#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

SIGN

**HERE** 

SIGN HERE

## Annual Return/Report of Employee Benefit Plan

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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

					Inspection	
Part I		tification Information				
For caler	ndar plan year 2009 or fiscal p	plan year beginning 01/01/2009		and ending 12/31/20	09	
A This r	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or		
21 111101	otaliini opoit lo loi:	a single-employer plan;	a DFE (sp	pecify)		
<b>B</b> This r	return/report is:	the first return/report; an amended return/report;	<u></u>	eturn/report; an year return/report (less tha	ın 12 months).	
C If the	plan is a collectively-bargaine	d plan, check here			<u>_</u> ´	
<b>D</b> Chec	k box if filing under:	X Form 5558;	automatio	extension;	the DFVC program;	
	Ü	special extension (enter des	cription)			
Part l	Basic Plan Inform	nation—enter all requested informa				
	ne of plan	NY, PLLC PROFIT SHARING/401(K)			<b>1b</b> Three-digit plan number (PN) ▶	001
1c Effective date of plan 01/01/2000						
2a 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				2b Employer Identification Number (EIN) 14-1811796		
					<b>2c</b> Sponsor's telephone number 518-475-1515	
SUITE 101 SUITE		SUITE 101	V SCOTLAND AVEN 1 LANDS, NY 12159-9		2d Business code (see instructions)	
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 ele	ectronic signature.	08/27/2010	ROBERT L. SCHULTZE		
HERE	Signature of plan adminis	rator	Date	Enter name of individual sig	ning as plan administrator	
	•				•	

08/27/2010

Date

Date

ROBERT L. SCHULTZE

Enter name of individual signing as DFE

Enter name of individual signing as employer or plan sponsor

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

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

Signature of DFE

Form 5500 (2009) v.092307.1

	Form 5500 (2009)	Page <b>2</b>		
	Plan administrator's name and address (if same as plan sponsor, enter "Sam	e")		ministrator's EIN 1811796
SU	0 NEW SCOTLAND AVENUE TE 101 NGERLANDS, NY 12159-9222		nu	ministrator's telephone mber 3-475-1515
4	If the name and/or EIN of the plan sponsor has changed since the last return, the plan number from the last return/report:	/report filed for this plan, enter the name,	, EIN and	4b EIN
а	Sponsor's name			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	e only lines <b>6a, 6b, 6c,</b> and <b>6d</b> ).		
а	Active participants		6a	10
b	Retired or separated participants receiving benefits		6b	C
С	Other retired or separated participants entitled to future benefits		6c	1
d	Subtotal. Add lines 6a, 6b, and 6c		6d	11
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	<u>6e</u>	C
f	Total. Add lines 6d and 6e		6f	11
g	Number of participants with account balances as of the end of the plan year (complete this item)		6g	3
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	C
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer plans complete this item)	······ <b>7</b>	
	If the plan provides pension benefits, enter the applicable pension feature con 2E 2G 2J 3D the plan provides welfare benefits, enter the applicable welfare feature codes			
	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check a (1) Insurance (2) Code section 412(e (3) X Trust (4) General assets of the tached, and, where indicated, enter the results of the control of the cont	e)(3) insuranc	ee contracts

**b** General Schedules

(1)

(2)

(3)

(4)

(5)

(6)

**H** (Financial Information)

A (Insurance Information)C (Service Provider Information)

I (Financial Information – Small Plan)

**D** (DFE/Participating Plan Information)

**G** (Financial Transaction Schedules)

a Pension Schedules

(1)

(2)

(3)

R (Retirement Plan Information)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

# **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

#### File as an attachment to Form 5500.

OMB No. 1210-0110

2009

Pension Benefit Guaranty Co	orporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).					This Form is Open to Public Inspection		
For calendar plan year 20	09 or fiscal pl	an year beginning 01/01/200	9	and er	nding 12	/31/2009			
A Name of plan CORNEA CONSULTANT	S OF ALBAN	IY, PLLC PROFIT SHARING/40	1(K) PLAN AND TRUST		e-digit number (PI	N) <b>•</b>	001		
C Plan sponsor's name a CORNEA CONSULTANT				<b>D</b> Emplo	-	ation Number	(EIN)		
		rning Insurance Contract. Individual contracts grouped a							
1 Coverage Information:									
(a) Name of insurance ca									
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or c	ontract year		
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To		
31-4156830	66869	0000CORN00NY00K		3	01/01/20	009	12/31/2009		
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in item 3	the agents,	, brokers, and	other persons in		
(a) Total	amount of cor	mmissions paid		<b>(b)</b> To	otal amount	of fees paid			
		0					0		
3 Persons receiving com		fees. (Complete as many entrie							
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid			
(b) Amount of sales a	nd base	F	ees and other commission	ns paid					
commissions pa	id	(c) Amount		(d) Purpose	е		(e) Organization code		
	(a) Name	and address of the agent, broke	er or other person to who	m commiss	ions or fees	were naid	_		
	(a) Name	and address of the agent, broke	or, or other person to who	111 00111111100	10110 01 1000	were paid			
(b) Amount of sales a	nd base	F.	ees and other commission	ns paid					
commissions pa		(c) Amount		(d) Purpose	Э		(e) Organization code		

Schedule A (Form 5500)	2009	Page <b>2-</b> 1			
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
	I				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai			
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivitins report.	dual contra	cts with each carrier mag	y be treated as a	unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	0
5	Curre	ent value of plan's interest under this contract in separate accounts at year en	nd		. 5	10499
6	Cont	racts With Allocated Funds:				
	а	State the basis of premium rates NOT PROVIDED BY INSURANCE CO	).			
	b	Premiums paid to carrier			6b	2800
	С	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 corretention of the contract or policy, enter amount		•	6d	114
		Specify nature of costs CONTRACT COMMISSIONS				
		Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☒ other (specify) ► INDIVIDUAL ANNUITY CONTRACTS	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	separate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	те рапісіра	tion guarantee		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d ·	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ).			7d	
		Deductions:			1	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		<b>)</b>	,			
		<b>,</b>				
		(F) Tatal da dustions			70(5)	
	£	(5) Total deductions			7e(5)	

Page <b>4</b>	

Schedule A	(Form	5500	2000
Scriedule A	(FOIIII	5500	1 2009

Pa	art II	I Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting put the entire group of such individual contracts of	oup of employees of the surposes if such contracts	are experienc	ce-rated as a unit. Who	ere contract	
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	<b>b</b> Dental	c	Vision		<b>d</b> Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disability	ty <b>g</b>	Supplemental unemp	oloyment	<b>h</b> Prescription drug
	i [	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Expe	rience-rated contracts:					
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	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)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs					
		(D) Other expenses		9c(1)(D)			
		(E) Taxes					
		(F) Charges for risks or other contingencies.					
		(G) Other retention charges		9c(1)(G)		T	
		(H) Total retention	_	_		9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	n 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)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in <b>c(2)</b> .)		9e	
10		nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to o	arrier			10a	
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo	, ,		•	10b	
	Sp	ecify nature of costs					

Part IV	Provision of Information			
<b>11</b> Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	No	

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

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

Tonoisi Beneni Guarani, Genperanon					mapeemon
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009		and ending	12/3	1/2009	
A Name of plan CORNEA CONSULTANTS OF ALBANY, PLLC PROFIT SHARING/401(K) PLAN AND TRUST	В	Three-digit plan number (PN	1)	•	001
C Plan sponsor's name as shown on line 2a of Form 5500 CORNEA CONSULTANTS OF ALBANY, PLLC	D	Employer Identification 14-1811796	ation	Numbe	er (EIN)

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
а	Total plan assets	. 1a	6154	10499
b	Total plan liabilities	. 1b	0	0
С	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
а	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	
С	Other income	. 2c	2245	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		4405
е	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
	Transfers to (from) the plan (see instructions)	. 2I		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
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
е	Participant loans	3e		X	

Schedule I (Form 5500) 2009	Page <b>2-</b> 1

Schedule I	(Form	5500)	2000
Scriedule i	(FOIII)	ววบบ	2008

			Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		Χ			
Pa	art II Compliance Questions						
4	During the plan year:		Yes	No		Amount	
а	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 participant's account balance.	4b		X			
С	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			
е	Was the plan covered by a fidelity bond?	4e	X				5000
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		Х			
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 an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41		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	Y	es X	No i	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify 1	the plan	ı(s) to w	hich assets	or liabilities	were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5	<b>b(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.

(sign)

Plan Sponsor

(sign)

(date)

#### Form 5500

Department of the Treasury Internal Revenue Service

Dopartment of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Annual Return/Report of Employee Benefit Plan**

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).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public inspection

						mapaction	
P	art I	Annual Report	dentification Information				
Fo	r the c	alendar plan year 2009	or fiscal plan year beginning 01	/01/2009	and ending 12/31	/2009	
Α	This re	tum/report is for:	a multiemployer plan;		a multiple-employer p	lan; or .	
			a single-employer plan;		a DFE (specify)		
В	This re	tum/report is:	the first return/report;		the final return/report;		
			an amended return/report;		a short plan year retu	m/report (less than 12 mo	onths).
С	If the p	lan is a collectively-barg	ained plan, check here				. ▶□
D	Check	box if filing under:	X Form 5558;		automatic extension;	the DFVC pro	ogram;
			special extension (enter description	on)	_		
P	art II.	Basic Plan Info	rmation enter all requested in	nformation.	w··		
1a		e of plan				1b Three-digit plan	
	Cor	nea Consultants	Of Albany, PLLC Profit Sh	naring/401(K) P	lan And Trust	number (PN) ▶	001
				-		1C Effective date of plan	n
			-	<del></del>		01/01/2000	
2a	Plan	sponsor's name and ad	ldress (employer, if for a single-emplo	yer plan)		2b Employer Identificati	ion
	(Add	lress should include roo	m or suite no.)			Number (EIN)	
	COR	NEA CONSULTANTS	OF ALBANY, PLLC			14-1811796	
						2C Sponsor's telephone	)
						number	-
	100	A 1777 GGOMT 1170 1	· · · · · · · · · · · · · · · · · · ·			(518) 475-1515	
		O NEW SCOTLAND A TE 101	VENUE			2d Business code (see instructions)	
		SLINGERLANDS	NY 12159-9222			621111	
	03	3111GERMAD3	NI 12133-3222				<del></del>
							: :
Cau	ıtion: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cause is	established.	<del></del>
			er penalties set forth in the instructions				
stat	ements	and attachments, as w	ell as the electronic version of this retu	urn/report, and to the	best of my knowledge and beli	ef, it is true, correct, and	complete.
- S	ign			21.1			
H	ERE		_	11110	ROBERT L. SCHULTZE,	MD	
		Signature of plan adı	ministrator	Date	Enter name of individual sign	ning as plan administrato	<u>r</u>
	ign	1	2	7111	ROBERT L. SCHULTZE,	MD.	1
H	ERE	Sizzatura di zazziano		71110	<del></del>		
		Signature of employe	errpian sponsor	Date	Enter name of individual sign	ning as employer of plan	sponsor
S	IGN ERE						
"		Signature of DFE		Date	Enter name of individual sign	ning as DFE	

_	Form 5500 (2009)		Page 2		
 За	Plan administrator's name and address (if same as plan sponsor, enter "Sa same	me")		3b /	Administrator's EIN
					Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	rn/report filed fo	or this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				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 comple				I
а	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
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive 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 complete this item)	r (only defined	contribution plans	6g	3
h	Number of participants that terminated employment during the plan year wit 100% vested			6h	0
7	Enter the total number of employers obligated to contribute to the plan (only			7	
8a	If the plan provides pension benefits, enter the applicable pension feature	codes from the	List of Plan Characteristic Code	es in t	he instructions:
b	2E 2G 2J 3D  If the plan provides welfare benefits, enter the applicable welfare feature c	T			
9a		. –	enefit arrangement (check all tha	at appl	ly)
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts	(1)	Insurance Code section 412(e)(3) insura	nce co	ontracts
	(3) X Trust	(3) x	1 ''''		
	(4) General assets of the sponsor	(4)	General assets of the sponsor		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are	e attached, and	, where indicated, enter the nun	nber a	ttached. (See instructions)
а	Pension Schedules	b Genera	al Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Informa	ation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X	I (Financial Informa	ition -	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3) <u>x</u>			
	actuary	(4)	C (Service Provider		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D (DFE/Participating	-	
	Information) - signed by the plan actuary	(6)	G (Financial Transa	ction	ntormation)

## **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

## **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Rovenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

commissions paid

## **Insurance Information**

This schedule is required to be filed under sections 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► File as an attachment to Form 5500.

OMB No. 1210-0110

2009

Pension Benefit Guaranty (	Corporation	Insurance companies all pursuant to	re required to provide to ERISA section 103(a)(		n Th		m is Open to Public Inspection.
For calendar plan year	2009 or fiscal p	lan year beginning 01/01/2	2009	and ending	12/31/2009		
A Name of plan				B Three-dig	git nber (PN)	<b>&gt;</b>	001
ornea Consultant	ts Of Alban	y, PLLC Profit Sharing	g/401(K) Plan A				
Plan sponsor's nar	me as shown on	line 2a of Form 5500.		D Employe	r Indentification Numl	ber (Ell	۷)
ORNEA CONSULTANT	rs of Alban	Y, PLLC			14-1811796		
		ning Insurance Contract					ormation for each contr
Coverage Informat	tion:						
(a) Name of insurance							
` '		_					
ATIONWIDE LIFE 1	1	o.	(e) Approximate	number of	Pol	lime os s	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covere	d at end of	(f) From		(g) To
		identification number	policy or cont	ract year	(1)1.10	<del></del>	(9)
1-4156830	66869	0000CORNOONYOOK		3	1/1/2009		12/31/2009
2 Insurance fee and descending order		ormation. Enter the total fees and	total commissions pai	d. List in item	3 the agents, brokers	s, and c	ther persons in
		ommissions paid		(b) Tota	l amount of fees paid		
		0				)	
3 Persons receiving	commissions ar	nd fees. (Complete as many entr	ies as needed to report	all persons).			
	(a) Name a	and address of the agent, broker	, or other person to wh	om commissi	ons or fees were paid	1	
(b) Amount of sale			es and other commissi				(0) 0
commission	s paid	(C) Amount		(d) Purpose			(e) Organization code
	(a) Name a	and address of the agent, broker	, or other person to wh	om commissi			
(b) Amount of sal	es and base	Fe	es and other commissi	ons paid			
(P) Willouli of 29	es alin nase	T		<i>-</i>			

(d) Purpose

(C) Amount

(e) Organization code

(b) Amount of sales and base commissions paid  (a) Name and address of the agent, broker or other commissions paid  (b) Amount of sales and base commissions paid  (c) Amount  (a) Name and address of the agent, broker or other commissions paid  (b) Amount of sales and base commissions paid  (c) Amount  (a) Name and address of the agent, broker or other commissions paid  (b) Amount of sales and base commissions paid  (c) Amount  (d) Amount  (e) Amount  (e) Amount  (f) Amount of sales and base commissions paid  (g) Amount  (h) Amount of sales and base commissions paid  (g) Amount	0) 2009	Page <b>2-</b>	-
	oker or other person to whom commissions or fees wer	e paid	
(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  (c) Amount  (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  (c) Amount  (d) Purpose  (e) Organization code  (b) Amount of sales and base commissions paid  (e) Organization code  (f) Purpose  (e) Organization code  (f) Purpose  (g) Organization code  (h) Amount of sales and base commissions paid  (g) Organization code  (h) Amount of sales and base commissions paid  (g) Organization code  (h) Amount of sales and base commissions paid  (g) Organization code  (h) Amount of sales and base commissions paid  (h) Amount of sales and base commissions paid  (h) Amount of sales and base commissions paid  (h) Amount of sales and base Fees and other commissions or fees were paid			
	<u> </u>	Fees and other commissions paid	
		T	(e) Organization code
commissions para	(o) vanodin	(a) r diposo	(b) Organization code
(a) Nam	e and address of the agent, br	oker or other person to whom commissions or fees were	
(b) Amount of sales and base		Fees and other commissions paid	
• •	(c) Amount	(d) Purpose	(e) Organization code
			T. C. T. T. T. T. C. C. F. C. C. T. C.
(a) Nam	e and address of the agent, bro		
			(e) Organization code
fol Nice			
			s paid
			4.10
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(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  (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  (c) Amount  (d) Purpose  (e) Organization  (b) Amount of sales and base commissions paid  (c) Amount  (d) Purpose  (e) Organization  (b) Amount of sales and base commissions paid  (b) Amount of sales and base commissions paid  (c) Amount  (d) Purpose  (e) Organization  (b) Amount of sales and base commissions paid  (e) Amount  (f) Purpose  (g) Organization  (h) Amount of sales and base commissions paid  (g) Amount  (g) Purpose  (g) Organization  (h) Amount of sales and base commissions paid  (g) Amount of sales and base commissions paid	e paid		
(b) Amount of sales and base		Fees and other commissions paid	
	(c) Amount	(d) Purpose	(e) Organization code

Pa	rt II Investment and Annuity Contract Information			
	Where individual contracts are provided, the entire group of such ind this report.	lividual contracts with each carrier ma	ay be treate	ed as a unit for purposes of
4	Current value of plan's interest under this contract in the general account at year	ar end	4	0
5	Current value of plan's interest under this contract in separate accounts at year		5	10,499
6	Contracts With Allocated Funds:			·
i	a State the basis of premium rates ▶			
	NOT PROVIDED BY INSURANCE CO.			
	<b>b</b> Premiums paid to carrier		6b	2,800
(	C Premiums due but unpaid at the end of the year	· • • • • • • • • • • • • • • • • • • •	6c	0
(	If the carrier, service, or other organization incurred any specific costs in coor retention of the contract or policy, enter amount	onnection with the acquisition	6d	114
	Specify nature of costs ►			
	CONTRACT COMMISSIONS			
•	P Type of contract (1) ☐ individual policies (2) ☐ group deferred ar	nnuity		
	(3) x other (specify) ►			
	INDIVIDUAL ANNUITY CONTRACTS			
	f If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan check here	<b>▶</b> □	
7	Contracts With Unallocated Funds (Do not include portions of these contracts		<u>- LJ</u>	
a		mmediate participation guarantee		
u		other >		
	(3) Uguaranteed investment (4) U c	Juliei P		
		_		
b	Balance at the end of the previous year		7b	
С	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		
	•			
	(6) Total additions	ELITERATE SERVICE SERV	7c(6)	CLOSE SECTION IN COMPANIES SECTION SECTION IN CONTROL OF SECTION SECTI
	Total of balance and additions (add b and c(6))		7d	
	Deductions:	(YOWANA EE VALUE CEE		
Ŭ	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
			7.000 F.COM	
		- cxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
	(5) Total deductions	· · · · · · · · ·	7e(5)	· · · · · · · · · · · · · · · · · · ·
ε	Outside a status and of the assessed some (assistance) from d)		7£	

Page	4

Pai	t III   Welfare Benefit Contract Information		
	If more than one contract covers the same group of employees of the same information may be combined for reporting purposes if such contracts are ex the entire group of such individual contracts with each carrier may be treated	perience-rated as a unit. Where contracts	
8	Benefit and contract type (check all applicable boxes)	- Control of the cont	
U	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
		k PPO contract	I Indemnity contract
		K   PPO contract	I Indemnity contract
	m∐ Other (specify) ▶		
9	Experience-rated contracts		
а	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))		
b	Benefit charges: (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		
	(4) Claims charged	<u>9b(4)</u>	
C	Remainder of premium: (1) Retention charges (on an accrual basis)		
	(A) Commissions	9c(1)(A)	4
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	4
	(D) Other expenses	9c(1)(D)	4
	(E) Taxes	9c(1)(E)	4
	(F) Charges for risks or other contingencies	9c(1)(F)	-
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	or credited.) 9c(1)(H)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits		
u	(2) Claim reserves	9d(2)	<del> </del>
	(3) Other reserves		
е	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
10	Nonexperience-rated contracts:		
a	Total premiums or subscription charges paid to carrier	10a	1 1.0.00 (1.0.000 (2.0.000 (1.0.0000 (1.0.0000 (1.0.0000 (1.0.0000 (1.0.000 (1.0.000 (1.0.000 (1
b	If the carrier, service, or other organization incurred any specific costs in connection		
	retention of the contract or policy, other than reported in Part I, item 2 above, report	·	
Sp	ecify nature of costs ▶	<del></del>	
·	·		
Da-	t IV   Provision of Information		
	Did the insurance company fail to provide any information necessary to complete Sch	nedule A? Tyes	∏ No
111	Did the insurance company lait to provide any information necessary to complete Scr	icuuic Ar · · ·   Tes	

## SCHEDULE I (Form 5500)

Financial Information -- Small Plan

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

2009

OMB No. 1210-0110

	Internal Revenue Service	Internal Reven	ue Code (the C	code).			Ī	2000			
En	Department of Labor nployee Benefits Security Administration	▶ File as an attacl	hment to For	m 5500.			This Form is Open to Public Inspection.				
	Pension Benefit Guaranty Corporation							inspection.			
	calendar plan year 2009 or fiscal plan	year beginning 01/01/2009		and endin		31/2009	<del></del>				
	Name of plan				B Thr	_	İ				
	Cornea Consultants Of Alb	any, PLLC Profit Sharing/4	01(K) Plan	And Tr	plaı	n number	<u>▶</u>	001			
					1 2 2 2 2 2 4 1						
C	Plan sponsor's name as shown on lin	e 2a of Form 5500			D Em	ployer Ider	ntificatio	n Number (EIN)			
	CORNEA CONSULTANTS OF ALB				14-	-181179	6				
Comp	lete Schedule I if the plan covered few	ver than 100 participants as of the begin (see instructions). Complete Schedule	nning of the plan	n year. You i	may also	complete S	Schedule	I if you are filing as a			
$\overline{}$	art I Small Plan Financial		Trii reporting a	s a large pla	11 01 01 2						
assets benefi	s held in more than one trust. Do not e	Id liabilities, income, expenses, transfers enter the value of the portion of an insur- and expenses of the plan including any the nearest dollar.	ance contract t	hat guarante	es during	this plan y	ear to p	ay a specific dollar			
1	Plan Assets and Liabilities:			(a) Beginn	ing of Ye	ar	(b) End of Year				
а	Total plan assets		. <u>1a</u>	ļ		6,154		10,499			
b	Total plan liabilities					0		0			
C	Net plan assets (subtract line 1b from	m line 1a)	. 1c			6,154		10,499			
2	Income, Expenses, and Transfe	ers for this Plan Year:		(a) Am	ount			(b) Total			
а	Contributions received or receivable										
	(1) Employers		. 2a(1)			0					
	(2) Participants		. 2a(2)			2,160					
	(3) Others (including rollovers)		. 2a(3)			0					
b	Noncash contributions		. 2b			0					
C	Other income		. 2c			2,245		<u> </u>			
d	Total income (add lines 2a(1), 2a(2),	, 2a(3), 2b, and 2c)	. 2d					4,405			
e	Benefits paid (including direct rollove		. 2e			0					
f	Corrective distributions (see instructi		. 2f			0					
g	Certain deemed distributions of parti	•									
9	- ·		. 2g			0					
h	•	laries, fees, and commissions)			,	0					
i	•		0:			60					
i	•	, 2h and 2i)		4.41.446464.734443 1.664.6554.654643				60			
k		om line 2d)	01.					4,345			
1		tructions)	01					0			
3	Specific Assets: If the plan held asset	s at anytime during the plan year in any of the	following catego	ries, check "Ye	es" and ent	er the currer	nt value o	f any assets			
-	remaining in the plan as of the end of the	plan year. Allocate the value of the plan's inte f the specific exceptions described in the instr	rest in a comming	gled trust conta	ining the a	ssets of moi	re than or	e plan on a line- Amount			
а	Partnership/joint venture interests			3		х					
b	• •			_		x					
C		al property)		3	<del></del>	x					
d	, , ,			· · · <del>  -</del>	d	x					
<u> </u>	Continue to an			·	<u> </u>	V		<del></del>			

	Schedule I (Form 5500) 2009	Pag	je <b>2-</b>				
			Yes	No	Δr	nount	
3f	Loans (other than to participants)	3f	1.00	x	<del>                                     </del>	- Iount	
g	Tangible personal property	3g		x	1		
Part I	Compliance Questions						
4	During the plan year:		Yes	No	An	nount	
а	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	4a		×			
b	corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	70	landakida				
U	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			
С	Were any leases to which the plan was a party in default or classified during the year as						
	uncollectible?	4c		X	MT I TA STARTS	Colora de Carlos	dioninamen
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e	x				5,00
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 ostablished 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 roal 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?	<b>4</b> j	20000000	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 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	x				
	Has the plan failed to provide any benefit when due under the plan?	41		x	Court to the present of the		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	elanananananan	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?	1 177		•			
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes 🛚	No	Amoun	t:		
5b	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif			which ass	ets or liabili	iles were	
	transferred. (See Instructions.)						
	5b(1) Name of plan(s)	5	b(2)	EIN(s)		5b(3) F	PN(s)
_							

# Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

## **Application for Extension of Time** To File Certain Employee Plan Returns

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

OMB No. 1545-0212

File With IRS Only

Par	t I Identification							
A	Name of filer, plan administrator, or plan sponsor (see instructions)  CORNEA CONSULTANTS OF ALBANY, PLLC	B	B Filer's Identifying number (see instructions). Employer Identification number (EIN).  14-1811796					
	Number, street, and room or suite no. (If a P.O. box, see instructions.)							
	1220 NEW SCOTLAND AVENUE		Social security number (SSN)					
	City or town, state and ZIP code							
	SLINGERLANDS NY 12159-9222					Dian was anding		
C	Plan name		Plan numb	L	Plan year ending— MM DD YYYY			
		<del></del>		.	MM	DD	11111	
	Cornea Consultants Of Albany, PLLC Profit Sha	0	   0 	1	12	31	2009	
	•		l l	¦				
	2	<del>-  </del>	 	<u>'</u>		<u> </u>		
	3		i	¦				
Par	t    Extension of Time to File Form 5500 or Form 5500-EZ (	see inst	ructio	ns)				
1	I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.							
	The application <b>is automatically approved</b> to the date shown on line 1 (about normal due date of Form 5500 or 5500-EZ for which this extension is request months after the normal due date.							
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-E	EZ filed af	ter the	due d	late for the	plans listed	in C above.	
Note	A signature is not required if you are requesting an extension to file Form 550	0 or Form	5500-	EZ.				
Par	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.							
	$\sim 1-1$							
а	Enter the Code section(s) imposing the tax							
b	Enter the payment amount attached				•	ь		
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the revision/amendment date							
							·	
		···						
						<del>, , ,</del>	4.6	
Under	penalties of perjuryAl declare that to the best of my knowledge and belief the statements ized to prepare this application.	s made on	this for	n are tro	ue, correct, ar	o complete, a	no that I am	
author	ized to highere mislephinogram.			,	21.1.			
Signa	iture >		Date ▶		11110			