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

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/02/1973

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ANESTHESIA GROUP OF ALBANY

1450 WESTERN AVENUE
ALBANY, NY 12203-3539

2b Employer Identification Number (EIN) 14-1551793

2c Sponsor's telephone number 518-463-0050

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.	10/12/2011	PETER ANDRIAKOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	PETER ANDRIAKOS
	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")
ANESTHESIA GROUP OF ALBANY

1450 WESTERN AVENUE
ALBANY, NY 12203-3539

3b Administrator's EIN
14-1551793

3c Administrator's telephone number
518-463-0050

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	135
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**	99
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	112
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	112
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	111
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2G 2J 2R

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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
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 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANESTHESIA GROUP OF ALBANY

D Employer Identification Number (EIN)
14-1551793

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).. . . . . [X] 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

CHARLES SCHWAB TRUST COMPANY

42-1558009

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

CHARLES SCHWAB INVESTMENT MANAGMENT

94-3106735

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

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

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

MILLIMAN, INC.

91-0675641

(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?
15 36 37 38 50 59 64 70	NONE	350	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
19 59	NONE	1355	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

CHARLES SCHWAB BANK

42-1558009

(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?
19 25 59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	20650	Yes [ ] No [X]

(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
CHARLES SCHWAB & CO. INC.	19 59	0

(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.
AMERICAN FUNDS 95-1411037	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	19 59	0

(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.
DODGE & COX 94-1441976	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	19 59	0

(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.
MANNING & NAPIER 16-0995736	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB & CO. INC.	19 59	0

(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.
ROYCE 52-2343049	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	19 59	0

(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.
ALLIANZ FUNDS 33-0457728	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	19 59	0

(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.
FIDELITY INVESTEMENTS 06-1194217	RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB & CO INC.	19 59	0

(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.
OAKMARK 04-3276558	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO INC.	19 59	0

(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.
PIONEER INVESTMENT 13-5657669	RATE OF 1.00% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO INC.	19 59	0

(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.
SCHWAB FUNDS 94-3106735	RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB & CO INC.	19 59	0

(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.
T. ROWE PRICE 52-2264646	RATE OF 0.01% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO INC.	19 59	0

(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.
THIRD AVENUE 01-0690900	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO INC.	19 59	0

(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.
WASATCH 87-0319391	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB & CO. INC.	19 59	0

(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.
WELLS FARGO ADVANTAGE 41-0449260	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB BANK	19 25 59 62	0

(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.
AMERICAN FUNDS 95-1411037	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB BANK	19 25 59 62	14445

(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.
MANNING & NAPIER 16-0995736	0

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
CHARLES SCHWAB BANK	19 25 59 62	4008

(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.
WELLS FARGO ADVANTAGE 41-0449260	0

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB BANK	19 25 59 62	1982

(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.
AMERICAN FUNDS 95-1411037	0

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MILLIMAN, INC.	19 59 60	0

(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.
AMERICAN FUNDS 95-1411037	0.25-0.59%

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
MILLIMAN, INC.	19 59 60	0

(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.
DODGE & COX 94-1441976	0.09%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MILLIMAN, INC.	19 59 60	0

(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.
MANNING & NAPIER 16-0995736	0.39%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MILLIMAN, INC.	19 59 60	0

(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.
ROYCE 52-2343049	0.19%

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
MILLIMAN, INC.	19 59 60	0

(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.
WELLS FARGO ADVANTAGE 41-0449260	0.49%

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ANESTHESIA GROUP OF ALBANY

D Employer Identification Number (EIN)
14-1551793

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3371778-001	C	1828154

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANESTHESIA GROUP OF ALBANY

D Employer Identification Number (EIN)
14-1551793

Part I Asset and Liability Statement

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	5148	26255
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	485787	507191
(2) Participant contributions	1b(2)	40223	10050
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	597998	375544
(2) U.S. Government securities	1c(2)	10367	20320
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	299184	370892
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1531774	2241713
(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)	60168	89726
(9) Value of interest in common/collective trusts	1c(9)	2352636	1828152
(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)	27294850	33206082
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	32678135	38675925
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	32678135	38675925

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)	1909357	
	(B) Participants	2a(1)(B)	1310611	
	(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)		3219968
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	4584	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4584
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	793124	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		793124
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		2737787
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6755463
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	754833	
(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)		754833
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)	2840	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2840
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		757673
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5997790
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) [X] 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 [X] No

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

(1) Name: BROWN AND FITZGERALD, PC (2) EIN: 14-1630137

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANESTHESIA GROUP OF ALBANY

D Employer Identification Number (EIN)
14-1551793

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**

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): 42-1558009

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

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):

---

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):

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

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December 31, 2010 and 2009

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INDEPENDENT AUDITOR'S REPORT

The Trustees and Participants
Employees' Profit Sharing Plan of
Anesthesia Group of Albany, P.C.

We were engaged to audit the accompanying statement of net assets available for benefits of the Employees' Profit Sharing Plan of Anesthesia Group of Albany, P.C. as of December 31, 2010 and 2009 and the related statement of changes in net assets available for benefits for the years ended December 31, 2010 and 2009 and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by the The Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2010 and 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

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



September 30, 2011

EMPLOYEES' PROFIT SHARING PLAN OF
ANESTHESIA GROUP OF ALBANY, P.C.
Statement of Net Assets Available for Benefits
As at December 31,

	2010	2009
Assets		
Investments, at Fair Value		
Mutual Funds	$ 33,206,082	$ 27,294,850
Collective Investment Trust	1,828,152	2,352,636
Exchange Traded Funds	1,086,152	900,720
Common Stock	1,155,561	631,054
Cash and Cash Equivalents	375,544	597,998
Corporate Bonds	370,892	299,184
Municipal Bonds	20,320	10,367
Total Investments	38,042,703	32,086,809
Receivables		
Employers' Contributions	507,191	485,787
Participants' Contributions	10,050	40,223
Participant Notes	89,726	60,168
Total Receivables	606,967	586,178
Cash	26,255	5,148
Total Assets	38,675,925	32,678,135
Liabilities	-	-
Net Assets Available for Benefits	**$ 38,675,925**	**$ 32,678,135**

The accompanying notes are an integral part of this financial statement.

EMPLOYEES' PROFIT SHARING PLAN OF
ANESTHESIA GROUP OF ALBANY, P.C.
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31,

	2010	2009
Additions:		
Additions to net assets attributed to:		
Investment Income		
Dividend and Interest	$ 793,124	$ 457,141
Net Appreciation in Fair Value of Investments	2,737,787	4,567,329
Total Investment Income	3,530,911	5,024,470
Interest on Participant Loans	4,584	1,155
Contributions		
Participants'	1,310,611	1,554,565
Employers'	1,909,357	1,814,056
Total Additions	6,755,463	8,394,246
Deductions:		
Deductions from net assets attributed to:		
Benefits Paid to Participants	754,833	501,639
Administrative Expenses	2,840	5,524
Total Deductions	757,673	507,163
Net Increase	5,997,790	7,887,083
Net Assets Available for Plan Benefits:		
Beginning of Year	32,678,135	24,791,052
End of Year	**$ 38,675,925**	**$ 32,678,135**

The accompanying notes are an integral part of this financial statement.

Note 1 - **Description of Plan:**

The following description of the Employees' Profit Sharing Plan of Anesthesia Group of Albany, P.C. provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) ***General.*** The Plan is a defined contribution plan, which includes a qualified deferred arrangement as described in section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan is for the benefit of all full-time employees of the Company classified as shareholder or other employee and who has attained the age of 21.

(b) ***Effective date.*** The plan became effective on July 2, 1973, and was amended and restated effective as of January 1, 2009.

(c) ***Contributions – Employer.*** Each year, the Company may contribute a discretionary contribution for certain classes of employees at the option of the Company's board of directors. Discretionary contributions amounted to $1,909,357 and $1,814,056 for the year ended December 31, 2010 and 2009, respectively.

(d) ***Contributions – Employees.*** Each year, participants may contribute up to the lesser of $16,500 or 100% of annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

(e) ***Participant's Accounts.*** Each participant's account is credited with the participant's salary reduction contribution, the Company's discretionary contributions, plan earnings, and realized and unrealized security gains and losses. The benefit to which a participant is entitled is that which can be provided from the participant's account.

(f) ***Vesting.*** Participants are immediately vested in their salary reduction and employer discretionary contributions plus actual earnings thereon.

Note 1 - **Description of Plan (Continued):**

(g) ***Investment Options.*** The Plan provides for self-directed investment programs as it allows participants to choose among various investment alternatives.

(h) ***Participant Notes Receivable.*** Participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% (fifty percent) of their vested account balance, whichever is less. Loan terms range up to five years. Terms of loans for the purpose of purchasing a principal residence are determined by the Plan Administrator. The loans are secured by the balance in the participant's account and bear interest at the Wall Street Journal Prime rate plus 1%. The interest rate for the participant loans range between 4.25% and 9.25%. Principal and interest is paid ratably through payroll deduction.

(i) ***Payment of Benefits.*** The Trust shall make or begin distribution of the benefits payable on a participant's (a) retirement after attaining his retirement date, or (b) sustaining total and permanent disability, or (c) death, based upon the balance in such participant's account as of the valuation date coinciding with or immediately preceding the date on which such participant retires, dies or becomes disabled. If a participant terminates his service before retirement date, payment will be made in accord with the plan document based upon the elections available.

Note 2 - **Summary of Accounting Policies:**

(a) ***Basis of Accounting.*** The financial statements of the Plan are prepared under the accrual method.

(b) ***Investment Valuation and Income Recognition.*** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

(c) ***Payment of Benefits.*** Benefits are recorded when paid.

Note 2 - **Summary of Accounting Policies (Continued):**

(d) ***Use of Estimates.*** Management uses estimates and assumptions in preparing these financial statements in accordance with accounting principals generally accepted in the United States of America. These estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

(e) ***Subsequent Events.*** The Company has performed an evaluation of subsequent events through September 30, 2011, which is the date the financial statements were available to be issued, and noted no events occurring subsequent to December 31, 2010 and through the date of our evaluation requiring accrual or disclosure in these financial statements.

Note 3 - **Investments:**

The following presents investments that represent five percent (5%) or more of the Plan's net assets.

	2010	2009
Mutual Funds:		
Manning & Napier Pro-Blend Extended Term	$8,178,511	$7,390,226
Manning & Napier Pro-Blend Conservative Term	6,098,467	5,953,385
Vanguard Total Stock Market Index	4,921,120	3,170,137
Manning & Napier Pro-Blend Moderate Term	-	2,619,212
Vanguard Total Bond Market Index	2,681,954	1,911,623
Manning & Napier Pro-Blend Maximum Term	2,401,961	1,704,160
Collective Investment Trusts:		
Wells Fargo Stable Value Fund	-	2,352,636

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $2,737,787 and $4,567,329, respectively.

	2010	2009
Mutual Funds	$2,387,846	$3,923,991
Common Stock	102,051	286,448
Exchange Traded Funds	151,769	187,336
Collective Investment Trust	82,169	122,894
Corporate Bonds	13,942	46,398
Municipal Bonds	10	262
Net Appreciation in Fair Value of Investments	$2,737,787	$4,567,329

Note 4 - **Fair Value Measurements:**

Generally accepted accounting principles establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under generally accepted accounted principles are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Note 4 - **Fair Value Measurements (Continued):**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Common stocks, exchanged traded funds, corporate bonds and municipal bonds: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Collective investment trust: Valued at the net asset value of the units held by the Plan at year end.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

Note 4 - **Fair Value Measurements (Continued):**

The Plan's investments are reported at fair value in the accompanying statement of financial position on December 31, 2010 and 2009.

Assets at Fair Value as of December 31, 2010

Investments at fair value:	Level 1	Level 2	Level 3	Total Fair Value
Mutual Funds:				
Index Funds	$10,303,468	$ -	$ -	$10,303,468
Balanced Funds	18,693,802	-	-	18,693,802
Value Funds	822,907	-	-	822,907
Growth Funds	2,510,429	-	-	2,510,429
Other Funds	875,476	-	-	875,476
Total Mutual Funds	33,206,082	-	-	33,206,082
Common Stocks:				
Industrials	$ 183,804	$ -	$ -	$ 183,804
Financial	39,877	-	-	39,877
Technology	120,862	-	-	120,862
Services	571,200	-	-	571,200
Healthcare	125,458	-	-	125,458
Consumer	94,403	-	-	94,403
Other	19,957	-	-	19,957
Total Common Stocks	1,155,561	-	-	1,155,561
Corporate Bonds	$ 370,892	$ -	$ -	$ 370,892
Municipal Bonds	20,320	-	-	20,320
Exchange Traded Funds	1,086,152	-	-	1,086,152
Money Market Funds	375,544	-	-	375,544
Collective Investment Trust	-	1,828,152	-	1,828,152
Total Assets at Fair Value	$36,214,551	$1,828,152	$ -	$38,042,703

Note 4 - **Fair Value Measurements (Continued):**

Assets at Fair Value as of December 31, 2009

Investments at fair value:	Level 1	Level 2	Level 3	Total Fair Value
Mutual Funds:				
Index Funds	$ 6,744,610	$ -	$ -	$ 6,744,610
Balanced Funds	17,744,533	-	-	17,744,533
Value Funds	151,804	-	-	151,804
Growth Funds	1,968,523	-	-	1,968,523
Other Funds	685,380	-	-	685,380
Total Mutual Funds	27,294,850	-	-	27,294,850
Common Stocks:				
Industrials	$ 71,785	$ -	$ -	$ 71,785
Financial	32,935	-	-	32,935
Technology	128,472	-	-	128,472
Services	256,893	-	-	256,893
Healthcare	50,145	-	-	50,145
Consumer	73,979	-	-	73,979
Other	16,845	-	-	16,845
Total Common Stocks	631,054	-	-	631,054
Corporate Bonds	$ 299,184	$ -	$ -	$ 299,184
Municipal Bonds	10,367	-	-	10,367
Exchange Traded Funds	900,720	-	-	900,720
Money Market Funds	597,998	-	-	597,998
Collective Investment Trust	-	2,352,636	-	2,352,636
Total Assets at Fair Value	$29,734,173	$2,352,636	$ -	$32,086,809

There were no significant transfers between level 1 and level 2 investments during the year ended December 31, 2010.

Note 5 - **Trustee Information (Unaudited):**

The following is a summary of the unaudited information regarding the Plan as of December 31, 2010 and 2009 and for the year then ended, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by The Charles Schwab Trust Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the trustee that such information is complete and accurate.

	2010	2009
Mutual Funds	$33,206,082	$27,294,850
Collective Investment Trust	1,828,152	2,352,636
Exchange Traded Funds	1,086,152	900,720
Common Stock	1,155,561	631,054
Cash and Cash Equivalents	375,544	597,998
Corporate Bonds	370,892	299,184
Participant Notes	89,726	60,168
Municipal Bonds	20,320	10,367
Cash	26,255	5,148
	$38,158,684	$32,152,125
Investment Income:		
Dividends and Interest	793,124	457,141
Net appreciation in fair value of investments	2,737,787	4,567,329

Note 6 - **Tax Status:**

The plan obtained its latest determination letter on June 18, 2010, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator believes that the plan is designed and is correctly being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the plan is qualified and the related trust is tax-exempt.

Note 6 - **Tax Status (Continued):**

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 7 - **Related Party:**

Anesthesia Group of Albany, P.C. provides certain accounting and administrative services to the Plan for which no fees are charged.

Note 8 - **Risk and Uncertainties:**

The Plan maintains various investments. Investment securities are exposed to various risks, such as interest rate risk, financial market risk and credit risk. Due to the level of the risk associated with investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the investment account balances and the amounts reported in the Plan's financial statements as of December 31, 2010.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2010
EIN: 14-1551793, Plan No. 001

	(a)	(b)	(c)	(d)
	Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Cash Equivalents			
*	Charles Schwab	375,544 units Schwab Money Market Fund	**	$ 375,544
	Municipal Obligations			
	Oklahoma County Oklahoma	5,000 par value at 6.3% with maturity date of 9/1/19	**	5,482
	Tahlequah Oklahoma	5,000 par value at 5.272% with a maturity date of 12/1/17	**	5,315
	Chicago, Illinois	5,000 par value at 6.257% with a maturity date of 1/1/40	**	4,693
	New York, New York	5,000 par value at 5.817% with a maturity date of 10/1/31	**	4,830
	Corporate Obligations			
	Alcoa, Inc.	5,000 par value at 5.55% with a maturity date of 2/1/17	**	5,182

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2010
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Amerenenergy Gen	5,000 par value at 6.3% with a maturity date of 4/1/20	**	4,878
American General Finance	10,000 par value at 6% with a maturity date of 10/15/14	**	8,787
American General Finance	2,000 par value at 6.625% with a maturity date of 2/15/29	**	1,958
Arcelormittal	10,000 par value at 5.25% with a maturity of 8/5/20	**	9,847
Bank of America Corp.	5,000 par value at 5.25% with a maturity date of 3/12/25	**	4,875
Citigroup, Inc.		**	12,034
Corning Inc.	5,000 par value at 6.6250% with a maturity date of 5/15/19	**	5,749

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2010
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Countrywide Home	6,000 par value at 6.150% with a maturity date of 6/25/29	**	5,506
Dell, Inc.	5,000 par value at 5.65% with a maturity date of 4/15/18	**	5,438
Deutsche Bank AG London	25,000 par value at 4.88% with a maturity date of 5/31/12	**	24,683
Donnelley & Sons	5,000 par value at 7.625% with a maturity date of 6/15/20	**	5,353
Dow Chemical Co	5,000 par value at 5.75% with a maturity date of 5/15/20	**	5,057
Ford Motor Company	10,000 par value at 7.1% with a maturity date of 9/20/13	**	10,028
General Electric Capital Corp	17,000 par value at 6.15% with a maturity date of 8/7/37	**	17,605

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2010
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
General Electric Capital Corp	5,000 par value at 2.5% with a maturity date of 8/11/15	**	4,954
General Electric Capital Corp	10,000 par value at 4.75% with a maturity date of 2/13/19	**	10,024
General Electric Capital Corp	22,000 par value at 5.625% with a maturity date of 5/1/18	**	23,918
General Electric Capital Corp	24,000 par value at 5.875% with a maturity date of 1/14/38	**	24,902
General Electric Capital Corp	11,000 par value at 5.00% MTN BE, Callable 04/10/12	**	12,707
Genworth Financial	5,000 par value at 6.515% with a maturity date of 5/22/18	**	5,044

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2010
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Goldman Sachs Group Inc.	2,000 par value at 5.85% with a maturity date of 5/15/15	**	2,087
Goldman Sachs Group Inc.	6,000 par value at 6.45% with a maturity date of 5/1/36	**	5,916
Goldman Sachs Group Inc.	3,000 par value at 6.345% with a maturity date of 2/15/34	**	2,857
Goldman Sachs Group Inc.	5,000 par value at 5.625% with a maturity date of 1/15/17	**	5,265
Goldman Sachs Group Inc.	2,000 par value at 5.95% with a maturity date of 1/15/27	**	1,979
Hartford Financial Services	10,000 par value at 6.625% with a maturity date of 3/30/40	**	9,924
Hartford Financial Services	2,000 par value at 5.95% with a maturity date of 10/15/36	**	1,874

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2010
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
HSBC Bank USA	5,000 par value at 7.0% with a maturity date of 1/15/39	**	5,672
Icahn Enterprises	10,000 par value at 7.75% with a maturity date of 1/15/16	**	10,000
Jefferies Group Inc.	6,000 par value at 6.25% with a maturity date of 1/15/36	**	5,347
Lehman Bros.	11,000 par value at 6.875% with a maturity date of 5/2/18	**	2,695
Lorillard Tobacco	11,000 par value at 6.875% with a maturity date of 5/1/20	**	5,162
Merrill Lynch Co	6,000 par value at 6.05% with a maturity date of 6/1/34	**	5,600

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2010
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Merrill Lynch Co	5,000 par value at 5.7% with a maturity date of 5/2/17	**	5,011
Merrill Lynch Co	5,000 par value at variable interest with a maturity date of 8/24/30	**	4,880
Merrill Lynch Co	48,000 par value at 6.875% with a maturity date of 4/25/18	**	52,383
Morgan Stanley	5,000 par value at 4.0% with a maturity date of 7/20/30	**	4,918
NY Magic Inc.	10,000 par value at 6.5% with a maturity date of 3/15/14	**	8,864
Protective Life	5,000 par value at 6.4% with a maturity date of 1/15/18	**	5,074
Prudential Financial	3,000 par value at 6.3% with a maturity date of 8/15/31	**	3,068

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2010
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Prudential Financial	5,000 par value at 6.45% with a maturity date of 7/15/32	**	5,089
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Selective Insurance	6,000 par value at 6.7% with a maturity date of 11/1/35	**	5,055
Valero Energy, Inc.	2,000 par value at 6.625% with a maturity date of 6/15/37	**	2,030
Common Stock			
American International Group	50 shares	**	2,881
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Berkshire Hathaway	200 shares	**	16,022
Biopure Corporation	11,300 shares	**	136
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Silver Wheaton Corp	50 shares	**	1,952
Silvercorp Metals, Inc.	100 shares	**	1,283
Spectra Energy Corporation	202 shares	**	5,048
Sunpower Corporation	500 shares	**	6,415
Tasman Metals LTD	1,950 shares	**	8,635
Tital Medical Inc.	10,000 shares	**	14,291
Titan Uranium, Inc.	5,000 shares	**	2,466
Tournigan Gold Corp	5,000 shares	**	1,600
UEX Corp	1,000 shares	**	2,264
Uranerz Energy Corp	500 shares	**	1,995
Uranium Resources New	2,600 shares	**	8,840
Western Union Company	30,000 shares	**	557,100

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Mutual Funds			
Vanguard	253,014.515 units Vanguard Total Bond Market Index Fund	**	2,681,954
Manning & Napier	527,305.678 units Manning & Napier Pro-Blend Extended Term Fund	**	8,178,511
Manning & Napier	473,851.385 units Manning & Napier Pro-Blend Conservative Term Fund	**	6,098,467
Manning & Napier	149,447.337 units Manning & Napier Pro-Blend Moderate Term Fund	**	1,921,893
Manning & Napier	145,750.092 units Manning & Napier Pro-Blend Maximum Term Fund	**	2,401,961
Dodge & Cox Funds	5,628.69 units Dodge & Cox Stock Fund	**	606,548

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Vanguard	15,083.373 units Vanguard 500 Index Fund Investor	**	1,746,956
Vanguard	155,929.011 units Vanguard Total Stock Market Index Fund	**	4,921,120
American Funds	32,976.464 units Growth Fund of America	**	988,634
Royce Pennsylvania	58,141.972 units Royce Pennsylvania Mutual Fund Investment	**	677,354
American Funds	34,832.100 units EuroPacific Growth Fund	**	1,441,004
Vanguard	59,759.886 units Vanguard Total International Stock Index Fund	**	941,816
Dodge & Cox Funds	708.542 units Dodge & Cox International Stock Fund	**	25,302

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Dodge & Cox Funds	220.061 units Dodge & Cox Stock Fund	**	23,714
Fidelity Investments	123.634 units Fidelity SLCT Technology	**	11,821
Meridian Funds, Inc.	189.198 units Meridian Growth Fund	**	8,436
Meridian Funds, Inc.	1,102.465 units Meridian Value Fund	**	31,861
The Oakmark Funds	3,395.361 units Oakmark Equity Income Fund	**	94,187
Pacific Investment Management Company, LLC	962.869 units PIMCO Total Return Fund Class D	**	10,447
Pioneer Investments	696.331 units Pioneer High Yield Fund Class C	**	7,193
T Rowe Price	4,817.095 units T Rowe Price Balanced Fund	**	92,970
Third Avenue Fund	885.075 units Third Ave Real Estate Value Fund	**	20,498

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Vanguard	484.281 units Vanguard Health Care Fund	**	59,276
Vanguard	2,559.512 units of Vanguard International Value Portfolio	**	82,314
Vanguard	3,297.536 units of Vanguard Morgan Growth Fund Inc.	**	59,455
Vanguard	1,411.101 units of Vanguard Short Term Investment Grade	**	15,198
Vanguard	2,701.357 units of Vanguard U.S. Value	**	27,284
Vanguard	259.067 units Vanguard Value Index Fund	**	5,386
Vanguard	100.348 units Vanguard 500 Index Fund Investor	**	11,622
Wasatch Funds	568.264 units Wasatch Ultra Growth Fund	**	12,900

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Unit Investment Trusts			
Claymore Securities, Inc.	625 units Claymore Exchange Traded Fund	**	28,837
State Street Global Advisors	450 units DJ Wilshire REIT ETF	**	27,459
BlackRock Institutional Trust Company, N.A.	826 units ISHARES Morningstar Fund	**	49,172
BlackRock Institutional Trust Company, N.A.	1,154 units ISHARES Morningstar Fund	**	95,401
BlackRock Institutional Trust Company, N.A.	3,030 units ISHARES MSCI Emerging Markets Index Fund	**	144,355
BlackRock Institutional Trust Company, N.A.	150 units ISHARES MSCI Value Index Fund	**	7,615
BlackRock Institutional Trust Company, N.A.	373 units ISHARES Russell Midcap Index	**	49,654
BlackRock Institutional Trust Company, N.A.	190 units ISHARES S&P US Preferred Fund	**	7,372

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BlackRock Institutional Trust Company, N.A.	1,242 units ISHARES TR DJ Total Market	**	84,449
BlackRock Institutional Trust Company, N.A.	120 units ISHARES TR DJ US UTILS	**	9,252
BlackRock Institutional Trust Company, N.A.	160 units ISHARES TR Dow Jones Select Dividends	**	7,978
BlackRock Institutional Trust Company, N.A.	150 units ISHARES TR Lehman Tips Bond Fund	**	16,128
BlackRock Institutional Trust Company, N.A.	1,108 units ISHARES TR MSCI EAFE Fund	**	64,508
BlackRock Institutional Trust Company, N.A.	124 units ISHARES TR S&P Global Healthcare	**	6,418
BlackRock Institutional Trust Company, N.A.	664 units ISHARES TR S&P Smallcap 600 Index Fund	**	45,464
BlackRock Institutional Trust Company, N.A.	600 units ISHARES Trust FTSE EPRA	**	18,607

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Invesco Power Shares Capital Management, LLC	275 units Powershares QQQ Trust Series 1	**	14,976
State Street Global Advisors	375 units Sector SPDR Energy Select	**	25,594
State Street Global Advisors	310 units SPDR Barclays Cap Tips	**	16,467
State Street Global Advisors	50 units SPDR Gold Trust	**	6,936
Vanguard	1,567 units Vanguard Index Funds	**	83,568
Vanguard	569 units Vanguard Index Funds	**	38,043
Vanguard	1,833 units Vanguard Index Funds	**	112,583
Vanguard	450 units Vanguard International Equity Index Fund	**	21,666
Vanguard	1,341 units Vanguard Mid Cap Value	**	71,092

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Vanguard	588 units Vanguard Specialized Funds	**	32,558
Collective Investment Trust			
Wells Fargo	41,729.113 units Wells Fargo Stable Value Fund	**	1,828,152
Other			
Participant Loans	Interest ranging from 4.25% to 9.25%	-0-	89,726

* - A party-in-interest as defined by ERISA
**- Cost omitted for participant directed investments

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	Cash Equivalents			
*	Charles Schwab	375,544 units Schwab Money Market Fund	**	$ 375,544
	Municipal Obligations			
	Oklahoma County Oklahoma	5,000 par value at 6.3% with maturity date of 9/1/19	**	5,482
	Tahlequah Oklahoma	5,000 par value at 5.272% with a maturity date of 12/1/17	**	5,315
	Chicago, Illinois	5,000 par value at 6.257% with a maturity date of 1/1/40	**	4,693
	New York, New York	5,000 par value at 5.817% with a maturity date of 10/1/31	**	4,830
	Corporate Obligations			
	Alcoa, Inc.	5,000 par value at 5.55% with a maturity date of 2/1/17	**	5,182

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Amerenenergy Gen	5,000 par value at 6.3% with a maturity date of 4/1/20	**	4,878
American General Finance	10,000 par value at 6% with a maturity date of 10/15/14	**	8,787
American General Finance	2,000 par value at 6.625% with a maturity date of 2/15/29	**	1,958
Arcelormittal	10,000 par value at 5.25% with a maturity of 8/5/20	**	9,847
Bank of America Corp.	5,000 par value at 5.25% with a maturity date of 3/12/25	**	4,875
Citigroup, Inc.		**	12,034
Corning Inc.	5,000 par value at 6.6250% with a maturity date of 5/15/19	**	5,749

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Countrywide Home	6,000 par value at 6.150% with a maturity date of 6/25/29	**	5,506
Dell, Inc.	5,000 par value at 5.65% with a maturity date of 4/15/18	**	5,438
Deutsche Bank AG London	25,000 par value at 4.88% with a maturity date of 5/31/12	**	24,683
Donnelley & Sons	5,000 par value at 7.625% with a maturity date of 6/15/20	**	5,353
Dow Chemical Co	5,000 par value at 5.75% with a maturity date of 5/15/20	**	5,057
Ford Motor Company	10,000 par value at 7.1% with a maturity date of 9/20/13	**	10,028
General Electric Capital Corp	17,000 par value at 6.15% with a maturity date of 8/7/37	**	17,605

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General Electric Capital Corp	5,000 par value at 2.5% with a maturity date of 8/11/15	**	4,954
General Electric Capital Corp	10,000 par value at 4.75% with a maturity date of 2/13/19	**	10,024
General Electric Capital Corp	22,000 par value at 5.625% with a maturity date of 5/1/18	**	23,918
General Electric Capital Corp	24,000 par value at 5.875% with a maturity date of 1/14/38	**	24,902
General Electric Capital Corp	11,000 par value at 5.00% MTN BE, Callable 04/10/12	**	12,707
Genworth Financial	5,000 par value at 6.515% with a maturity date of 5/22/18	**	5,044

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Goldman Sachs Group Inc.	2,000 par value at 5.85% with a maturity date of 5/15/15	**	2,087
Goldman Sachs Group Inc.	6,000 par value at 6.45% with a maturity date of 5/1/36	**	5,916
Goldman Sachs Group Inc.	3,000 par value at 6.345% with a maturity date of 2/15/34	**	2,857
Goldman Sachs Group Inc.	5,000 par value at 5.625% with a maturity date of 1/15/17	**	5,265
Goldman Sachs Group Inc.	2,000 par value at 5.95% with a maturity date of 1/15/27	**	1,979
Hartford Financial Services	10,000 par value at 6.625% with a maturity date of 3/30/40	**	9,924
Hartford Financial Services	2,000 par value at 5.95% with a maturity date of 10/15/36	**	1,874

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HSBC Bank USA	5,000 par value at 7.0% with a maturity date of 1/15/39	**	5,672
Icahn Enterprises	10,000 par value at 7.75% with a maturity date of 1/15/16	**	10,000
Jefferies Group Inc.	6,000 par value at 6.25% with a maturity date of 1/15/36	**	5,347
Lehman Bros.	11,000 par value at 6.875% with a maturity date of 5/2/18	**	2,695
Lorillard Tobacco	11,000 par value at 6.875% with a maturity date of 5/1/20	**	5,162
Merrill Lynch Co	6,000 par value at 6.05% with a maturity date of 6/1/34	**	5,600

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Merrill Lynch Co	5,000 par value at 5.7% with a maturity date of 5/2/17	**	5,011
Merrill Lynch Co	5,000 par value at variable interest with a maturity date of 8/24/30	**	4,880
Merrill Lynch Co	48,000 par value at 6.875% with a maturity date of 4/25/18	**	52,383
Morgan Stanley	5,000 par value at 4.0% with a maturity date of 7/20/30	**	4,918
NY Magic Inc.	10,000 par value at 6.5% with a maturity date of 3/15/14	**	8,864
Protective Life	5,000 par value at 6.4% with a maturity date of 1/15/18	**	5,074
Prudential Financial	3,000 par value at 6.3% with a maturity date of 8/15/31	**	3,068

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EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Silver Wheaton Corp	50 shares	**	1,952
Silvercorp Metals, Inc.	100 shares	**	1,283
Spectra Energy Corporation	202 shares	**	5,048
Sunpower Corporation	500 shares	**	6,415
Tasman Metals LTD	1,950 shares	**	8,635
Tital Medical Inc.	10,000 shares	**	14,291
Titan Uranium, Inc.	5,000 shares	**	2,466
Tournigan Gold Corp	5,000 shares	**	1,600
UEX Corp	1,000 shares	**	2,264
Uranerz Energy Corp	500 shares	**	1,995
Uranium Resources New	2,600 shares	**	8,840
Western Union Company	30,000 shares	**	557,100

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As of December 31, 2010
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Mutual Funds			
Vanguard	253,014.515 units Vanguard Total Bond Market Index Fund	**	2,681,954
Manning & Napier	527,305.678 units Manning & Napier Pro-Blend Extended Term Fund	**	8,178,511
Manning & Napier	473,851.385 units Manning & Napier Pro-Blend Conservative Term Fund	**	6,098,467
Manning & Napier	149,447.337 units Manning & Napier Pro-Blend Moderate Term Fund	**	1,921,893
Manning & Napier	145,750.092 units Manning & Napier Pro-Blend Maximum Term Fund	**	2,401,961
Dodge & Cox Funds	5,628.69 units Dodge & Cox Stock Fund	**	606,548

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Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Vanguard	15,083.373 units Vanguard 500 Index Fund Investor	**	1,746,956
Vanguard	155,929.011 units Vanguard Total Stock Market Index Fund	**	4,921,120
American Funds	32,976.464 units Growth Fund of America	**	988,634
Royce Pennsylvania	58,141.972 units Royce Pennsylvania Mutual Fund Investment	**	677,354
American Funds	34,832.100 units EuroPacific Growth Fund	**	1,441,004
Vanguard	59,759.886 units Vanguard Total International Stock Index Fund	**	941,816
Dodge & Cox Funds	708.542 units Dodge & Cox International Stock Fund	**	25,302

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Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Dodge & Cox Funds	220.061 units Dodge & Cox Stock Fund	**	23,714
Fidelity Investments	123.634 units Fidelity SLCT Technology	**	11,821
Meridian Funds, Inc.	189.198 units Meridian Growth Fund	**	8,436
Meridian Funds, Inc.	1,102.465 units Meridian Value Fund	**	31,861
The Oakmark Funds	3,395.361 units Oakmark Equity Income Fund	**	94,187
Pacific Investment Management Company, LLC	962.869 units PIMCO Total Return Fund Class D	**	10,447
Pioneer Investments	696.331 units Pioneer High Yield Fund Class C	**	7,193
T Rowe Price	4,817.095 units T Rowe Price Balanced Fund	**	92,970
Third Avenue Fund	885.075 units Third Ave Real Estate Value Fund	**	20,498

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Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Vanguard	484.281 units Vanguard Health Care Fund	**	59,276
Vanguard	2,559.512 units of Vanguard International Value Portfolio	**	82,314
Vanguard	3,297.536 units of Vanguard Morgan Growth Fund Inc.	**	59,455
Vanguard	1,411.101 units of Vanguard Short Term Investment Grade	**	15,198
Vanguard	2,701.357 units of Vanguard U.S. Value	**	27,284
Vanguard	259.067 units Vanguard Value Index Fund	**	5,386
Vanguard	100.348 units Vanguard 500 Index Fund Investor	**	11,622
Wasatch Funds	568.264 units Wasatch Ultra Growth Fund	**	12,900

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Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Unit Investment Trusts			
Claymore Securities, Inc.	625 units Claymore Exchange Traded Fund	**	28,837
State Street Global Advisors	450 units DJ Wilshire REIT ETF	**	27,459
BlackRock Institutional Trust Company, N.A.	826 units ISHARES Morningstar Fund	**	49,172
BlackRock Institutional Trust Company, N.A.	1,154 units ISHARES Morningstar Fund	**	95,401
BlackRock Institutional Trust Company, N.A.	3,030 units ISHARES MSCI Emerging Markets Index Fund	**	144,355
BlackRock Institutional Trust Company, N.A.	150 units ISHARES MSCI Value Index Fund	**	7,615
BlackRock Institutional Trust Company, N.A.	373 units ISHARES Russell Midcap Index	**	49,654
BlackRock Institutional Trust Company, N.A.	190 units ISHARES S&P US Preferred Fund	**	7,372

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Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BlackRock Institutional Trust Company, N.A.	1,242 units ISHARES TR DJ Total Market	**	84,449
BlackRock Institutional Trust Company, N.A.	120 units ISHARES TR DJ US UTILS	**	9,252
BlackRock Institutional Trust Company, N.A.	160 units ISHARES TR Dow Jones Select Dividends	**	7,978
BlackRock Institutional Trust Company, N.A.	150 units ISHARES TR Lehman Tips Bond Fund	**	16,128
BlackRock Institutional Trust Company, N.A.	1,108 units ISHARES TR MSCI EAFE Fund	**	64,508
BlackRock Institutional Trust Company, N.A.	124 units ISHARES TR S&P Global Healthcare	**	6,418
BlackRock Institutional Trust Company, N.A.	664 units ISHARES TR S&P Smallcap 600 Index Fund	**	45,464
BlackRock Institutional Trust Company, N.A.	600 units ISHARES Trust FTSE EPRA	**	18,607

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Invesco Power Shares Capital Management, LLC	275 units Powershares QQQ Trust Series 1	**	14,976
State Street Global Advisors	375 units Sector SPDR Energy Select	**	25,594
State Street Global Advisors	310 units SPDR Barclays Cap Tips	**	16,467
State Street Global Advisors	50 units SPDR Gold Trust	**	6,936
Vanguard	1,567 units Vanguard Index Funds	**	83,568
Vanguard	569 units Vanguard Index Funds	**	38,043
Vanguard	1,833 units Vanguard Index Funds	**	112,583
Vanguard	450 units Vanguard International Equity Index Fund	**	21,666
Vanguard	1,341 units Vanguard Mid Cap Value	**	71,092

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Vanguard	588 units Vanguard Specialized Funds	**	32,558
Collective Investment Trust			
Wells Fargo	41,729.113 units Wells Fargo Stable Value Fund	**	1,828,152
Other			
Participant Loans	Interest ranging from 4.25% to 9.25%	-0-	89,726

* - A party-in-interest as defined by ERISA
**- Cost omitted for participant directed investments