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
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
GAILEY EYE CLINIC, LTD.

PO BOX 757
1008 MAIN STREET
BLOOMINGTON, IL 61702-0757

2b Employer Identification Number (EIN) 37-0924192

2c Sponsor's telephone number 309-829-5311

2d Business code (see instructions) 621320

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.	10/14/2011	THOMAS RESTIVO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	ROBERT LEE
	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")

GAILEY EYE CLINIC, LTD.

PO BOX 757
1008 MAIN STREET
BLOOMINGTON, IL 61702-0757

3b Administrator's EIN: 37-0924192

3c Administrator's telephone number: 309-829-5311

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**	198
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**	161
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	193
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	193
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	176
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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 3H 2F 2T

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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

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
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
GAILEY EYE CLINIC, LTD.

D Employer Identification Number (EIN)
37-0924192

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
01-0233346	65838	30632	176	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
17112	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SECURITIES AMERICA INC.
7100 WEST CENTER RD, SUITE 500
OMAHA, NE 68106

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
17112			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	36327
c	Additions: (1) Contributions deposited during the year	7c(1)	2996		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	668		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	3664
d	Total of balance and additions (add **b** and **c(6)**)			7d	39991
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	21563		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	21563
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	18428

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

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
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GAILEY EYE CLINIC, LTD.

D Employer Identification Number (EIN)
37-0924192

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	558406	521587
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26516	37700
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4866308	5618716
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	36327	18428
(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	5487557	6196431
	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	5487557	6196431

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)	509757	
	(B) Participants	2a(1)(B)	326564	
	(C) Others (including rollovers)	2a(1)(C)	1813	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		838134
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)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)	630049	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		630049
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1468183
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	759309	
(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)		759309
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		759309
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		708874
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)? [X] Yes [ ] No

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

(1) Name: STRIEGEL, KNOBLOCH & CO. LLC (2) EIN: 37-1122831

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			

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
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GAILEY EYE CLINIC, LTD.

D Employer Identification Number (EIN)
37-0924192

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** 0

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): 01-0233346

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):

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN

Financial Statements

December 31, 2010 and 2009

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STRIEGEL KNOBLOCH & COMPANY, L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS

L. Eugene Striegel, CPA
James E. Mulligan, CPA
Martha E. Ingold, CPA
Dennis K. Knobloch, CPA
John J. Belletete, CPA
Chad E. Rogers, CPA
Danny L. Kledaisch, CPA
James P. Ingold, CPA
Joel M. White, CPA

INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Gailey Eye Clinic, Ltd.
401(k) Retirement Savings Plan
Bloomington, Illinois

We were engaged to audit the statement of net assets available for benefits of Gailey Eye Clinic, Ltd. 401(k) Retirement Savings Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule as of December 31, 2010. These financial statements and 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 3, which was certified by John Hancock Life Insurance Company (USA), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

Striegel Knobloch & Company, LLC

Bloomington, Illinois
October 12, 2011

115 West Jefferson, Suite 200, P.O. Box 3217, Bloomington, Illinois 61702-3217
Ph: (309) 829-4303 Fax: (309) 827-3191 Website: www.skco.net

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31,

	2010	2009
Assets:		
Cash	$ 37,700	$ 26,516
Guaranteed interest account	18,428	36,327
Investments (Note 3)	5,618,716	4,866,308
Receivables:		
Employer contributions	509,757	558,406
Employee contributions	11,830	-
Other contributions	-	-
Total assets	6,196,431	5,487,557
Liabilities	-	-
Net assets available for benefits	$ 6,196,431	$ 5,487,557

The accompanying notes are an integral part of these statements.

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,

	2010	2009
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments (Notes 2 and 3)	$ 629,381	$ 1,096,617
Interest and dividends	668	1,085
Total investment income	630,049	1,097,702
Contributions (Note 1):		
Employer	509,757	558,406
Participants	326,564	305,144
Other – rollovers	1,813	845
Total contributions	838,134	864,395
Total additions	1,468,183	1,962,097
Deductions from net assets attributed to:		
Benefits paid to participants	759,309	300,722
Administrative expenses	-	-
Total deductions	759,309	300,722
Net increase	708,874	1,661,375
Net assets available for benefits:		
Beginning of year	5,487,557	3,826,182
End of year	$ 6,196,431	$ 5,487,557

The accompanying notes are an integral part of these statements.

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Note 1 – Description of Plan:

The following description of the Gailey Eye Clinic, Ltd. 401(k) Retirement Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is sponsored by Gailey Eye Clinic, Ltd. Bloomington Eye Institute, LLC is a participating employer in the Plan. These entities shall be collectively referred to as the Company in these notes.

General

The Plan is a defined contribution plan covering all eligible employees of the Company who have completed three months of service, as defined by the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees who are leased or are covered by a collective bargaining agreement which provides retirement benefits subject to good faith bargaining are not eligible to participate in the Plan.

Contributions

The Plan contains an elective 401(k) deferred compensation component. Eligible participants may elect to contribute a portion of their compensation. The maximum contributions allowed in 2010 and 2009 were $16,500 (plus a $5,000 catch-up contribution for participants who are at least 50 years old).

The Company determines, at its discretion, the extent to which it will make contributions to the Plan each year. This discretionary contribution is allocated to participants based on a percentage of compensation, as defined by the Plan. For the years ended December 31, 2010 and 2009, the Company's discretionary contributions before the application of forfeitures were $552,600 and $584,922, respectively.

Note 1 – Description of Plan - Continued:

Participant Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company's discretionary contributions and earnings attributable to the participant's self-directed account less administrative expenses.

Vesting

Participants are immediately vested in their 401(k) salary deferral and rollover contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is vested in Company contributions and earnings thereon based on years of service as follows: 20% after two years, 40% after three years, 60% after four years, 80% after five years, and 100% after six years of service. Participant accounts become fully vested upon attainment of the normal retirement age of 65, or in the event of death or total disability.

Amounts forfeited by terminating participants of the Plan are to be used to reduce the Plan's ordinary and necessary administrative expenses for the Plan year. Any remaining forfeitures are then to be used to reduce Company contribution obligations for the Plan year in which the forfeiture occurs.

Participant Loans

The Plan does not allow loans to participants.

Note 1 – Description of Plan - Continued:

Distributions to Participants

All distributions from the Plan will be in one lump-sum cash payment. Upon termination of employment, a participant's vested account balance of $5,000 or less must be distributed. If a terminated participant's vested account balance exceeds $5,000, the participant may elect to receive the distribution immediately or to defer the distribution until age 65. However, the Plan agreement stipulates that distributions must be made no later than April 1st of the year following the year in which the participant reaches the age of 70-1/2, unless the participant is not a 5% owner of the Company and still employed by the Company.

At December 31, 2010, participants with account balances totaling $161,678 had separated from service but had not withdrawn their vested benefits from the Plan.

Forfeited Accounts

At December 31, 2010 and 2009, forfeited non-vested accounts totaled $37,700 and $26,516, respectively. These accounts will be used to reduce Company contributions.

Plan Expenses

The employer has absorbed any significant costs of the plan.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the even of Plan termination, participants will become 100% vested in their accounts.

Note 2 – Summary of Significant Accounting Policies:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are held in a trust. The custodian values all investments at fair value. Investments are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

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.

Note 3 – Investments:

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

a. Total investments as shown in the accompanying statements of net assets available for benefits of $5,618,716 and $4,866,308 as of December 31, 2010 and 2009, respectively.

b. Total investment income as shown in the accompanying statements of changes in net assets available for benefits of $630,049 and $1,097,702 for the years ended December 31, 2010 and 2009, respectively.

The fair value of individual investments that represent 5% or more of the Plan's net assets is as follows at December 31:

	2010	2009
Mutual investment funds:		
JH Stable Value Fund	$ 361,790	$ 742,595
Growth Fund of America	582,086	448,803
Lifestyle Moderate Fund	380,040	326,108
Lifestyle Balanced Fund	905,629	707,466
Lifestyle Growth Fund	932,859	667,277

Note 3 – Investments - Continued:

Investment income is comprised of the following for the years ended December 31:

	2010	2009
Net appreciation in fair value of investments	$ 629,381	$ 1,096,617
Interest and dividends	668	1,085
	$ 630,049	$ 1,097,702

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4 – Tax Status:

The Plan, originally adopted on June 25, 2002, and effective January 1, 2002, was restated in its entirety effective January 1, 2008, using a volume submitter document which was approved by the Internal Revenue Service. This amendment satisfied the "EGTRRA restatement" requirement and the Plan Sponsor has received a favorable determination letter from the Internal Revenue Service.

Simultaneous with the adoption of the restated Plan, the Plan sponsor adopted a good faith amendment to incorporate certain provisions of the final Code Section 415 regulations. This amendment was effective January 1, 2008.

On November 18, 2009, the Plan was amended to incorporate certain provisions of the Pension Protection Act and the HEART Act.

The Plan administrator and the Plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 5 – Fair Value Measurement:

The Plan has determined the fair value of certain assets and liabilities through application of ASC 820. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value are classified and disclosed in one of the following three categories:

- Level 1 – Valuations for assets and liabilities traded in active exchange markets. Valuations are obtains from readily available pricing sources for market transactions involving identical assets or liabilities.
- Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.
- Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets.

Fair values of assets and liabilities measured on a recurring basis at December 31, 2010, are as follows:

		Fair Value Measurements at Reporting Date		
	Fair Value	Level 1	Level 2	Level 3
Investments – mutual funds:				
Asset allocation – Lifestyle	$ 2,518,310	$ 2,518,310	$ -	$ -
Aggressive growth	665,363	665,363	-	-
Growth	1,003,826	1,003,826	-	-
Growth and income	687,725	687,725	-	-
Income	381,702	381,702	-	-
Conservative	361,790	361,790	-	-
	$ 5,618,716	$ 5,618,716	$ -	$ -

Note 6 – Uncertain Tax Positions:

U.S. generally accepted accounting principles require the Plan's management evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. Management 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 disclosures 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.

Note 7 – Subsequent Events:

No events have occurred subsequent to December 31, 2010, that require disclosure in these financial statements. Subsequent events have been evaluated as of October 12, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

John Hancock

5% of Reportable Transactions Summary Report For Contract Number 30632

THE TRUSTEES OF GAILEY EYE CLINIC, LTD.

Audit Year Ending DECEMBER 31, 2010 Page 1

	Purchases		Sales			
Purchases	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
10-Year Compound	39	$3,664.25			$3,664.25	
Total	39	$3,664.25			$3,664.25	
Investment Funds						
American Balanced Fund	26	$73,759.79			$73,759.79	
American High-Income Fund	6	$279.26			$279.26	
Lifestyle Aggressive	26	$40,357.49			$40,357.49	
New World Fund	2	$594.05			$594.05	
Blue Chip Growth Fund	26	$1,693.58			$1,693.58	
The Bond Fund of America	26	$1,326.36			$1,326.36	
BlackRock Global Allocation	1	$163.12			$163.12	
Lifestyle Balanced	27	$121,222.63			$121,222.63	
Lifestyle Conservative	26	$23,350.46			$23,350.46	
Capital Appreciation Fund	26	$3,022.32			$3,022.32	
Templeton World	1	$75.69			$75.69	
Active Bond Fund	26	$9,437.68			$9,437.68	
Equity Income Fund	29	$14,952.37			$14,952.37	
EuroPacific Growth Fund	29	$34,235.33			$34,235.33	
Optimized Value Fund	26	$416.62			$416.62	
Financial Services Fund	24	$1,357.94			$1,357.94	
Fundamental Value Fund	9	$4,278.59			$4,278.59	
The Growth Fund of America	29	$83,476.05			$83,476.05	
Global Bond Fund	26	$2,771.96			$2,771.96	
Lifestyle Growth	26	$156,182.77			$156,182.77	
T. Rowe Price Health Sci	29	$3,663.90			$3,663.90	
High Yield Fund	27	$39,581.32			$39,581.32	
Investment Company of America	26	$18,194.45			$18,194.45	
Income Fund of America	26	$1,597.13			$1,597.13	
Intl Equity Index Fund	29	$3,589.61			$3,589.61	
500 Index Fund	26	$4,055.07			$4,055.07	
Investment Qual Bond Fund	27	$23,962.19			$23,962.19	
Intl Small Cap Fund	1	$252.75			$252.75	
International Core Fund	0	$0.00			$0.00	
International Value Fund	23	$1,743.51			$1,743.51	
Large Cap Value Fund	26	$484.91			$484.91	
Large Cap Fund	26	$253.50			$253.50	
Mid Cap Index Fund	29	$10,198.26			$10,198.26	
All Cap Growth Fund	1	$126.37			$126.37	
Mid Cap Stock Fund	29	$15,355.18			$15,355.18	
Lifestyle Moderate	26	$52,651.50			$52,651.50	
John Hancock Stable Val	26	$87,785.28			$87,785.28	
Mid Value Fund	26	$14,866.27			$14,866.27	
Optimized All Cap Fund	26	$253.50			$253.50	
Real Est. Securities Fund	29	$13,907.23			$13,907.23	
Natural Resources Fund	30	$10,423.12			$10,423.12	

	Purchases		Sales			
Purchases	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
Strategic Bond Fund	22	$223.45			$223.45	
Small Cap Index Fund	26	$1,781.41			$1,781.41	
DFA U.S. Small Cap Fund	26	$2,827.80			$2,827.80	
Strategic Income Opp Fund	6	$1,528.87			$1,528.87	
Small Company Value Fund	26	$15,624.83			$15,624.83	
Small Cap Value Fund	23	$2,905.81			$2,905.81	
Small Cap Opportunities Fund	26	$1,973.79			$1,973.79	
Science & Technology Fund	23	$1,288.63			$1,288.63	
Total Return Fund	29	$17,126.26			$17,126.26	
Total Stock Market Index Fund	1	$625.84			$625.84	
Utilities Fund	29	$3,370.66			$3,370.66	
Davis New York Venture	18	$25,679.17			$25,679.17	
Value Fund	26	$387.53			$387.53	
Small Cap Growth Index	26	$456.42			$456.42	
Washington Mutual Investors	26	$29,736.86			$29,736.86	
Total	1,238	$981,436.44			$981,436.44	

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
10-Year Compound			1	$21,563.21-	$21,563.21-	
Total			1	$21,563.21-	$21,563.21-	
Investment Funds						
American Balanced Fund			5	$73,332.24-	$68,397.96-	$4,934.28
American High-Income Fund			0	$0.00	$0.00	$0.00
Lifestyle Aggressive			1	$1,235.91-	$1,159.95-	$75.96
New World Fund			0	$0.00	$0.00	$0.00
Blue Chip Growth Fund			0	$0.00	$0.00	$0.00
The Bond Fund of America			0	$0.00	$0.00	$0.00
BlackRock Global Allocation			1	$581.25-	$530.65-	$50.60
Lifestyle Balanced			5	$25,471.62-	$21,818.70-	$3,652.92
Lifestyle Conservative			4	$121,782.81-	$108,039.32-	$13,743.49
Capital Appreciation Fund			0	$0.00	$0.00	$0.00
Templeton World			1	$76.07-	$75.69-	$0.38
Active Bond Fund			0	$0.00	$0.00	$0.00
Equity Income Fund			1	$607.49-	$480.73-	$126.76
EuroPacific Growth Fund			2	$37,957.87-	$35,896.98-	$2,060.89
Optimized Value Fund			1	$575.64-	$470.56-	$105.08
Financial Services Fund			1	$298.76-	$251.82-	$46.94
Fundamental Value Fund			1	$24,600.35-	$18,341.75-	$6,258.60
The Growth Fund of America			3	$9,234.21-	$9,010.41-	$223.80



5% of Reportable Transactions Summary Report For Contract Number 30632

THE TRUSTEES OF GAILEY EYE CLINIC, LTD.

Audit Year Ending DECEMBER 31, 2010

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
Global Bond Fund			0	$0.00	$0.00	$0.00
Lifestyle Growth			3	$5,652.31-	$5,292.63-	$359.68
T. Rowe Price Health Sci			0	$0.00	$0.00	$0.00
High Yield Fund			0	$0.00	$0.00	$0.00
Investment Company of America			1	$572.96-	$505.90-	$67.06
Income Fund of America			0	$0.00	$0.00	$0.00
Intl Equity Index Fund			0	$0.00	$0.00	$0.00
500 Index Fund			4	$12,014.73-	$11,056.68-	$958.05
Investment Qual Bond Fund			0	$0.00	$0.00	$0.00
Intl Small Cap Fund			0	$0.00	$0.00	$0.00
International Core Fund			1	$238.68-	$339.82-	$101.14-
International Value Fund			0	$0.00	$0.00	$0.00
Large Cap Value Fund			0	$0.00	$0.00	$0.00
Large Cap Fund			0	$0.00	$0.00	$0.00
Mid Cap Index Fund			0	$0.00	$0.00	$0.00
All Cap Growth Fund			1	$462.91-	$353.95-	$108.96
Mid Cap Stock Fund			1	$79.41-	$80.02-	$0.61-
Lifestyle Moderate			4	$40,805.61-	$34,225.24-	$6,580.37
John Hancock Stable Val			11	$476,260.72-	$453,195.01-	$23,065.71
Mid Value Fund			0	$0.00	$0.00	$0.00
Optimized All Cap Fund			0	$0.00	$0.00	$0.00
Real Est. Securities Fund			0	$0.00	$0.00	$0.00
Natural Resources Fund			0	$0.00	$0.00	$0.00
Strategic Bond Fund			1	$777.80-	$641.67-	$136.13
Small Cap Index Fund			0	$0.00	$0.00	$0.00
DFA U.S. Small Cap Fund			1	$307.38-	$204.37-	$103.01
Strategic Income Opp Fund			0	$0.00	$0.00	$0.00
Small Company Value Fund			0	$0.00	$0.00	$0.00
Small Cap Value Fund			0	$0.00	$0.00	$0.00
Small Cap Opportunities Fund			1	$13,832.08-	$14,206.66-	$374.58-
Science & Technology Fund			0	$0.00	$0.00	$0.00
Total Return Fund			2	$9,873.32-	$7,637.32-	$2,236.00
Total Stock Market Index Fund			0	$0.00	$0.00	$0.00
Utilities Fund			0	$0.00	$0.00	$0.00
Davis New York Venture			1	$1,199.88-	$1,159.00-	$40.88
Value Fund			0	$0.00	$0.00	$0.00
Small Cap Growth Index			0	$0.00	$0.00	$0.00
Washington Mutual Investors			1	$577.62-	$515.14-	$62.48
Total			59	$858,409.63-	$793,887.93-	$64,521.70

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN
EIN: 37-0924192/Plan No. 002
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2010

(a) Party-in-Interest Identification	(b) Identity of Issue	(c) Description of Investment	(d) Cost of Acquisitions	(e) Current Value
	JH Stable Value Fund	297,300 shares	$ 341,372	$ 361,790
	American Balanced Fund	7,218 shares	141,449	164,522
	Washington Mutual Investors	5,555 shares	173,721	195,051
	Investment Company of America	3,556 shares	116,175	131,744
	Growth Fund of America	17,260 shares	497,416	582,086
	Europacific Growth Fund	3,849 shares	168,796	211,071
	Lifestyle Conservative Fund	769 shares	25,741	29,758
	Lifestyle Moderate Fund	10,348 shares	311,368	380,040
	Lifestyle Balanced Fund	25,863 shares	742,635	905,629
	Lifestyle Growth Fund	28,099 shares	771,252	932,859
	Lifestyle Aggressive Fund	8,897 shares	227,667	270,024
	Total Return Fund	4,800 shares	94,984	121,910
	Investment Qual Bond Fund	73,312 shares	62,723	73,312
	Active Bond Fund	4,670 shares	71,823	93,106
	Global Bond Fund	941 shares	17,275	21,278
	Strategic Income Opportunities Fund	354 shares	5,369	7,110
	Small Cap Opportunities Fund	41 shares	790	960
	Equity Income Fund	3,466 shares	86,384	109,308
	New World Fund	12 shares	594	675
	Value Fund	60 shares	1,558	1,999
	500 Index Fund	54 shares	32,253	37,438
	Utilities Fund	1,663 shares	26,773	36,411
	Mid Value Fund	7,036 shares	78,087	115,883
	Small Company Value Fund	5,210 shares	117,050	150,584
	Real Estate Securities Fund	2,645 shares	97,728	126,311
	Large Cap Value Fund	50 shares	1,049	1,008
	DFA US Small Cap Fund	750 shares	11,296	18,093
	Total Stock Market Index Fund	402 shares	4,468	5,374
	Capital Appreciation Fund	1,296 shares	11,809	14,261
	Mid Cap Index Fund	2,911 shares	54,746	70,643
	Large Cap Fund	59 shares	672	840
	International Value Fund	935 shares	16,031	19,013
	Financial Services Fund	327 shares	4,033	4,919
	Mid Cap Stock Fund	4,898 shares	82,145	95,370
	Income Fund of America	1,225 shares	15,149	22,516
	Small Cap Index Fund	1,311 shares	20,183	25,561
	Davis New York Venture Fund	893 shares	24,520	25,487
	T. Rowe Price Health Sciences Fund	467 shares	13,901	16,779
	Natural Resources Fund	2,145 shares	72,409	103,635

- Continued –

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN
EIN: 37-0924192/Plan No. 002
Schedule H, Line 4i
Schedule of Assets (Held at End of Year) - Continued
December 31, 2010

(a) Party-in-Interest Identification	(b) Identity of Issue	(c) Description of Investment	(d) Cost of Acquisitions	(e) Current Value
	High Yield Fund	1,841 shares	$ 41,615	$ 46,645
	American High Income Fund	21 shares	279	286
	International Core Fund	1,410 shares	26,917	22,628
	International Equity Index Fund	790 shares	10,734	12,535
	Blue Chip Growth Fund	632 shares	13,913	15,335
	Optimized All Cap Fund	44 shares	672	884
	Science and Technology Fund	292 shares	4,079	5,657
	International Small Cap Fund	43 shares	708	1,358
	Small Cap Growth Index Fund	81 shares	1,132	1,758
	Small Cap Value Fund	293 shares	5,846	8,398
	Bond Fund of America	1,335 shares	14,879	18,055
	Optimized Value Fund	9 shares	669	819
				5,618,716
	10-Year Comp Fund			18,428
				$ 5,637,144