indicating the Plan and trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has not requested its own determination letter from the Internal Revenue Service. The Plan has been amended since receiving the determination letter, however, the Company and Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note #10 Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Note #11 Reconciliation of Financial Statements to Form 5500

Form 5500, the "Annual Return/Report of Employee Benefit Plan," has been prepared using the cash basis method of accounting. The financial statements of the Plan are prepared using the accrual basis method of accounting in accordance with United States generally accepted accounting principles.

The following is a reconciliation of net assets available for benefits from the financial statements to Form 5500 as of the years ended December 31:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 6,273,928	\$ 8,567,178
Less: 2009 contributions receivable	121,148	-
Less: 2008 contributions receivable	<u>-</u>	<u>68,089</u>
Net assets available for benefits per Form 5500	\$ <u>6,152,780</u>	\$ <u>8,499,089</u>

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN

Notes to Financial Statements

(With the auditor's report of October 4, 2010)

For the years ended December 31, 2009 and 2008

Note #11 Reconciliation of Financial Statements to Form 5500 *(Cont'd)*

The following is a reconciliation of contributions from the financial statements to Form 5500 for the year ended December 31:

	<u>2009</u>
Contributions per the financial statements	\$ 977,055
Less: Cash to accrual basis adjustment for 2009 contributions receivable	<u>53,059</u>
Contributions per Form 5500	<u>\$ 923,996</u>

The following is a reconciliation of changes in net assets available for benefit per the financial statements to Form 5500 for the year ended December 31:

	<u>2009</u>
Net increase per the financial statements	\$ 2,618,905
Less: Cash to accrual basis adjustment for contributions for 2009	<u>53,059</u>
Net increase per Form 5500	<u>\$ 2,565,846</u>

SUPPLEMENTAL SCHEDULES

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN
Schedule H, line 4a - Schedule of Delinquent Participant Contributions
 (With the auditor's report of October 4, 2010)
 For the year ended December 31, 2009

EIN: 41-1956146
 Plan No: 001

<u>Total that Constitute Nonexempt Prohibited Transactions</u>				
<u>Participant Contributions Transferred Late to Plan</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
\$ 143,785 *	\$ 143,785	\$ -	\$ -	\$ -

Late participant loan repayments are included in the above amount.

* Amount per form 5500.

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(With the auditor's report of October 4, 2010)

As of December 31, 2009

EIN: 41-1956146

Plan No: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Alliance Bern. 2000 Retirement	Mutual Fund	\$ 46,011
	Alliance Bern. 2005 Retirement	Mutual Fund	112,980
	Alliance Bern. 2010 Retirement	Mutual Fund	287
	Alliance Bern. 2015 Retirement	Mutual Fund	53,104
	Alliance Bern. 2020 Retirement	Mutual Fund	3,419
	Alliance Bern. 2025 Retirement	Mutual Fund	810
	Alliance Bern. 2030 Retirement	Mutual Fund	8,002
	Alliance Bern. 2035 Retirement	Mutual Fund	1,391
	Alliance Bern. 2040 Retirement	Mutual Fund	68,998
	Alliance Bern. 2045 Retirement	Mutual Fund	35,001
	Alger Small Cap Growth Inst'l	Mutual Fund	165,881
	AIM Real Estate Fund	Mutual Fund	98,025
	Amer Funds Bond Fund of America	Mutual Fund	260,191
	Amer Funds Europacific Growth	Mutual Fund	524,861
	Amer Funds Growth Fund of America	Mutual Fund	545,994
	Columbia Mid Cap Value Fund	Mutual Fund	223,395
	Columbia Small Cap Value Fund	Mutual Fund	320,701
	Davis New York Venture Fund	Mutual Fund	134,806
	Fid Adv Leveraged Co. Stock Fund	Mutual Fund	424,854
	Lazard Emerging Markets Open	Mutual Fund	268,670
	Maxim Bond Index Fund	Mutual Fund	47,154

INTERCIM/WORKWISE 401(K) RETIREMENT PLAN
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(With the auditor's report of October 4, 2010)

As of December 31, 2009

(Cont'd)

EIN: 41-1956146

Plan No: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Maxim Index 600 Fund	Mutual Fund	\$ 20,187
	Maxim S&P 500 Index Fund	Mutual Fund	423,777
	MFS Value Fund	Mutual Fund	292,390
	Munder Mid Cap Core Growth	Mutual Fund	233,297
	Oppenheimer Int'l Bond Fund	Mutual Fund	48,283
	Oppenheimer Main St. Small Cap	Mutual Fund	415,153
	PIMCO Total Return Admin	Mutual Fund	49,520
	Pioneer High Yield	Mutual Fund	54,703
	RidgeWorth Int'l Equity Index	Mutual Fund	57,142
*	Key Guaranteed Portfolio Fund	Guaranteed Investment Contract	1,066,833
*	Participant Loan Fund	4.25% - 9.25%, through March 2016	<u>146,960</u>
	Total		<u>\$ 6,152,780</u>

* Party-in-Interest

ASSETS HELD FOR INVESTMENT PURPOSES

Intercim/WorkWise 401(K) Retirement Plan
01-JAN-09 to 31-DEC-09

01-FEB-10 07:35:06

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
ILTDAX			236.18	286.47
ILTEAX			63,058.79	53,104.34
ILTHAX			3,248.81	3,418.94
ILTAAAX			46,815.58	46,010.91
ILTIAX			884.33	810.34
ILTBAX			136,189.51	112,980.09
ILTJAX			7,066.96	8,001.56
ILTKAX			1,108.82	1,391.02
ILTLAX			75,635.17	68,997.54
ILTPAX			29,641.68	35,000.48
192AFEP			538,700.72	524,860.98
ILZOEX			308,180.43	268,669.64
IOIBAX			46,562.27	48,283.09
ISIEIX			65,978.69	57,141.60
IARAX			133,703.54	98,024.62
1ALSRX			195,688.35	165,881.07
ICSMIX			395,873.89	320,700.78
IMXIN6			23,976.42	20,187.10
IOPMSX			495,228.46	415,153.15
ICMUAX			275,712.61	223,395.22
IFLSTX			551,975.57	424,853.91
IMGOAX			290,701.36	233,297.40
195AFGF			595,785.90	545,993.87
1NYVTX			150,966.84	134,806.45
194MX5			521,635.26	423,777.35
IMEIAX			374,648.94	292,390.35
IRBFCX			280,680.77	260,191.25
1BIMXBI			46,288.50	47,154.21
IPTRAX			49,458.56	49,519.68
1TAHYX			60,427.62	54,702.91
IPOINT		3.000	1,005,058.81	1,063,566.29
			6,771,119.34	6,002,552.61
PARTICIPANT LOANS	VARIOUS	4.250-9.250	144,844.07	146,960.44
FORFEITURES			3,067.24	3,268.01

ASSETS HELD FOR INVESTMENT PURPOSES

Intercim/WorkWise 401(K) Retirement Plan
01-JAN-09 to 31-DEC-09

01-FEB-10 07:35:06

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1LTDAX AllianceBernstein 2010 Retirement Str A
 1LTHAX AllianceBernstein 2020 Retirement Str A
 1LTIAX AllianceBernstein 2025 Retirement Str A
 1LTJAX AllianceBernstein 2030 Retirement Str A
 1LTLAX AllianceBernstein 2040 Retirement Str A
 192AFEP American Funds Europacific Growth - R3
 1OIBAX Oppenheimer International Bond Fund A
 1IARAX AIM Real Estate A
 1CSMIX Columbia Small Cap Value I Fund A
 1OPMSX Oppenheimer Main Street Small Cap A
 1FLSTX Fidelity Advisor Leveraged Co Stk - T
 195AFGF American Funds Growth Fund of Amer R3
 194MX5 Maxim S & P 500
 1RBFCX American Funds Bond Fund of Amer R3
 1PTRAX PIMCO Total Return Admin
 1PORT Key Guaranteed Portfolio Fund

1LTEAX AllianceBernstein 2015 Retirement Str A
 1LTAAX AllianceBernstein 2000 Retirement Str A
 1LTBAX AllianceBernstein 2005 Retirement Str A
 1LTKAX AllianceBernstein 2035 Retirement Str A
 1LTPAX AllianceBernstein 2045 Retirement Str A
 1LZOEX Lazard Emerging Markets Open
 1SIEIX RidgeWorth International Equity Index I
 1ALSRX Alger SmallCap Growth Institutional I
 1MXIN6 Maxim Index 600
 1CMUAX Columbia Mid Cap Value A
 1MGOAX Munder Mid-Cap Core Growth A
 1INYVTX Davis NY Venture A
 1MEIAX MFS Value Fund - A
 1BIMXBI Maxim Bond Index
 1TAHYX Pioneer High Yield A

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

Attachment to 2009 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name INTERCIM, LLC 401(K) RETIREMENT PLAN

EIN: 41-1956146

Plan Sponsor's Name INTERCIM, LLC

PN: 001

Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	143,785	0	0	0