

Form 5500 Department of the Treasury Internal Revenue Service Department 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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ 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:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ►	006	
	1c Effective date of plan	01/01/2004	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CEI PHYSICIANS, P.S.C., INC. 1945 CEI DRIVE CINCINNATI, OH 45242-5664	2b Employer Identification Number (EIN)	31-1473421	
	2c Sponsor's telephone number	513-569-3743	
	2d 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	CLYDE BELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CEI PHYSICIANS, P.S.C., INC. 1945 CEI DRIVE CINCINNATI, OH 45242-5664	3b Administrator's EIN 31-1473421 3c Administrator's telephone number 513-569-3743
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	305
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	335
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	335
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	335
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	16

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1D 1G

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CEI PHYSICIANS, P.S.C., INC.	D Employer Identification Number (EIN) 31-1473421

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009		
2 Assets:		
a Market value	2a	2279475
b Actuarial value	2b	2279475
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 0	0
b For terminated vested participants	3b 0	0
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	2344539
(3) Total active	3c(3) 339	2344539
d Total	3d 339	2344539
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	8.26 %
6 Target normal cost	6	743477

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	09/22/2010
Signature of actuary	Date
HANS NIENABER	08-05737
Type or print name of actuary	Most recent enrollment number
CUNI, RUST & STRENK	513-891-0270
Firm name	Telephone number (including area code)
4540 COOPER ROAD, SUITE 304 CINCINNATI, OH 45242-5617	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	6045	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	6045	0
10	Interest on item 9 using prior year's actual return of <u>-15.52</u> %	-938	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		106614
b	Interest on (a) using prior year's effective rate of <u>6.12</u> %		6525
c	Total available at beginning of current plan year to add to prefunding balance		113139
d	Portion of (c) to be added to prefunding balance.....		113139
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	5107	113139

Part III Funding percentages			
14	Funding target attainment percentage.....	14	92.18 %
15	Adjusted funding target attainment percentage.....	15	92.18 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	105.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/26/2009	185000	0			
08/19/2009	296430	0			
10/22/2009	369648	0			
04/14/2010	232148	0			
			Totals ►	18(b)	1083226
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 1017671
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	743477
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	42638	7594
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	751071
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	751071
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1017671
38 Interest-adjusted excess contributions for current year (see instructions).....	38	266600
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		This Form is Open to Public Inspection.

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

A Name of plan CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 CEI PHYSICIANS, P.S.C., INC.	D Employer Identification Number (EIN) 31-1473421

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☐ Yes

☒ No

b

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

(b)

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

(b)

Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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

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

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

FOSTER & MOTLEY, INC.

6725 MIAMI AVE.
SUITE 200
CINCINNATI, OH 45243-3158

31-1482336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	19573	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 CEI PHYSICIANS, P.S.C., INC.	D Employer Identification Number (EIN) 31-1473421	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	175982	232148
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	10938	15822
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	125567	389509
(2) U.S. Government securities.....	1c(2)	345344	357300
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	702541	1016857
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	625388	692613
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	246414	732052
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	60332	60241

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2292506	3496542

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2292506	3496542
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1083226	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1083226
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	250	
(B) U.S. Government securities	2b(1)(B)	7672	
(C) Corporate debt instruments	2b(1)(C)	55728	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		63650
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	49036	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		49036
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	468613	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	564633	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-96020

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	433181	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		433181
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1533073

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	309464	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		309464
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	19573	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19573
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		329037

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1204036
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

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

A Name of plan <u>CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CEI PHYSICIANS, P.S.C., INC.</u>	D Employer Identification Number (EIN) <u>31-1473421</u>

Part I	Distributions
---------------	----------------------

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

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

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

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
--	--	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cincinnati Eye Institute Defined Benefit Pension Plan

**Financial Report
December 31, 2009**

Cincinnati Eye Institute Defined Benefit Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Cincinnati Eye Institute Defined Benefit
Pension Plan

We have audited the statement of net assets available for benefits of Cincinnati Eye Institute Defined Benefit Pension Plan (the "Plan") as of December 31, 2009 and 2008 and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2009 and 2008 and the changes in net assets for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of assets held at end of year as of December 31, 2009 and reportable transactions for the year ended December 31, 2009 are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Plante & Moran, PLLC

Cincinnati, Ohio
September 30, 2010

Cincinnati Eye Institute Defined Benefit Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2009	December 31, 2008
Assets		
Investments:		
Money market funds	\$ 389,384	\$ 125,354
Interest-bearing cash	125	213
U.S. government securities, direct and guaranteed	357,300	345,344
Common and preferred stocks	692,613	625,388
Corporate debt instruments	393,490	377,867
Mutual funds	732,052	246,414
State and municipal securities	623,367	324,674
Other	60,241	60,332
Total investments	3,248,572	2,105,586
Contributions receivable	232,148	175,982
Accrued interest and dividends	15,822	10,938
Net Assets Available for Benefits	\$ 3,496,542	\$ 2,292,506

Cincinnati Eye Institute Defined Benefit Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2009	December 31, 2008
Additions to Net Assets		
Contributions	\$ 1,083,226	\$ 589,355
Investment income (loss):		
Interest and dividends	121,286	99,466
Net realized and unrealized gains (losses) on investments:		
Mutual funds	131,578	(73,476)
U.S. government securities	(2,896)	6,553
Common and preferred stocks	124,800	(218,352)
Corporate debt instruments	52,797	(96,827)
State and municipal securities	16,146	(13,613)
Other	6,136	(26,986)
Net appreciation (depreciation)	328,561	(422,701)
Total investment income (loss)	449,847	(323,235)
Total additions - Net	1,533,073	266,120
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	309,464	210,586
Administrative expenses	19,573	17,229
Total deductions	329,037	227,815
Net Increase	1,204,036	38,305
Net Assets Available for Benefits		
Beginning of year	2,292,506	2,254,201
End of year	<u>\$ 3,496,542</u>	<u>\$ 2,292,506</u>

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 1 - Plan Description

The following description of Cincinnati Eye Institute Defined Benefit Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan covering all non-union employees of CEI Physicians, P.S.C., Inc. d/b/a Cincinnati Eye Institute (the "Company"), excluding all physicians except for those physicians listed in the plan document. The Plan was effective January 1, 2004 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). During 2009, the Plan was amended to allow for certain additional physicians hired on or after January 1, 2004 to enter the Plan.

Contributions - All contributions to the Plan are made by the Company. The Company contributes such amounts, as determined on an actuarial basis, to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. The Plan met the minimum funding requirements of ERISA for the 2009 and 2008 plan years.

Payment of Benefits - Benefits are available to participants at the later of age 65 or the fifth anniversary of plan participation. The monthly benefit is equal to a percentage of the participant's average earnings times years of participation up to a maximum of 10 years. The plan document specifies the percentage for physicians. For all non-physicians, the participant percentage is 0.5 percent. The benefit is offset by the actuarially equivalent monthly benefit payable from the Cincinnati Eye Institute 401(k) Plan, with the maximum offset being 0.5 percent times years of participation (maximum 10 years).

The Plan also provides a death benefit to a surviving spouse and/or designated beneficiary upon the death of an active employee. The benefit is equivalent to the lump-sum value of the level annual premium reserve for the amount of the normal retirement benefit being funded for the participant, determined as of the end of the plan year in which the participant's death occurred.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 1 - Plan Description (Continued)

Vesting - A participant is credited with one year of vesting service for each year in which the employee works more than 1,000 hours. This includes years prior to the effective date of the Plan. The vesting schedule is as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Charles Schwab & Co., Inc. or its affiliates. Charles Schwab & Co., Inc. is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value. The money market funds and interest-earning cash are valued at their outstanding balances, which approximates fair value. The U.S. government securities, corporate debt instruments, and state and municipal securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. All other investments are valued based on quoted market prices. See Note 4 for additional information.

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - All actuarial and administrative expenses of the Plan are paid by the Company.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Benefits are calculated based on a percentage of average monthly compensation times the number of full years of participation, up to a maximum of 10 years, and are subject to an offset as defined in the Plan.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an independent actuary from Cuni, Rust, & Strenk, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The statements of accumulated plan benefits at December 31, 2008 and 2007 and changes in accumulated plan benefits for the years then ended were based on an actuarial valuation as of January 1, 2009 and January 1, 2008. There were no significant changes or amendments for the one-day difference.

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2008 and 2007 are summarized as follows:

Actuarial cost method	- PPA Funding Method
Interest rate	- 5.00% per year
Mortality basis	- IRS 2009 Applicable Mortality Table (2009)
	- 1994 GAR as per IRS Revenue Ruling 2001-62 (2008)
Salary projection	- 3.00% per year
Retirement rates	- Later of age 65 and five years of participation

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarially computed present value of accumulated plan benefits at December 31, 2008 and 2007 are as follows:

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 2 - Summary of Significant Accounting Policies (Continued)

	2008	2007
Vested benefits:		
Participants currently receiving benefits	\$ 3,394,630	\$ 2,573,829
Other vested participants	-	198,635
Total actuarial present value of accumulated plan benefits	<u>\$ 3,394,630</u>	<u>\$ 2,772,464</u>

The changes in the actuarially computed present value of accumulated benefits for the plan years ended December 31, 2008 and 2007 are as follows:

	2008	2007
Value of accumulated benefits - Beginning of year	\$ 2,772,464	\$ 1,903,840
Decrease in discount period	133,423	95,192
Assumption change	-	41,280
Benefits paid	(210,586)	-
Plan experience and benefit accrual	<u>699,329</u>	<u>732,152</u>
Value of accumulated benefits - End of year	<u>\$ 3,394,630</u>	<u>\$ 2,772,464</u>

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 30, 2010, which is the date the financial statements were available to be issued.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 3 - Investments

Investments that exceed 5 percent of end of the year net assets are as follows:

	2009	2008
Charles Schwab Government Money Market Fund	\$ -	\$ 125,354
Charles Schwab Municipal Money Market Fund	389,384	-

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2009 and 2008, and the valuation techniques used by the Plan to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

During 2009, the Plan adopted, on a prospective basis, new accounting standards which require disclosure of fair value by class of investments.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2009

	Level 1	Level 2	Level 3	Balance at December 31, 2009
Investments:				
Interest-bearing cash - Short-term investments (1)	\$ -	\$ 125	\$ -	\$ 125
Money market funds - Short-term investments (1)	-	389,384	-	389,384
Debt securities:				
U.S. government securities (2)	-	357,300	-	357,300
State and municipal securities (3)	-	623,367	-	623,367
Corporate debt instruments (4)	-	393,490	-	393,490
Common and preferred stocks	692,613	-	-	692,613
Mutual funds:				
Equity	238,942	-	-	238,942
Balanced	117,500	-	-	117,500
Short-term	82,660	-	-	82,660
Fixed-income	292,950	-	-	292,950
Other (5)	-	60,241	-	60,241
Total	<u>\$ 1,424,665</u>	<u>\$ 1,823,907</u>	<u>\$ -</u>	<u>\$ 3,248,572</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2008

	Level 1	Level 2	Level 3	Balance at December 31, 2008
Interest bearing cash	\$ -	\$ 213	\$ -	\$ 213
Money market funds	-	125,354	-	125,354
U.S. government securities	-	345,344	-	345,344
State and municipal securities	-	324,674	-	324,674
Corporate debt instruments	-	355,096	-	355,096
Convertible bond	-	22,771	-	22,771
Common stocks	625,388	-	-	625,388
Mutual funds	246,414	-	-	246,414
Other	-	60,332	-	60,332
Total	<u>\$ 871,802</u>	<u>\$ 1,233,784</u>	<u>\$ -</u>	<u>\$ 2,105,586</u>

- (1) Short-term investments are valued at \$1.00/unit, which approximates fair value.
- (2) This category represents investments in securities issued by the U.S. government and/or U.S. governmental agencies. Investments are valued at their quoted market price and/or other market data for the same or comparable instruments and transactions establishing the prices, discounted cash flow models, and other pricing models.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 4 - Fair Value Measurements (Continued)

- (3) This category represents investments in securities issued by state and municipal governments and/or agencies. Investments are valued at their quoted market price and/or other market data for the same or comparable instruments and transactions establishing the prices, discounted cash flow models, and other pricing models.
- (4) This category represents investments in debt instruments issued by the U.S. and international corporations. Investments are valued at their quoted market price and/or other market data for the same or comparable instruments and transactions establishing the prices, discounted cash flow models, and other pricing models.
- (5) This category represents investments in various equity-based holdings in commodities and/or funds that are indexed based upon various commodities, primarily oil and gas. Investments are valued at their quoted market price and/or other market data for the same or comparable instruments and transactions establishing the prices, discounted cash flow models, and other pricing models.

During 2009, it was determined that investments previously classified as Level 1 investments should have been classified as Level 2 based on the fair value hierarchy. Accordingly, the 2008 fair value disclosure has been restated.

Note 5 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated February 23, 2007 that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrators believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Note 6 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Although it has not taken steps to do so, the Company has the right under the Plan to amend and terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, the Company will contribute the amount necessary to pay its share of the medical benefits incurred to the date of termination.

2009 Schedule SB, Part V--Summary of Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

1. Effective Date: January 1, 2004.
2. Plan Year: January 1st through December 31st.
3. Eligible Employees: All non-union employees are eligible participate in the Plan excluding all physicians except for those physicians listed in the Plan document. The Plan may be amended to allow for physicians hired after 1/1/2004 to enter the Plan.
4. Eligibility for Participation: All eligible employees will participate in the Plan on the January 1st or July 1st following their 21st birthday and completion of 1 year of eligibility service.
5. Earnings: Total wages as defined in Section 3401 of the Code and all other compensation for which the Employer is required by the IRS to furnish the Employee a written statement. Earnings do not include elective amounts not includible in the gross income of the Participant by reason of section 125, 132(f), 402(e)(3), 402(h), or 403(b) of the Code.
6. Average Annual Earnings: The average compensation for the three highest consecutive Years of Service that produce the highest average.

2009 Schedule SB, Part V--Summary of Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

7. Benefit Service:

Years of Participation. A Participant will be credited with one Year of Participation Service for each Plan year after the effective date in which the participant works more than 500 hours.
8. Vesting Service:

A Participant will be credited with one Year of Vesting Service for each Plan year in which the employee works more than 1000 hours. This includes years prior to the effective date of the Plan.
9. Normal Retirement:
 - a. Eligibility

Later of age 65 or the fifth anniversary of Plan participation.
 - b. Monthly Benefit

Participant percent of Average Earnings times Years of Participation to a maximum of ten years. Refer to the Plan document for each physician's percent. For all non-physicians the participant percent is .5%. The above benefit in offset by the actuarially equivalent monthly benefit payable from the Cincinnati Eye Institute 401(k) Plan, with the maximum offset being .5% times Years of Participation, maximum 10 years.
10. Early Retirement:

None provided.

2009 Schedule SB, Part V--Summary of Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

11. Vested Retirement:

a. Eligibility

2 Years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement payable at Normal Retirement Age times the vesting schedule shown below:

<u>Years Vesting Service</u>	<u>Percent Vested</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

12. Late Retirement:

A participant who works beyond their Normal Retirement Date will, upon actual retirement, receive the greater of:

- i. their accrued benefit calculated as of their actual retirement, or
- ii. the actuarial equivalent of their Normal Retirement Benefit that could have been received upon retirement on the Normal Retirement Date.

13. Pre-Retirement Death:

Lump sum value of the level annual premium reserve for the amount of the Normal Retirement benefit being funded for the participant, determined as of the end of the Plan year in which the participant's death occurred.

2009 Schedule SB, Part V--Summary of Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

14. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Actuarially Equivalent Lump Sum. |

15. Actuarial Equivalency:

- | | |
|-------------------|--|
| a. Optional Forms | Pre-retirement: 5.00% interest only.
Post-retirement: 1994 GAR at 5.00%. |
| b. Lump Sums | Larger of amount determined by using bases in "a" or that determined using the IRS applicable mortality table and IRS applicable interest rates for the November prior to the Plan Year. |

16. Changes Since Last Year:

Seven new physicians entered the Plan effective January 1, 2009.

2009 Schedule SB, Line 32 --Schedule of Amortization Bases

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

<u>Type</u>	Present Value of Remaining <u>Installments</u>	Date <u>Established</u>	Rem. <u>Years</u>	Amortization <u>Installment</u>
Shortfall	\$ 42,638	01/01/2009	6	\$ 7,594
	<u>\$ 42,638</u>			<u>\$ 7,594</u>

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

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

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

Cincinnati Eye Institute Defined Benefit Pension Plan

B Three-digit
plan number (PN) ►

006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

CEI Physicians, P.S.C., Inc.

D Employer Identification Number (EIN)

31-1473421

F Type of plan:☒ Single☐ Multiple-A☐ Multiple-B**F** Prior year plan size:☐ 100 or fewer☒ 101-500☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2009**2** Assets:

	2a	2b
a Market value	2,279,475	
b Actuarial value		2,279,475

3 Funding target/participant count breakdown

	3a	3b	3c(1)	3c(2)	3c(3)	3d
a For retired participants and beneficiaries receiving payment	0	0				
b For terminated vested participants	0	0				
c For active participants:						
(1) Non-vested benefits					0	
(2) Vested benefits					2,344,539	
(3) Total active					2,344,539	
d Total					2,344,539	

4 If the plan is at-risk, check the box and complete lines a and b ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate 5 8.26**6** Target normal cost 6 743,477**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

HN

Signature of actuary

HANS NIENABER

Type or print name of actuary

CUNI, RUST & STRENK

Firm name

4540 COOPER ROAD, SUITE 304

US CINCINNATI

OH 45242-5617

Address of the firm

09/22/2010

Date

08-05737

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	6,045	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	6,045	0
10 Interest on item 9 using prior year's actual return of <u>-15.52 %</u>	(938)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		106,614
b Interest on (a) using prior year's effective rate of <u>6.12 %</u>		6,525
c Total available at beginning of current plan year to add to prefunding balance		113,139
d Portion of item (c) to be added to prefunding balance		113,139
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	5,107	113,139

Part III Funding percentages

14 Funding target attainment percentage	14	92.18 %
15 Adjusted funding target attainment percentage	15	92.18 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.07 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/26/2009	185,000				
08/19/2009	296,430				
10/22/2009	369,648				
04/14/2010	232,148				
Totals ▶ 18(b)				1,083,226	18(c) 0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,017,671

20 Quarterly contributions and liquidity shortfall(s):

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:			
1st segment %	2nd segment %	3rd segment %	☒ N/A, full yield curve used
b Applicable month (enter code)			21b 2
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	743,477
32 Amortization installments:		
a Net shortfall amortization installment	Outstanding Balance	Installment
	42,638	7,594
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	751,071
35 Balances used to offset funding requirement	Carryover balance	Prefunding Balance
	0	0
36 Additional cash requirement (item 34 minus item 35)	36	751,071
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	1,017,671
38 Interest-adjusted excess contributions for current year (see instructions)	38	266,600
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

2009 Schedule SB, Line 25- Change in Method

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

Effective with the January 1, 2009 valuation, the following methods were changed:

- The interest rates used to determine the Target Liability were updated from the tiered segment rates without transition of 5.31%, 5.92% and 6.43% to the spot rates based on the November, 2008 full yield curve.

2009 Schedule SB, line 22 - Description of Weighted Average Retirement Age**Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan****EIN: 31-1473421****PN: 006**

(A) Early Retirement Age	(B) Retirement Rates	(C) Fraction Remaining	(D) Probability Distribution	(E) Sum Weighted Average Age
55	0%	1.00000	0.00%	0.00000
56	0%	1.00000	0.00%	0.00000
57	0%	1.00000	0.00%	0.00000
58	0%	1.00000	0.00%	0.00000
59	0%	1.00000	0.00%	0.00000
60	0%	1.00000	0.00%	0.00000
61	0%	1.00000	0.00%	0.00000
62	0%	1.00000	0.00%	0.00000
63	0%	1.00000	0.00%	0.00000
64	0%	1.00000	0.00%	0.00000
65	100%	0.00000	100.00%	65.00000
Weighted Average Retirement Age				65.0

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2009 Schedule SB, line 19 – Discounted Employer Contributions.
Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan
EIN: 31-1473421
PN: 006

Valuation Interest Rate: 8.26%
Valdate for contributions: 1/1/2009

	<u>Date</u>	<u>Amount</u>	<u># Days to 1/1/2009</u>	<u>Discounted Contributions</u>
	5/26/2009	185,000.00	145	\$179,258
	8/19/2009	296,430.00	230	\$281,970
	10/22/2009	369,648.00	294	\$346,757
	4/14/2010	<u>232,148.00</u>	468	<u>\$209,686</u>
TOTAL		\$1,083,226		\$1,017,671

2009 Schedule SB, Part V--Statement of Actuarial Assumptions/Methods
Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan
EIN: 31-1473421
PN: 006

1. Interest Rates:

- | | |
|---------------|---------------------------|
| a. Spot Rates | November 2008 Yield Curve |
| i. Year 1 | 5.45% |
| ii. Year 2 | 6.83% |
| iii. Year 3 | 7.64% |
| b. Lump Sums | 5.00% per year. |

2. Mortality Rates:

- | | |
|--------------------|---|
| a. Basic Valuation | IRS 2009 Combined Static Mortality Table. |
| b. Lump Sums | IRS 2009 Applicable Mortality Table. |

3. Salary Scale: 3.00% per year.

4. Retirement Rates: Later of Age 65 and five years participation.

5. Termination Rates: None.

6. Expense Load: None.

7. Percent Married/Spousal Age: 100% of participants are assumed married with wives 3 years younger than their husbands.

8. Assumed Form of Benefit Election: It is assumed that participants will elect to receive a lump sum payout of the accrued benefit at separation from employment.

2009 Schedule SB, Part V--Statement of Actuarial Assumptions/Methods

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

9. Actuarial Cost Method: PPA Funding Method.
10. Asset Valuation Method: Market Value.
11. Valuation Date: January 1st.
12. Fiscal Year: January 1st through December 31st.
13. Defined Contribution Plan Offset: 0.5% of Average Earnings times Years of Participation, max 10.
14. Changes Since Last Year:
- The interest rates used to determine the Target Liability were updated to the spot rates based on the November, 2008 full yield curve as indicated above and as permitted by IRS regulations.
- The mortality table used for plan liabilities was updated to the IRS 2009 Combined Static Mortality Table as required by IRS regulations. In addition, Lump Sums are determined using the IRS 2009 Applicable Mortality Table.

2009 Schedule SB, Line 26 – Schedule of Active Participant Data
Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan
EIN: 31-1473421
PN: 006

Years of Credited Service:

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.
Under 25	2	10	0	0	0	0	0	0	0	0
25 to 29	12	24	9	0	0	0	0	0	0	0
30 to 34	1	26	19	0	0	0	0	0	0	0
35 to 39	6	19	21	0	0	0	0	0	0	0
40 to 44	5	17	29	0	0	0	0	0	0	0
45 to 49	2	17	20	0	0	0	0	0	0	0
50 to 54	4	7	25	0	0	0	0	0	0	0
55 to 59	5	7	22	0	0	0	0	0	0	0
60 to 64	0	5	16	0	0	0	0	0	0	0
65 to 69	0	1	6	0	0	0	0	0	0	0
70 & up	0	1	1	0	0	0	0	0	0	0

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1473421, Plan No. 006 Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Charles Schwab	Government Money Fund	\$ -	\$ 199,944	\$ 199,944	\$ 199,944	\$ -
Charles Schwab	Government Money Fund	175,982	-	175,982	175,982	-
Charles Schwab	Government Money Fund	-	270,556	270,556	270,556	-
Charles Schwab	Municipal Money Market Fund	270,556	-	270,556	270,556	-
Charles Schwab	Municipal Money Market Fund	185,515	-	185,515	185,515	-
Charles Schwab	Municipal Money Market Fund	296,648	-	296,648	296,648	-
Charles Schwab	Municipal Money Market Fund	234,346	-	234,346	234,346	-
Charles Schwab	Municipal Money Market Fund	-	309,464	309,464	309,464	-
Charles Schwab	Municipal Money Market Fund	370,195	-	370,195	370,195	-

Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:

Charles Schwab	Government Money Fund: Purchases - 50 Sales - 6	393,850 -	- 519,204	393,850 519,204	393,850 519,204	- -
Charles Schwab	Municipal Money Market Fund: Purchases - 77 Sales - 24	1,533,689 -	- 1,144,305	1,533,689 1,144,305	1,533,689 1,144,305	- -

There were no Category (ii) or (iv) reportable transactions during the year.

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-1473421, Plan No. 006 December 31, 2009

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Interest-bearing cash	\$ 125	\$ 125
Charles Schwab	Money market funds - Municipal Money Market Fund	389,384	389,384
	U.S. government securities, direct and guaranteed:		
	US Treasury Note 5.55% Notes due 2/1/17	26,075	25,012
United States of America	UST INFL IDX 1.625% Notes due 1/15/15	57,690	58,887
United States of America	5.5% Notes due 9/20/35	-	14,218
GNMA II 003760	6% Notes due 10/20/36	15,656	16,448
GNMA II 003910	6% Notes due 6/20/37	12,334	13,152
GNMA II 003998	6% Notes due 9/20/37	16,296	17,161
GNMA II 004028	5.5% Notes due 2/20/38	16,423	17,056
GNMA II 004084	5.5% Notes due 4/20/38	51,438	53,353
GNMA II 004114	6% Notes due 5/20/38	15,211	15,969
GNMA II 004145	6% Notes due 9/20/38	23,896	25,064
GNMA II 004245	5.5% Notes due 11/20/38	13,745	14,570
GNMA II 004284	5% Notes due 7/20/39	25,092	25,205
GNMA II 004496	6.5% Notes due 6/15/37	9,462	9,948
GNMA PL 657159	5% Notes due 8/15/39	50,777	51,257
GNMA PL 718748			
	Total U.S. government securities, direct and guaranteed	334,095	357,300
	State and municipal securities:		
Atwater Calif RE	5.65% Notes due 6/1/17	45,338	43,316
Bay area govt AS	5.06% Notes due 9/1/14	38,039	37,776
De Soto Parish	4.75% Notes due 3/1/15	36,022	45,937
Los Angeles CA	5.625% Notes due 9/1/19	45,198	41,200
Montclair Calif	5.17% Notes due 9/1/12	16,801	20,038
Northumberland	8.35% Notes due 8/15/19	27,838	24,510
Northwest Ark Regl	7% Notes due 11/1/17	25,242	23,227
Ohio County W VA CN	8.5% Notes due 3/1/12	24,537	22,557
Ohio HSG FIN AGY MT	5% Notes due 9/1/31	19,925	20,447
Ohio HSG FIN AGY	4.65% Notes due 3/1/32	51,623	54,857
Pittsburgh PA URB	8.5% Notes due 5/1/19	21,025	20,151
River City Regal	8.09% Notes due 11/1/29	49,025	47,794
Riverside Calif	5.82% Notes due 8/1/28	21,749	20,846
San Diego Calif	7.45% Notes due 2/1/27	47,442	47,351
Tobacco Settlement	6.5% Notes due 6/1/23	42,891	42,085
University Enter	4.85% Notes due 10/1/13	52,605	54,211
Wyandotte County	6.15% Notes due 12/1/17	59,057	57,064
	Total state and municipal securities	624,357	623,367

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2009

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate debt instruments:			
Alcoa	5.55% Bonds due 2/1/17	\$ 39,225	\$ 39,760
Case Corp	7.25% Notes due 1/15/16	24,775	24,688
Coca Cola	5% Bonds due 6/15/16	39,625	39,710
Deutsche BK AG	SR unsecured due 8/1/13	34,000	28,108
Hartford Life	Varies; Notes due 5/15/13	24,025	20,696
Hospitality Prop	6.7% Bonds due 1/15/18	26,025	45,918
John Hancock	FRN; Notes due 3/15/14	21,897	22,399
Lamar Media	6.625% Notes due 8/15/15	29,215	29,100
Lowes COS Inc	5.40% Notes due 10/15/15	64,177	69,819
SLM Corp	FRN; Notes due 1/31/14	25,491	18,547
SLM Corp	Varies; Notes due 6/15/12	32,925	29,261
National City Corp	4% convertible bond due 2/1/11	18,775	25,484
Total corporate debt instruments		380,155	393,490
Common and preferred stocks:			
AFLAC Inc	Common Stock	11,496	18,264
Bank of Hawaii	Common Stock	5,422	5,883
Becton Dickinson & Co	Common Stock	5,932	7,492
Bemis Co Inc	Common Stock	10,977	14,232
Bristol-Myers Squibb Co	Common Stock	25,475	26,134
CVS Caremark Corp	Common Stock	16,180	14,978
Chevron Corporation	Common Stock	17,533	17,708
Chubb Corporation	Common Stock	6,056	6,885
Computer Sciences Corp	Common Stock	13,701	15,533
Diamond Offshor Drilling	Common Stock	19,380	22,637
Dominion Res Inc VA new	Common Stock	10,337	8,952
Equifax Inc	Common Stock	14,421	16,063
Frontier FD Long/Short	Common Stock	8,000	10,555
General Mills Inc	Common Stock	10,285	12,746
Hasbro Inc	Common Stock	6,691	8,336
Hewlett Packard Company	Common Stock	10,592	14,423
Hudson City Bancorp inc	Common Stock	10,294	10,778
ITT Corporation New	Common Stock	13,553	15,668
ING Group N V 7.05%	Preferred Stock	25,093	17,715
INTL Business Machines	Common Stock	14,658	20,290
Johnson & Johnson	Common Stock	6,801	6,763
Kroger Company	Common Stock	16,990	14,782
Lexington Realty	B Preferred Stock	21,518	17,646
Lockheed Martin Corp	Common Stock	3,512	2,637
Lubrizol Corporation	Common Stock	7,520	10,213
McDonald's Corp	Common Stock	17,008	19,044
Medtronic Inc	Common Stock	13,381	15,393
Molson Coors Brewing CLB	Common Stock	16,567	15,806
Noble Corp	Common Stock	22,117	25,641

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2009

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common and preferred stocks (Continued):			
Northrup Grumman Corp	Common Stock	\$ 15,236	\$ 16,476
OmniCom Group Inc	Common Stock	14,465	14,681
Pfizer Incorporated	Common Stock	14,294	11,642
Procter & Gamble	Common Stock	12,746	12,732
Pub Storage	7.25% K Preferred Stock	35,156	33,885
Pub Svc Ent Group Inc	Common Stock	9,409	6,816
Repsol YPF S A ADR F	Common Stock	5,024	5,732
Ross Stores Inc	Common Stock	12,012	11,105
S E I Investments Co	Common Stock	11,279	11,388
Symantec Corp	Common Stock	5,398	6,172
Sysco Corporation	Common Stock	12,811	13,551
Teleflex Incorporated	Common Stock	7,598	8,892
Telefonica Spon ADR F	Common Stock	5,760	7,099
Texas Instruments	Common Stock	6,340	10,294
Thermo Fisher Scientific	Common Stock	8,581	11,684
Toronto Dominion Bank	Common Stock	12,703	15,053
Total S A ADR F	Common Stock	8,440	10,567
UGI Corporation New	Common Stock	23,436	22,618
United Technologies Corp	Common Stock	8,401	8,676
Verizon Communications	Common Stock	13,570	13,749
Wells Fargo & Co New	Common Stock	10,522	12,550
3M Company	Common Stock	13,757	14,054
Total common and preferred stocks		648,428	692,613
Mutual funds:			
Absolute Strategies Fund	INSTL SHR	39,292	39,271
Arbitrage Fund	Class R	38,535	39,074
Artio International	Equity Fund	38,200	31,322
Artisian Funds	International Funds	10,347	7,386
Blackrock	Floating Rate Income Fund	35,243	32,658
DFA	Emerging Markets	25,366	41,581
DFA	Intl Small Cap Value	23,851	21,937
DFA	Intl Value	9,000	11,503
Direxion	Commodity Trends Strat Inv	11,299	11,250
Federated Prudent	Bear A	45,500	41,951
Harbor International	Fund INSt Cl A	40,900	40,402
Hussman	Strategic Growth	40,793	37,594
ING	Prime Rate Trust Fund	42,018	35,627
Lazard Emerging Markets	Portfolio Inst Shar	7,800	12,017
M S	Emerging Markets Debt Fund	176,620	169,345
Matthews	Asian Growth & Income Fund	16,075	15,578
Nuveen	CS Div Ad Muni Fund	966	1,010

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2009

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds (Continued):		
PIMCO Funds	All Assets	\$ 39,609	\$ 39,155
Rydex Managed Futures	Strategy Fund Inst CI	30,300	29,459
UMB	Scout Intl Fund	17,983	19,621
Legg Mason Partners	Western Asset High Income Fund	30,750	32,830
Legg Mason Partners	Western Asset Emerging Mkt Fund	20,391	21,481
	Total mutual funds	740,838	732,052
	Other:		
Annaly Capital Management	REIT	9,256	10,931
Hugoton Royalty TR UBI	United of Beneficial Int	35,286	26,130
Power Shares	DB Commodity Index Fund	3,204	3,570
Power Shares	DB multi Sector	17,730	19,610
	Total other	65,476	60,241
	Total investments	<u>\$ 3,182,858</u>	<u>\$ 3,248,572</u>