

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) ____	
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>		
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description)		

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan CORNEA CONSULTANTS OF ALBANY, PLLC PROFIT SHARING/401(K) PLAN AND TRUST	<b>1b</b> Three-digit plan number (PN) ►	001	
	<b>1c</b> Effective date of plan	01/01/2000	
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CORNEA CONSULTANTS OF ALBANY, PLLC  1220 NEW SCOTLAND AVENUE SUITE 101 SLINGERLANDS, NY 12159-9222	<b>2b</b> Employer Identification Number (EIN)	14-1811796	
	<b>2c</b> Sponsor's telephone number	518-475-1515	
	<b>2d</b> Business code (see instructions)	621111	
1220 NEW SCOTLAND AVENUE SUITE 101 SLINGERLANDS, NY 12159-9222			

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.	08/27/2010	ROBERT L. SCHULTZE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/27/2010	ROBERT L. SCHULTZE
	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")

CORNEA CONSULTANTS OF ALBANY, PLLC

1220 NEW SCOTLAND AVENUE  
SUITE 101  
SLINGERLANDS, NY 12159-9222**3b** Administrator's EIN

14-1811796

**3c** Administrator's telephone number

518-475-1515

**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**5** Total number of participants at the beginning of the plan year**5**

13

**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**

10

**b** Retired or separated participants receiving benefits.....**6b**

0

**c** Other retired or separated participants entitled to future benefits.....**6c**

1

**d** Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

11

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

**f** Total. Add lines **6d** and **6e**.....**6f**

11

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

3

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 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

**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 CORNEA CONSULTANTS OF ALBANY, PLLC PROFIT SHARING/401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. CORNEA CONSULTANTS OF ALBANY, PLLC	D Employer Identification Number (EIN) 14-1811796	

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:
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(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE CO.
--

(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
31-4156830	66869	0000CORN00NY00K	3	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.
--

(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).
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(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	10499

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **NOT PROVIDED BY INSURANCE CO.****b** Premiums paid to carrier ..... **6b** 2800**c** Premiums due but unpaid at the end of the year ..... **6c** 0**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** 114Specify nature of costs ▶ **CONTRACT COMMISSIONS****e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☒ other (specify) ▶ **INDIVIDUAL ANNUITY CONTRACTS****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 ▶**b** Balance at the end of the previous year ..... **7b**

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
(2) Dividends and credits .....	<b>7c(2)</b>		
(3) Interest credited during the year .....	<b>7c(3)</b>		
(4) Transferred from separate account .....	<b>7c(4)</b>		
(5) Other (specify below) .....	<b>7c(5)</b>		

(6) Total additions ..... **7c(6)****d** Total of balance and additions (add **b** and **c(6)**). .... **7d**

<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account .....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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 I</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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>CORNEA CONSULTANTS OF ALBANY, PLLC PROFIT SHARING/401(K) PLAN AND TRUST</div>		<div>B Three-digit plan number (PN)</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CORNEA CONSULTANTS OF ALBANY, PLLC</div>		<div>D Employer Identification Number (EIN)</div> <div>14-1811796</div>

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets .....	1a	6154	10499
b Total plan liabilities .....	1b	0	0
c Net plan assets (subtract line 1b from line 1a).....	1c	6154	10499
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers .....	2a(1)	0	
(2) Participants.....	2a(2)	2160	
(3) Others (including rollovers) .....	2a(3)	0	
b Noncash contributions.....	2b	0	
c Other income.....	2c	2245	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		4405
e Benefits paid (including direct rollovers) .....	2e	0	
f Corrective distributions (see instructions) .....	2f	0	
g Certain deemed distributions of participant loans (see instructions) .....	2g	0	
h Administrative service providers (salaries, fees, and commissions).....	2h	0	
i Other expenses.....	2i	60	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....	2j		60
k Net income (loss) (subtract line 2j from line 2d).....	2k		4345
l Transfers to (from) the plan (see instructions) .....	2l		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests.....	3a	X	
b Employer real property.....	3b	X	
c Real estate (other than employer real property) .....	3c	X	
d Employer securities.....	3d	X	
e Participant loans.....	3e	X	

	Yes	No	Amount
<b>3f</b> Loans (other than to participants) .....		X	
<b>g</b> Tangible personal property .....		X	

<b>Part II</b>	<b>Compliance Questions</b>
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<b>4</b>	During the plan year:	Yes	No	Amount
<b>a</b>	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.) .....		X	
<b>b</b>	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....		X	
<b>c</b>	Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....		X	
<b>d</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....		X	
<b>e</b>	Was the plan covered by a fidelity bond? .....	X		5000
<b>f</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b>	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? .....		X	
<b>h</b>	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? .....		X	
<b>i</b>	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....		X	
<b>j</b>	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>k</b>	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	X		
<b>l</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>n</b>	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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

## 5500 Electronic Filing Authorization

Plan Name: Cornea Consultants Of Albany, PLLC Profit Sharing/401(K) Plan And Trust  
EIN/PN: 14-1811796/001  
Plan Year: 01/01/2009 - 12/31/2009

I hereby authorize Anthony S. Asterino, CPA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

(sign)

(date)

Plan Sponsor

(sign)

(date)

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  This Form is Open to Public Inspection
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**Part I Annual Report Identification Information**

For the calendar plan year 2009 or fiscal plan year beginning 01/01/2009

and ending 12/31/2009

- A** This return/report is for:
- |   |   |
|---|---|
| <input type="checkbox"/> a multiemployer plan;              | <input type="checkbox"/> a multiple-employer plan; or |
| <input checked="" type="checkbox"/> a single-employer plan; | <input type="checkbox"/> a DFE (specify) _____        |
- B** This return/report is:
- |  |   |
|--|---|
| <input type="checkbox"/> the first return/report;  | <input type="checkbox"/> the final return/report;                               |
| <input type="checkbox"/> an amended return/report; | <input type="checkbox"/> a short plan year return/report (less than 12 months). |
- C** If the plan is a collectively-bargained plan, check here . . . . . ☐
- D** Check box if filing under:
- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension; | <input type="checkbox"/> the DFVC program; |
| <input type="checkbox"/> special extension (enter description) |   |  |

**Part II Basic Plan Information --- enter all requested information.**

<b>1a</b> Name of plan Cornea Consultants Of Albany, PLLC Profit Sharing/401(K) Plan And Trust	<b>1b</b> Three-digit plan number (PN) ► 001
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)  CORNEA CONSULTANTS OF ALBANY, PLLC   1220 NEW SCOTLAND AVENUE SUITE 101 US SLINGERLANDS NY 12159-9222	<b>1c</b> Effective date of plan 01/01/2000  <b>2b</b> Employer Identification Number (EIN) 14-1811796  <b>2c</b> Sponsor's telephone number (518) 475-1515  <b>2d</b> Business code (see instructions) 621111

**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.

<b>SIGN HERE</b>		7/1/10 Date	ROBERT L. SCHULTZE, MD Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		7/1/10 Date	ROBERT L. SCHULTZE, MD Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE

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

 Form 5500 (2009)  
v.092307.1

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") same	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
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<b>4</b> 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: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year . . . . .	<b>5</b> 13
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<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c and 6d)	
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<b>a</b> Active participants . . . . .	<b>6a</b> 10
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<b>b</b> Retired or separated participants receiving benefits . . . . .	<b>6b</b> 0
---	-------------

<b>c</b> Other retired or separated participants entitled to future benefits . . . . .	<b>6c</b> 1
--	-------------

<b>d</b> Subtotal. Add lines 6a, 6b and 6c . . . . .	<b>6d</b> 11
--	--------------

<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . .	<b>6e</b> 0
--	-------------

<b>f</b> Total. Add lines 6d and 6e . . . . .	<b>6f</b> 11
---	--------------

<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g</b> 3
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<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<b>6h</b> 0
---	-------------

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item) . . . . .	<b>7</b>
--	----------

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 3D

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	---

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> 1 A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Information)
--	---

**Sponsor Location Information**

Sponsor name: CORNEA CONSULTANTS OF ALBANY, PLLC

Sponsor DBA name:

Sponsor care of name:

1220 New Scotland Avenue

Suite 101

US Slingerlands

NY 12159-9222

<b>SCHEDULE A (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under sections 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>  ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <b>2009</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2009 or fiscal plan year beginning **01/01/2009** and ending **12/31/2009**

<b>A</b> Name of plan  <b>Cornea Consultants Of Albany, PLLC Profit Sharing/401(K) Plan A</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.  <b>CORNEA CONSULTANTS OF ALBANY, PLLC</b>	<b>D</b> Employer Identification Number (EIN)  <b>14-1811796</b>

**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.

**1 Coverage Information:**

(a) Name of insurance carrier  
**NATIONWIDE LIFE INSURANCE CO.**

(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
31-4156830	66869	0000CORN00NY00K	3	1/1/2009	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.

(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	

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	(c) Amount	(d) Purpose	

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

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	(c) Amount	(d) Purpose	

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	(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.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end . . . . .	<b>4</b>	0
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end . . . . .	<b>5</b>	10,499
<b>6</b>	<b>Contracts With Allocated Funds:</b>		
<b>a</b>	State the basis of premium rates ▶ NOT PROVIDED BY INSURANCE CO.		
<b>b</b>	Premiums paid to carrier . . . . .	<b>6b</b>	2,800
<b>c</b>	Premiums due but unpaid at the end of the year . . . . .	<b>6c</b>	0
<b>d</b>	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 . . . . . Specify nature of costs ▶ CONTRACT COMMISSIONS	<b>6d</b>	114
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input checked="" type="checkbox"/> other (specify) ▶ INDIVIDUAL ANNUITY CONTRACTS		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>		
<b>a</b>	Type on contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
<b>b</b>	Balance at the end of the previous year . . . . .	<b>7b</b>	
<b>c</b>	<b>Additions:</b> (1) Contributions deposited during the year . . . . .	<b>7c(1)</b>	
	(2) Dividends and credits . . . . .	<b>7c(2)</b>	
	(3) Interest credited during the year . . . . .	<b>7c(3)</b>	
	(4) Transferred from separate account . . . . .	<b>7c(4)</b>	
	(5) Other (specify below) . . . . .	<b>7c(5)</b>	
	▶		
	(6) Total additions . . . . .	<b>7c(6)</b>	
<b>d</b>	Total of balance and additions (add b and c(6)) . . . . .	<b>7d</b>	
<b>e</b>	<b>Deductions:</b>		
	(1) Disbursed from fund to pay benefits or purchase annuities during year . . . . .	<b>7e(1)</b>	
	(2) Administration charge made by carrier . . . . .	<b>7e(2)</b>	
	(3) Transferred to separate account . . . . .	<b>7e(3)</b>	
	(4) Other (specify below) . . . . .	<b>7e(4)</b>	
	▶		
	(5) Total deductions . . . . .	<b>7e(5)</b>	
<b>f</b>	Balance at the end of the current year (subtract e(5) from d). . . . .	<b>7f</b>	

**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**

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

**10 Nonexperience-rated contracts:**

<b>a</b> Total premiums or subscription charges paid to carrier . . . . .	<b>10a</b>	
<b>b</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 . . . . .	<b>10b</b>	

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. ►

<b>SCHEDULE I</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Financial Information -- Small Plan</b> 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). <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold; margin: 10px 0;">2009</div> This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b>		
<b>A</b> Name of plan Cornea Consultants Of Albany, PLLC Profit Sharing/401(K) Plan And Tr	<b>B</b> Three-digit plan number ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 CORNEA CONSULTANTS OF ALBANY, PLLC	<b>D</b> Employer Identification Number (EIN) 14-1811796	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

<b>Part I</b>	<b>Small Plan Financial Information</b>
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets . . . . .	<b>1a</b>	6,154	10,499
<b>b</b> Total plan liabilities . . . . .	<b>1b</b>	0	0
<b>c</b> Net plan assets (subtract line 1b from line 1a) . . . . .	<b>1c</b>	6,154	10,499
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable			
(1) Employers . . . . .	<b>2a(1)</b>	0	
(2) Participants . . . . .	<b>2a(2)</b>	2,160	
(3) Others (including rollovers) . . . . .	<b>2a(3)</b>	0	
<b>b</b> Noncash contributions . . . . .	<b>2b</b>	0	
<b>c</b> Other income . . . . .	<b>2c</b>	2,245	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) . . . . .	<b>2d</b>		4,405
<b>e</b> Benefits paid (including direct rollovers) . . . . .	<b>2e</b>	0	
<b>f</b> Corrective distributions (see instructions) . . . . .	<b>2f</b>	0	
<b>g</b> Certain deemed distributions of participant loans (see instructions) . . . . .	<b>2g</b>	0	
<b>h</b> Administrative service providers (salaries, fees, and commissions) . . . . .	<b>2h</b>	0	
<b>i</b> Other expenses . . . . .	<b>2i</b>	60	
<b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h and 2i) . . . . .	<b>2j</b>		
<b>k</b> Net income (loss) (subtract line 2j from line 2d) . . . . .	<b>2k</b>		4,345
<b>l</b> Transfers to (from) the plan (see instructions) . . . . .	<b>2l</b>		0

**3 Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
<b>a</b> Partnership/joint venture interests . . . . .	<b>3a</b>		x	
<b>b</b> Employer real property . . . . .	<b>3b</b>		x	
<b>c</b> Real estate (other than employer real property) . . . . .	<b>3c</b>		x	
<b>d</b> Employer securities . . . . .	<b>3d</b>		x	
<b>e</b> Participant loans . . . . .	<b>3e</b>		x	

	Yes	No	Amount
3f Loans (other than to participants) . . . . .	3f	x	
g Tangible personal property . . . . .	3g	x	

**Part II Compliance Questions**

	Yes	No	Amount
4 During the plan year:			
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) . . . . .	4a	x	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance . . . . .	4b	x	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? . . . . .	4c	x	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) . . . . .	4d	x	
e Was the plan covered by a fidelity bond? . . . . .	4e	x	5,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? . . . . .	4f	x	
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? . . . . .	4g	x	
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? . . . . .	4h	x	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? . . . . .	4i	x	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? . . . . .	4j	x	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No", attach the IQPA's report or 2520.104-60 statement. (See instructions on waiver eligibility and conditions.) . . . . .	4k	x	
l Has the plan failed to provide any benefit when due under the plan? . . . . .	4l	x	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) . . . . .	4m	x	
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 . . . . .	4n		

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)

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

**File With IRS Only**

## Part I Identification

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions) <u>CORNEA CONSULTANTS OF ALBANY, PLLC</u> Number, street, and room or suite no. (If a P.O. box, see instructions.) <u>1220 NEW SCOTLAND AVENUE</u> City or town, state and ZIP code <u>SLINGERLANDS NY 12159-9222</u>	<b>B</b> Filer's identifying number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN).  14-1811796 <input type="checkbox"/> Social security number (SSN)																			
<b>C</b> Plan name  1 <u>Cornea Consultants Of Albany, PLLC Profit Sha</u> 2 _____ 3 _____	<table border="1"> <thead> <tr> <th data-bbox="977 453 1112 476" rowspan="2">Plan number</th> <th colspan="3" data-bbox="1118 453 1252 476">Plan year ending--</th> </tr> <tr> <th data-bbox="1118 478 1252 497">MM</th> <th data-bbox="1258 478 1378 497">DD</th> <th data-bbox="1386 478 1479 497">YYYY</th> </tr> </thead> <tbody> <tr> <td data-bbox="977 499 1112 522">0   0   1</td> <td data-bbox="1118 499 1252 522">12</td> <td data-bbox="1258 499 1378 522">31</td> <td data-bbox="1386 499 1479 522">2009</td> </tr> <tr> <td data-bbox="977 525 1112 548"> </td> <td data-bbox="1118 525 1252 548"> </td> <td data-bbox="1258 525 1378 548"> </td> <td data-bbox="1386 525 1479 548"> </td> </tr> <tr> <td data-bbox="977 550 1112 573"> </td> <td data-bbox="1118 550 1252 573"> </td> <td data-bbox="1258 550 1378 573"> </td> <td data-bbox="1386 550 1479 573"> </td> </tr> </tbody> </table>	Plan number	Plan year ending--			MM	DD	YYYY	0   0   1	12	31	2009								
Plan number	Plan year ending--																			
	MM	DD	YYYY																	
0   0   1	12	31	2009																	

**Part II** Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application is automatically approved to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more the 2 1/2 months after the normal due date.

**You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.**

**Note.** A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

**Part III** Extension of Time to File Form 5330 (see instructions)

**2** I request an extension of time until \_\_\_\_\_ to file Form 5330.

**You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.**

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . .		b	
---	--	---	--

**c** For excise taxes under section 4980 or 4980F of the Code, enter the revision/amendment data . . . ▶ 

c	
---	--

### 3 State in detail why you need the extension

Under penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

**Signature** ▶

Date ►