Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

SIGN

HERE

SIGN HERE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

					Inspection	
Part I	Annual Report Ident	ification Information				
For caler	ndar plan year 2010 or fiscal pl	an year beginning 01/01/2010		and ending 12/31/201	0	
A This r	eturn/report is for:	a multiemployer plan;	a multiple	-employer plan; or		
	·	X a single-employer plan;	a DFE (sp	pecify)		
		_	_			
B This r	eturn/report is:	the first return/report;	the final r	eturn/report;		
		an amended return/report;	a short pla	an year return/report (less thar	n 12 months).	
C If the	plan is a collectively-bargained	d plan, check here			▶ []	
D Chec	k box if filing under:	X Form 5558;	automatio	extension;	the DFVC program;	
		special extension (enter desc	cription)			
Part l	I Basic Plan Inform	ation—enter all requested informa	tion			
	e of plan				1b Three-digit plan	001
CORNE	A CONSULTANTS OF ALBAN	Y, PLLC PROFIT SHARING/401(K)	PLAN AND TRUST		number (PN) ▶ 1c Effective date of pla	
					01/01/2000	XII
		(employer, if for a single-employer p	olan)		2b Employer Identifica	tion
•	ress should include room or su A CONSULTANTS OF ALBAN	•			Number (EIN) 14-1811796	
0011112		.,. ===			2c Sponsor's telephon	e
					number 518-475-1515	
	W SCOTLAND AVENUE		SCOTLAND AVEN	UE	2d Business code (see	
SUITE 101 SLINGERLANDS, NY 12159-9222			SUITE 101 SLINGERLANDS, NY 12159-9222			,
					621111	
Caution	A penalty for the late or inc	omplete filing of this return/repor	t will be assessed ι	ınless reasonable cause is e	stablished.	
		enalties set forth in the instructions, I is the electronic version of this return				
SIGN HERE	Filed with authorized/valid elec	tronic signature.	10/01/2011	ROBERT L SCHULTZE MD		
. ILIKE	Signature of plan administr	rator	Date	Enter name of individual sign	ing as plan administrator	

10/01/2011

Date

Date

ROBERT L SCHULTZE MD

Enter name of individual signing as DFE

Enter name of individual signing as employer or plan sponsor

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

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

Signature of DFE

Form 5500 (2010) v.092307.1 Form 5500 (2010) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "San	ne")	1	ministrator's EIN
	RNEA CONSULTANTS OF ALBANY, PLLC			1811796 ministrator's telephone
	0 NEW SCOTLAND AVENUE ITE 101			mber
SL	NGERLANDS, NY 12159-9222		518	3-475-1515
4	If the name and/or EIN of the plan sponsor has changed since the last return	n/report filed for this plan, enter the name, EIN	and	4b EIN
а	the plan number from the last return/report: Sponsor's name			4c PN
u	Cponsor s name			10 110
5	Total number of participants at the beginning of the plan year		5	3
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).		,
а	Active participants		6a	3
u	Active participants		. va	
b	Retired or separated participants receiving benefits		. 6b	0
С	Other retired or separated participants entitled to future benefits		. 6c	0
			C-1	2
d	Subtotal. Add lines 6a, 6b, and 6c		. 6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	. 6e	0
f	Total. Add lines 6d and 6e	. 6f	3	
g	Number of participants with account balances as of the end of the plan year	(only defined contribution plans		
9	complete this item)		. 6g	1
h	Number of participants that terminated employment during the plan year with	accrued benefits that were		
	less than 100% vested		. 6h	0
7	Enter the total number of employers obligated to contribute to the plan (only		7	
8a	If the plan provides pension benefits, enter the applicable pension feature co 2E 2G 2J 3D	odes from the List of Plan Characteristic Code	s in the i	nstructions:
	2L 2G 2J 3D			
b I	f the plan provides welfare benefits, enter the applicable welfare feature code	s from the List of Plan Characteristic Codes in	the inst	ructions:
9a	Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that	at apply)	
-	(1) Insurance	(1) Insurance	A. GPP.))	
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)	insuranc	e contracts
	(3) Trust	(3) X Trust		
40	(4) General assets of the sponsor	(4) General assets of the sp		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ittached, and, where indicated, enter the numb	oer attac	hed. (See instructions)
а	Pension Schedules	b General Schedules		
	(1) R (Retirement Plan Information)	(1) H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X I (Financial Inform		Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3) A (Insurance Infor	,	
	actuary	(4) C (Service Provide	er Inform	ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participati	ng Plan	Information)
	Information) - signed by the plan actuary	(6) G (Financial Trans	saction S	Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2010

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2)).		111101011	Inspection
For calendar plan year 20°	10 or fiscal pla	an year beginning 01/01/2010		and er	nding 1	2/31/2010	
A Name of plan				B Three	e-digit		001
CORNEA CONSULTANT	S OF ALBAN	Y, PLLC PROFIT SHARING/401	(K) PLAN AND TRUST	plan	number (F	PN) •	
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500.		D Emplo	yer Identifi	cation Number (I	EIN)
CORNEA CONSULTANTS OF ALBANY, PLLC 14-1811796							
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca							
			(e) Approximate n	umber of		Policy or co	ntract vear
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	persons covered at end of		•	•
	code identification is		policy or contract	t year	(ı) From	(g) To
31-4156830	66869	0000CORN00NY00K		3	01/01/2	010	12/31/2010
2 Insurance fee and comp descending order of the		nation. Enter the total fees and to	tal commissions paid. L	ist in item 3	the agents	s, brokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		0					0
3 Persons receiving com	missions and	fees. (Complete as many entries	s as needed to report all	persons).			
		and address of the agent, broker			ons or fee	s were paid	
		·					
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pai	d	(c) Amount		(d) Purpose)		(e) Organization code
	(a) Name	and address of the agent, broker	, or other person to who	m commissi	ons or fee	s were paid	
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose)		(e) Organization code

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	dual contracts	with each carrier may	be treated as	a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	0
5	Curre	ent value of plan's interest under this contract in separate accounts at year er	nd		5	629
6	Cont	racts With Allocated Funds:				
	а	State the basis of premium rates NOT PROVIDED BY INSURANCE CO				
	b	Premiums paid to carrier			6b	1480
	С	Premiums due but unpaid at the end of the year			6c	0
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount		•	6d	59
		Specify nature of costs CONTRACT COMMISSIONS				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ► INDIVIDUAL ANNUITY CONTRACTS	l annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a terminal	ating plan che	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in sep	arate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immediate (3) ☐ guaranteed investment (4) ☐ other ▶	te participatior	i guarantee		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits				
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
					70(0)	
	٠ لم	(6)Total additions			7c(6) 7d	
		Total of balance and additions (add b and c(6)).			7 u	
		Deductions:	70(1)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3) 7e(4)			
		(4) Other (specify below)	76(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4

Schedule A (Form	เ ออบบ) ZUTU
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Pa	art II						
		If more than one contract covers the same ginformation may be combined for reporting p the entire group of such individual contracts.	urposes if such contracts	are experienc	ce-rated as a unit. Wh	ere contrac	
8	Ben	efit and contract type (check all applicable boxes)					
	а「	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unem	ployment	h Prescription drug
	ιĖ	Stop loss (large deductible)	j HMO contract	, J_ k□	PPO contract	, ,	I Indemnity contract
	m	=	,	L			
9	Evne	erience-rated contracts:					
•	•	Premiums: (1) Amount received		9a(1)			
	٠.	(2) Increase (decrease) in amount due but unpair		9a(2)			
		(3) Increase (decrease) in unearned premium res		9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)		-1 σα(. /	
	-	(2) Increase (decrease) in claim reserves					
		(3) Incurred claims (add (1) and (2))				. 9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (c		•••••		. 	
	·	(A) Commissions	,	9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies.		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention	•			9c(1)(H	
		(2) Dividends or retroactive rate refunds. (These	_				
	d	Status of policyholder reserves at end of year: (1					
	u	(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do n				9e	
10		nexperience-rated contracts:	ot molade amount entered	· · · · · · · · · · · · · · · · · · ·		1 30	
•		Total premiums or subscription charges paid to	arrier			. 10a	
	b	If the carrier, service, or other organization incur				104	
		retention of the contract or policy, other than rep	, .		•	. 10b	
	Sp	ecify nature of costs					

Yes

No

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

Provision of Information

Part IV

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

s schedule is required to be filed under section 104 of the Employee

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).

Financial Information—Small Plan

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

rension benefit duaranty dorporation					mspection
For calendar plan year 2010 or fiscal plan year be	eginning 01/01/2010		and ending 12	/31/2010	
A Name of plan CORNEA CONSULTANTS OF ALBANY, PLLC P	ROFIT SHARING/401(K) PLAN AND TRUST	В	Three-digit plan number (PN)	•	001
C Plan sponsor's name as shown on line 2a of F CORNEA CONSULTANTS OF ALBANY, PLLC	Form 5500	D	Employer Identificat 14-1811796	ion Numbe	er (EIN)

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

Part I | Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	10499	669
b	Total plan liabilities	. 1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	10499	669
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	0	
	(2) Participants	. 2a(2)	1520	
	(3) Others (including rollovers)	. 2a(3)	0	
b	Noncash contributions	. 2b	0	
С	Other income	. 2c	99	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		1619
е	Benefits paid (including direct rollovers)	. 2e	11389	
f	Corrective distributions (see instructions)	. 2f	0	
g	Certain deemed distributions of participant loans (see instructions)	. 2g	0	
h	Administrative service providers (salaries, fees, and commissions)	. 2h	60	
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		11449
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-9830
	Transfers to (from) the plan (see instructions)	. 2I		0

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

	_		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
е	Participant loans	3e		X	

	Schedule I (Form 5500) 2010 Page 2-		· ·	_	
			Yes	No	Amount
f	Loans (other than to participants)	3f		X	
j	Tangible personal property	3g		X	
⊃ a	rt II Compliance Questions				
	During the plan year:		Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		Х	
	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X	
	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
)	Was the plan covered by a fidelity bond?	4e	X		500
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		Х	
_	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
	Has the plan failed to provide any benefit when due under the plan?	41		X	
n	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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(2) EIN(s)

5b(3) P

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

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).

Retirement Plan Information

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

	The state of the s				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and	ending 1	2/31/2010	1	
	Name of plan NEA CONSULTANTS OF ALBANY, PLLC PROFIT SHARING/401(K) PLAN AND TRUST	B Three plan (PN)	number	001	
	Plan sponsor's name as shown on line 2a of Form 5500 NEA CONSULTANTS OF ALBANY, PLLC	,	oyer Identifica 1811796	ation Number (EII	۷)
_					
	art 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		
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries durpayors who paid the greatest dollar amounts of benefits):	ring the year	(if more than	two, enter EINs	of the two
	EIN(s): 31-4156830		_		
	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 th year	•	3		
P	Funding Information (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part)	of section of	412 of the In	ternal Revenue C	ode or
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: Mor	nth	_ Day	Year	
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	mainder of t	his schedul	e.	
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.		U.		
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 pro automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator with the change?	agree	Yes	No	∏ N/A
Pa	art 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	ease	Decrease	Both	☐ No
Pa	rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975 skip this Part.	(e)(7) of the I	nternal Reve	nue Code,	
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repo	ay any exem _l	pt 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 '(See instructions for definition of "back-to-back" loan.)			Yes	☐ No
	Does the ESOP hold any stock that is not readily tradable on an established securities market?			Yes	No

Page 2 ·

Schedule R (Form 5500) 2010

Par	t V	Additional Information for Multiemployer Defined Benefit Pension Plans
13	Ente	er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in
		ars). 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
	е	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
	е	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
	е	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 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
1	е	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 amplayor
	a b	Name of contributing employer EIN C Dollar amount contributed by employer
	<u>บ</u> 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
	е	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):
	_	No. 10 of the state of the stat
	a b	Name of contributing employer 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
,	e	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year 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)

Page .

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:	the	
	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 ma employer contribution during the current plan year to:	ke an	
	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, cl supplemental information to be included as an attachment.		· •
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pensi	on Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in 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:	_% Othe	er:%
	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 18-2	21 vears	21 years or more
	What duration measure was used to calculate item 19(b)?	i yours	L 21 yours or more
	Effective duration Macaulay duration Modified duration Other (specify):		

5500 Electronic Filing Authorization

Plan Name:

Cornea Consultants Of Albany, PLLC Profit Sharing/401(K) Plan And Trust

EIN/PN:

14-1811796/001

Plan Year:

01/01/2010 - 12/31/2010

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

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

Plan Administrator
(sign)

(sign)

(6

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

2010

This Form is Open to Public Inspection

	111 Aifing the amortion				
Part Annual Rep	ort Identification Information	101 (0010	and ending 12/3	1/2010	
	r 2010 or fiscal plan year beginning 0:	1/01/2010	a multiple-employer		
A This return/report is for:	a multiemployer plan;		⊢	pian, or	
	x a single-employer plan;		a DFE (specify)		
	— • • • • • • • • • • • • • • • • • • •		x the final return/repo	rt·	
B This return/report is:	the first return/report;			ium/report (less than 12 r	nonths).
	an amended return/report;		a short plan year te	tottinoport (1999 tilair 12 t	ъП
C If the plan is a collective	ly-bargained plan, check here				🗀
D Check box if filing under	: X Form 5558;		automatic extension	ı; ∐ the DFVC p	orogram;
•	special extension (enter descript	tion)			
Part II. Basic Plan	Information enter all requested				
1a Name of plan		-		1b Three-digit plan	
Cornea Consult	ants Of Albany, PLLC Profit S	haring/401(K) E	lan And Trust	number (PN) ▶	001
CO2110E 00110E-1	•••			1c Effective date of p	lan
				01/01/2000	
2a Plan sponsor's name	and address (employer, if for a single-empl	oyer plan)		2b Employer Identifica	ation
	de room or suite no.)			Number (EIN)	
·	ANTS OF ALBANY, PLLC			14-1811796	
CORNEA CONSULT	ANTS OF ALBANT, FILE			2c Sponsor's telepho	ne
				number	
				(518) 475-15	
1220 NEW SCOTL	AND AVENUE			2d Business code (se	ee
SUITE 101				instructions)	
us slingerlant	os ny 12159-9222			621111	
				in the second se	
Caution: A penalty for the	late or incomplete filing of this return/re	port will be assessed	l unless reasonable cause	is established.	badulaa
	and other penalties set forth in the instructions, as well as the electronic version of this re				nd complete.
		1 1/101.		vn MD	
SIGN		6/3/4	ROBERT L. SCHULTZ		
	olan administrator	Date	Enter name of individual	signing as plan administra	ator
SIGN	0	6/13/W	ROBERT L. SCHULTZ	ZE, MD	
HERE Signature of	employer/plan sponsor	Date	Enter name of individual	signing as employer or pl	an sponsor
8 (2) N. T. Y	mbioloubian observes				
SIGN HERE					
Signature of)FF	Date	Enter name of individual	signing as DFE	

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

Form 5500 (2010) v.092307.1

	Plan administrator's name and address (if same as plan sponsor, enter "Sam	ne")				3b /	Administrator's EIN
	Same						Administrator's telephone number
-	If the name and/or EIN of the plan sponsor has changed since the last return	n/repor	t filed	l fo	r this plan, enter the name, Ell	V and	4b EIN
2	the plan number from the last return/report: Sponsor's name						
	oponsor a name						4c PN
5	Total number of participants at the beginning of the plan year					5	3
6	Number of participants as of the end of the plan year (welfare plans complete	e only	lines	6a	, 6b, 6c and 6d)		
а	Active participants					6a	3
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	3
e	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive t	benef	its		6e	0
f	Total. Add lines 6d and 6e					6f	3
g	Number of participants with account balances as of the end of the plan year complete this item)				•	6g	1
h	Number of participants that terminated employment during the plan year with 100% vested					6h	0
7_	Enter the total number of employers obligated to contribute to the plan (only					7	
	If the plan provides pension benefits, enter the applicable pension feature of 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature co	odes fro	om th	e L	ist of Plan Characteristic Code	es in th	e instructions:
9a	i I	9b			enefit arrangement (check all th	nat app	ly)
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts		(1) (2)	×	Insurance Code section 412(e)(3) insur	ance co	ontracts
	(3) X Trust		(3)	X			
	(4) General assets of the sponsor		(4)		General assets of the sponso	ır	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are	attach	ed, a	nd,	where indicated, enter the nu	mber a	ttached. (See instructions)
а	Pension Schedules	b	Gen	era	al Schedules		
	(1) X R (Retirement Plan Information)		(1)	Ц	H (Financial Inform	•	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	×	I (Financial Inform		*
	Purchase Plan Actuarial Information) - signed by the plan		(3)	M	1 A (Insurance Inform	•	
	actuary		(4)	Н	C (Service Provide		*
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(5) (6)	Н	D (DFE/Participation G (Financial Trans	_	

Page 2

Form 5500 (2010)

Sponsor Location Information

Sponsor name:

CORNEA CONSULTANTS OF ALBANY, PLLC

Sponsor DBA name: Sponsor care of name:

1220 New Scotland Avenue

Suite 101

US Slingerlands

NY 12159-9222

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2	010 or fiscal pla	an year beginning 01/01/	2010	and ending	12/31/2	2010	
A Name of plan				B Three-di	git nber (PN)	_	
	. 05 115	. DIIG Darkit Obaaia	-/401 (W) D1 3	pian nun	ibei (FN)		001
Cornea Consultants	or Albany	, PLLC Profit Sharin	g/401(K) Plan A				
C Plan sponsor's name	e as shown on l	line 2a of Form 5500.		D Employe	r Indentification	Number (E	iN)
CORNEA CONSULTANTS	OF ALBANY	, PLLC			14-18117	'96	
		ning Insurance Contra ndividual contracts grouped as					formation for each contra
1 Coverage Information	on:						
(a) Name of insurance ca	arrier						
NATIONWIDE LIFE IN). 	(e) Approximate	number of		Daliana	
(b) EIN	(c) NAIC code	(d) Contract or	persons covered		(f) From		contract year
		identification number	policy or contr	act year	(1)11011	<u> </u>	(g) To
31-4156830	66869	0000CORN00NY00K		3	1/1/2010	ı	12/31/2010
2 Insurance fee and codescending order of		rmation. Enter the total fees an	d total commissions paid	d. List in item	3 the agents, br	okers, and	other persons in
		mmissions paid		(b) Tota	al amount of fees	s paid	***
		0				0	
3 Persons receiving or	ommissions and	fees. (Complete as many enti	ries as needed to report	all persons).			
	(a) Name a	nd address of the agent, broke	r, or other person to who	om commissi	ons or fees were	paid	
(b) Amount of sales	s and base	Fe	ees and other commission	ons paid			
commissions		(C) Amount		(d) Purpose	•		(e) Organization code
	(0) 11				·······		L
	(a) Name a	nd address of the agent, broke	r, or other person to who	om commissi	ons or tees were	paid	
(b) Amount of color	and bees	F	ees and other commission	ons paid			
(b) Amount of sales commissions		(C) Amount	THE SHOP SHIP SOUTHINGS	(d) Purpose)		(e) Organization code
	ł	į					

Schedule A (Form 5500) 2010	Page 2 -	
(a) Nam	e and address of the agent, bro	oker or other person to whom commissions or fees wer	e paid
the American of color and have	<u> </u>	Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-, -, -, -, -, -, -, -, -, -, -, -, -, -
(a) Nam	e and address of the agent, bro	l oker or other person to whom commissions or fees wer	e paid
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
commissions paid	(O) Anosin	(o) La pose	(a) Organization code
(a) Nam	e and address of the agent, bro	oker or other person to whom commissions or fees wer	e paid
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Nam	e and address of the agent, bro	oker or other person to whom commissions or fees wer	e paid
	· · · · · · · · · · · · · · · · · · ·		
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
420			
(a) Nam	e and address of the agent, bro	oker or other person to whom commissions or fees wer	ераю
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code

Pa	rt II	Investment and Annuity Contract Information	***	- <u></u>		
		Where individual contracts are provided, the entire group of such individual this report.	vidual contr	acts with each carrier r	may be treated	as a unit for purposes of
4	Current	value of plan's interest under this contract in the general account at year	rend .		. 4	0
5	Current	value of plan's interest under this contract in separate accounts at year	end .		. 5	629
6	a Stat	ts With Allocated Funds: te the basis of premium rates PROVIDED BY INSURANCE CO.				
	_	miums paid to carrier			. 6b	1,480
		miums due but unpaid at the end of the year			6c	0
		e carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount	nection wit	h the acquisition	. 6d	59
	Spe	cify nature of costs				
		NTRACT COMMISSIONS				
		e of contract (1) 📙 individual policies (2) 📙 group deferred an	inuity			
	(3)	x other (specify) ▶				
	INE	DIVIDUAL ANNUITY CONTRACTS				
	f If co	entract purchased, in whole or in part, to distribute benefits from a termin	ating plan o	heck here	►∏	
7		cts With Unallocated Funds (Do not include portions of these contracts n			· 	
ä	Тур	e on contract (1) deposit administration (2) i	mmediate p	articipation guarantee		
		(3) guaranteed investment (4)	other >			
ŀ) Balanc	e at the end of the previous year	· · · ·	<u> </u>	. 7b	
(Additio	ns: (1) Contributions deposited during the year	7c(1)			
		idends and credits	7c(2)			
		rest credited during the year	7c(3)			
	٠,	nsferred from separate account	7c(4)			
	(5) Oth	er (specify below)	7c(5)			
	•					
		al additions			. 7c(6)	
(f balance and additions (add b and c(6))		· · · · · · · ·	. 7d	
t	Deduct	eons: bursed from fund to pay benefits or purchase annuities during year	7e(1)			
		ninistration charge made by carrier	7e(1)			
	* *	nsferred to separate account	7e(2)			
		er (specify below)	7e(4)			
	>					
	(5) Tota	al deductions			7e(5)	
f		e at the end of the current year (subtract e(5) from d).			7 6 (3)	

Page 4

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

Par	t III Welfare Benefit Contract Information					
If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees,						
	the entire group of such individual contracts with each carrier may be treated		, corta marridaan omproyees,			
8	Benefit and contract type (check all applicable boxes)					
	a Health (other than dental or vision) b Dental	C Vision	d Life insurance			
	e Temporary disability (accident and sickness) f Long-term disability	g Supplemental unemployment	h Prescription drug			
	i Stop loss (large deductible) j HMO contract	k PPO contract	I Indemnity contract			
	m Other (specify) ▶	3	.			
9_	Experience-rated contracts	00/4)	4			
а	Premiums: (1) Amount received	9a(1)	-			
	(2) Increase (decrease) in amount due but unpaid	9a(2) 9a(3)	\dashv			
	(3) Increase (decrease) in unearned premium reserve		 			
h	(4) Earned ((1) + (2) - (3))	9b(1) 9a(4)				
b	Benefit charges: (1) Claims paid	9b(2)	\dashv			
	(2) Increase (decrease) in claim reserves	9b(3)				
	(4) Claims charged	9b(4)				
_	Remainder of premium: (1) Retention charges (on an accrual basis)	<u>9b(4)</u>				
C	(A) Commissions	9c(1)(A)				
	(B) Administrative service or other fees	9c(1)(B)	-			
	(C) Other specific acquisition costs	9c(1)(C)				
	(D) Other expenses	9c(1)(D)	-			
	(E) Taxes	9c(1)(E)	-			
	(F) Charges for risks or other contingencies	9c(1)(F)				
	(G) Other retention charges	9c(1)(G)				
	(H) Total retention	9c(1)(H	Y I			
	(2) Dividends or retroactive rate refunds. (The amounts were paid in cash,					
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits		··			
	(2) Claim reserves	9d(2)				
	(3) Other reserves	9c(3)				
<u>e</u>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	9e				
10	Nonexperience-rated contracts:					
а	Total premiums or subscription charges paid to carrier	<u>10a</u>				
b	If the carrier, service, or other organization incurred any specific costs in connection					
	retention of the contract or policy, other than reported in Part I, item 2 above, report	amount 10b				
Sp	ecify nature of costs ►					
Par	t IV Provision of Information					
11	Did the insurance company fail to provide any information necessary to complete Sch	edule A? Yes	N₀			

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Financial Information -- Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

Er	Employee Benefits Security Administration File as an attachment to Form 5500.					This Form is Open to Public		ic		
	Pension Benefit Guaranty Corporation						Inspection.			
For	calendar plan year 2010 or fiscal plan	year beginning 01/	01/2010		and endi		2/31/2010			
Α	Name of plan					Вт	hree-digit			
	Cornea Consultants Of Alb	any, PLLC Profit Sh	maring/401	(K) Plan	And Tr	pl	lan number	<u> </u>	001	
										_
	Plan sponsor's name as shown on line					L			ion Number (EIN)	
	CORNEA CONSULTANTS OF ALB						4-181179			_
	lete Schedule I if the plan covered few plan under the 80-120 participant rule							chedu	ile I if you are filing as a	l
_	art I Small Plan Financial		Ochedule 1111	reporting to	a large pre	01 07 0	_,		*	
	•									_
	t below the current value of assets and s held in more than one trust. Do not e									
	it at a future date. Include all income a									
	nce carriers. Round off amounts to t		gy	.(o, o. oop				, puj.	monton coopto tomom	
1	Plan Assets and Liabilities:				(a) Begin	ning of Y	'ear	/h) End of Year	_
a	Total plan assets			1a	(u) begin	ming or i	10,499		66	 5 Q
b				1b			0			0
C	Net plan assets (subtract line 1b from		-	1c			10,499		66	_
2	Income, Expenses, and Transfe				(a) An	rount			(b) Total	-
a	Contributions received or receivable				(=,1				(10) (10)	_
_	(1) Employers			2a(1)			0			
	(2) Participants			2a(2)			1,520			
	(3) Others (including rollovers) .		r	2a(3)			0			
b	Noncash contributions			2b	i		Ŏ			
C	Other income		F	2c			99			
ď	Total income (add lines 2a(1), 2a(2),			2d					1,61	_ L 9
e	Benefits paid (including direct rollove			2e			11,389			<u> </u>
f	Corrective distributions (see instruction		l l	2f			0			
g	Certain deemed distributions of partic		ľ							
Ŭ	(see instructions)	•		2g			٥			
h	Administrative service providers (sala			2h			60			
i			· .	2i						
j	Total expenses (add lines 2e, 2f, 2g,	2h and 2i)		2j					11,44	19
k	Net income (loss) (subtract line 2) fro		r	2k			l		(9,830	
1	Transfers to (from) the plan (see inst			21	1					0
3	Specific Assets: If the plan held asset			llowing categ	ories, check	"Yes" and	enter the curr	en t va	lue of any assets	_
	remaining in the plan as of the end of the				ngled trust o	on taining	the assets of	more ti	han one plan on a line-	
	by-line basis unless the trust meets one o	i trie spiecific exceptions descri	Ded in the instruc	Juons.						
						Ye	s No		Amount	
а	Partnership/joint venture interests				[3	3a	х			_
b	Employer real property					3b	x			
C	Real estate (other than employer rea	I property)				3c	х		***************************************	_

3d

3e

х

х

	Schedule I (Form 5500) 2010	Pag	e 2-		
			Yes	No	Amount
3f	Loans (other than to participants)	3f	103	x	Alliount
g	Tangible personal property	3g		$\frac{1}{x}$	
9	Taligino personal property	<u> </u>		1 ^ 1	
Part I	Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2610.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Volunta ry Fiduciary Correction Program)	4a		х	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance	4b		x	
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x	
е	Was the plan covered by a fidelity bond?	4e	х		5,000
f	Did the plan have a loss, whether or not rei mbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		x	
g	Old the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		x	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		x	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		x	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		x	
k	Are you claiming a waiver of the annual examination and report of an independe nt qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No", attach the IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	x		
ı	Has the plan failed to provide any benefit when due under the plan?	41		х	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		x	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice a polied under 29 CFR 2520.101-3	4n			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year \square Y	es 🗵	:] No	Amount	
5b	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifying the plan (s), identifying the pl	fy the p	ola n(s) t	o which asse	ats or liabilities were
	transferred. (See instructions.)	F-	L/21	21414-3	EF-(2)
	5b(1) Name of plan(s)	5	b(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

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement 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

2010

This Form is Open to Public Inspection.

	Pension Benefit Guaranty Corporation					Inspect	ion.
Fo	er calendar plan year 2010 or fiscal plan	year beginning 01/01/2010	and ending	12/31,	/2010		
A	Name of plan			B Thre	e-digit		
				plan	number	ļ	
Co	ornea Consultants Of Albany	, PLLC Profit Sharing/401(K	Plan And Tr	(PN)	>	(001
	_					***************************************	
<u>_</u> c	Plan sponsor's name as shown on line	2a of Form 5500		D Emp	loyer Identifica	tion Number (EIN)
	ORNEA CONSULTANTS OF ALBANY			-	1811796	·	
P	art I Distributions	· · · · · · · · · · · · · · · · · · ·					
Al	I references to distributions relate on	ly to payments of benefits during the p	lan year.				
1	Total value of distributions paid in pro	perty other than in cash or the forms of pr	operty specified in the			 	
	instructions				1		
2	Enter the EIN(s) of payor(s) who paid payors who paid the greatest dollar ar	benefits on behalf of the plan to participal nounts of benefits):	nts or beneficiaries during t	he year (i	f more than tw	o, enter EINs	of the two
	EIN(s): 31-4156830						
	Profit-sharing plans, ESOPs, and st	ock bonus plans, skipline 3.					
3	-	ased) whose benefits were distributed in a	single sum during the pla	n			
v		· · · · · · · · · · · · · · · · · · ·			3		
P	art II Funding Information ERISA section 302, skip this	(If the plan is not subject to the minimum Part)	funding requirements of se	ction 412	of the Interna	Revenue Cod	de or
4	Is the plan administrator making an el	ection under Code section 412(d)(2) or El	RISA section 302(d)(2)?		☐ Yes	☐ No	□ N/A
	If the plan is a defined benefit plan,				_	_	_
5		andard for a prior year is being amortized he date of the ruling letter granting the wa		Mon	lh C	Day Ye	ear
	If you completed line 5, complete line	nes 3, 9, and 10 of Schedule MB and do	not complete the remain	der of th	i <u>s schedule.</u>		
6	a Enter the minimum required contr	ibution for this plan year			6a		
	b Enter the amount contributed by t	he 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)						
	If you completed line 6c, skip lines	8 and 9.					
7	Will the minimum funding amount rep	orted on line 6c be met by the funding de	adline?	• •	☐ Yes	☐ No	□ N/A
8	If a change in actuarial cost method w automatic approval for the change or with the change?	ras made for this plan year pursuant to a a class ruling letter, does the plan sponso	revenue procedure providir or or plan administrator agre	ig ee	☐ Yes	□ No	□ N/A
P	art III Amendments			-			
9		n, were any amendments adopted during	this plan				
		value of benefits? If yes, check the appro		ease [] Decrease	☐ Both	□ No
P	art IV ESOPs (see instructions skip this Part.). If this is not a plan described under Sec	tion 409(a) or 4975(e)(7) o	f the Inter	nal Revenue (Code,	
10	0 Were unallocated employer securities	or proceeds from the sale of unallocated	securities used to repay ar	ny exemp	t loan?	. 🗌 Yes	☐ No
1	1 a Does the ESOP hold any preferre	ed stock?				. 🗌 Yes	☐ No
		kempt loan with the employer as lender, is	s such loan part of a "back-			. Tyes	☐ No
1	2 Does the ESOP hold any stock that is	not readily tradable on an established se	curities market?			. TYes	□ No

	Schedule R (Form 5500) 2010 Page 2-
Part	V Additional Information for Multiemployer Defined Benefit Pension Plans
	ter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lars). See instructions. Complete as many entries as needed to report all applicable employers.
а	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
е	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
<u>a</u>	EIN C Dollar amount contributed by employer
$\frac{d}{d}$	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
е	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
е	Contribution rate information(if more than one rate applies, check this box 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
<u> </u>	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
е	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
е	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):
<u>a</u>	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
е	Contribution rate information(if more than one rate applies, check this box 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):

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14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the partipant 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 employer contribution during the current plan year to:	an				
	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	supplemental information to be included as an attachment.					
Pa	art VI Additional Information for Single-Employer and Multiemployer Defined Ber	efit Pension Plans				
18	If any liabilities to participants or their beneficiaries under the plan as of end of the plan year consist (in whole or in participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instrainformation to be included as an attachment	art) of liabilities to such participants uctions regarding supplemental				
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-yeild 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				
	© What duration measure was used to calculate item 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):					

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