#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**HERE** 

**SIGN** 

**HERE** 

SIGN HERE Signature of plan administrator

Signature of DFE

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

## 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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I	<b>Annual Report Identif</b>	ication Information						
For calend	ar plan year 2011 or fiscal plar	n year beginning 01/01/2011		and ending	12/31/2011			
A This return/report is for:		a multiemployer plan;	a multiple	employer plan; or				
		x a single-employer plan;	a DFE (sp	ecify)				
	urn/report is: an is a collectively-bargained p	the first return/report; an amended return/report;	a short pla	eturn/report; an year return/repor		onths). ▶ []		
D Check I	oox if filing under:	X Form 5558;	automatic	extension;	th	e DFVC program;		
		special extension (enter desc	cription)					
Part II	Basic Plan Informat	tion—enter all requested informa	tion					
1a Name	of plan	, PLLC PROFIT SHARING/401(K)			1b	Three-digit plan number (PN) ▶	001	
		,				Effective date of plants	an	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)  CORNEA CONSULTANTS OF ALBANY, PLLC						2b Employer Identification Number (EIN) 14-1811796		
				_	2c	Sponsor's telephon number 518-475-1515		
1220 NEW SUITE 101	SCOTLAND AVENUE	1220 NEW SUITE 101	/ SCOTLAND AVENU	JE	2d	Business code (see	9	
SLINGERI	ANDS, NY 12159-9222		_ANDS, NY 12159-92	222	6	instructions) 21111		
Caution: A	A penalty for the late or incor	mplete filing of this return/report	t will be assessed u	nless reasonable	cause is establi	shed.		
		alties set forth in the instructions, I the electronic version of this return,						
SIGN.	المارين	onio aignoturo	00/20/2042	DODEDTI COU	IL TZE MD			
SIGN F	ed with authorized/valid electron	onic signature.	08/29/2012	ROBERT L SCHU	JL I ZE MD			

Date

Date

Date

08/29/2012

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

Form 5500 (2011) v.012611

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

ROBERT L SCHULTZE MD

Enter name of individual signing as DFE

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SUNSERIANDS, NY 12159-9222    Fithe 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.		Plan administrator's name and address (if same as plan sponsor, enter "San RNEA CONSULTANTS OF ALBANY, PLLC	ne")	<b>3b</b> Administrator's EIN 14-1811796
### SELINGERLANDS, NY 12159-9222  ### 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:  ### AC PN  ### Total number of participants at the beginning of the plan year  ### Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).  ### Active participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).  ### Active participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).  ### Active participants receiving benefits.  ### Active participants receiving benefits.  ### Both Complete this end.  ### Active participants receiving benefits.  ### Both Complete this end.  ###	12:	20 NEW SCOTLAND AVENUE		3c Administrator's telephone
the plan number from the last return/report:  a Sponsor's name  5 Total number of participants at the beginning of the plan year  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				
the plan number from the last return/report:  a Sponsor's name  5 Total number of participants at the beginning of the plan year  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				
the plan number from the last return/report:  a Sponsor's name  5 Total number of participants at the beginning of the plan year  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				
Total number of participants at the beginning of the plan year 5  Total number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).  Active participants	4		n/report filed for this plan, enter the name, EIN	and 4b EIN
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	а	·		4c PN
a Active participants	5	Total number of participants at the beginning of the plan year		5 1
b Retired or separated participants receiving benefits	6	Number of participants as of the end of the plan year (welfare plans complet	e only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
b Retired or separated participants receiving benefits	а	Active participants		6a 1
c Other retired or separated participants entitled to future benefits				Cla
d Subtotal. Add lines 6a, 6b, and 6c	D	Retired or separated participants receiving benefits		. 00
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	С	Other retired or separated participants entitled to future benefits		. 6c
f Total. Add lines 6d and 6e	d	Subtotal. Add lines 6a, 6b, and 6c		6d 1
f Total. Add lines 6d and 6e	е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	6e
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	£	•		6f 1
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	1	Total. Add lines <b>60</b> and <b>66</b>		. 01
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	g			6 <b>q</b> 1
less than 100% vested	h	,		
Sa				6h
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)			. , , , , , , , , , , , , , , , , , , ,	•
9a Plan funding arrangement (check all that apply) (1)	ва		odes from the List of Plan Characteristic Codes	s in the instructions:
9a Plan funding arrangement (check all that apply) (1)	h	If the plan provides welfers handite actor the applicable welfers feeture acc	des from the List of Plan Characteristic Codes	in the inetwestioner
(1)	b	in the plan provides wellare benefits, enter the applicable wellare readure coc	les nom the List of Flan Characteristic Codes	in the instructions.
(1)			Ob at the second	
(2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions a Pension Schedules (1) R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) X Trust (4) General assets of the sponsor  (4) General Schedules (1) H (Financial Information)  (1) H (Financial Information – Small Plan)  (3) X I (Financial Information – Small Plan)  (4) C (Service Provider Information)  (5) D (DFE/Participating Plan Information)	9a	(1) Insurance	(1) Insurance	at apply)
(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) 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  (4) General assets of the sponsor  (4) General assets of the sponsor  (5) General assets of the sponsor  (6) General assets of the sponsor  (7) Financial Information  (8) Financial Information - Small Plan  (9) Financial Information  (1) C (Service Provider Information)  (2) C (Service Provider Information)  (3) D (DFE/Participating Plan Information)			I	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions a Pension Schedules  (1) R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) SB (Single-Employer Defined Benefit Plan Actuarial  (5) D (DFE/Participating Plan Information)				
a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial (5) General Schedules (1) H (Financial Information) (2) I (Financial Information – Small Plan) (3) X 1 A (Insurance Information) (4) C (Service Provider Information) D (DFE/Participating Plan Information)	40			
(1) R (Retirement Plan Information) (1) H (Financial 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 (5) D (DFE/Participating Plan Information)	10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, where indicated, enter the number	per attached. (See instructions)
(1)	а		b General Schedules	
Purchase Plan Actuarial Information) - signed by the plan actuary  (3)		(1) R (Retirement Plan Information)	(1) H (Financial Inform	nation)
actuary  (4)  C (Service Provider Information)  D (DFE/Participating Plan Information)			(2) X I (Financial Inform	nation – Small Plan)
(3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information)		, ,	· / = - ·	,
(e) a (emigra improyer permata permata in the control of the contr		actuary	<del>_</del>	
Intermation) - signed by the plan actuary (6) LL G (Financial Transaction Schedules)			`	,
(v) (indication concation)		Information) - signed by the plan actuary	(6) G (Financial Trans	saction Schedules)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

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

Insurance companies are required to provide the information

OMB No. 1210-0110

2011

			ERISA section 103(a)(2)		1011		m is Open to Public Inspection
For calendar plan year 20	11 or fiscal pl	an year beginning 01/01/201	1	and en	ding 12/31/20		
A Name of plan CORNEA CONSULTANT	S OF ALBAN	Y, PLLC PROFIT SHARING/40	1(K) PLAN AND TRUST		e-digit number (PN)	•	001
C Plan sponsor's name a CORNEA CONSULTANT				<b>D</b> Employ 14-181	yer Identification 1796	Number (	EIN)
on a separat		rning Insurance Contract. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
NATIONWIDE LIFE INSU	IRANCE CO.						
	(c) NAIC	(d) Contract or	(e) Approximate n	umber of	Po	olicy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	1	<b>(g)</b> To
31-4156830	66869	0000CORN00NY00K		1	01/01/2011		12/31/2011
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in item 3	the agents, broke	ers, and o	ther persons in
(a) Total a	amount of cor	nmissions paid		<b>(b)</b> To	tal amount of fee	s paid	
		0					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees were	paid	
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	9		(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees were	paid	
	.,	<b>,</b>				•	
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	9		(e) Organization code

Schedule A (Form 5500)	2011	Page <b>2 -</b> 1	]	
	ame and address of the agent, broke	r. or other person to whom o	commissions or fees were paid	
(4)	and address of the agont, siene	., c. carer percent to innern		
(L) A		Fees and other commission	s paid	(-) ()
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code
•	, ,			
<b>(a)</b> Na	ame and address of the agent, broke	r, or other person to whom o	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	s paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
<b>(a)</b> Na	ame and address of the agent, broke	r, or other person to whom o	commissions or fees were paid	
	T			T
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	r or other person to whom o	commissions or fees were paid	
(a) (ve	and address of the agent, broke	r, or other person to whom t	commissions of fees were paid	
	I			
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commission	s paid (d) Purpose	(e) Organization
commissions paid	(c) Amount		(d) Fulpose	code
(a) Na	ame and address of the agent, broke	r, or other person to whom o	commissions or fees were paid	
		, ,	•	
		Fees and other commission	naid	T.,
(b) Amount of sales and base commissions paid	(c) Amount	1 003 and other commission	(d) Purpose	(e) Organization code
Commissions paid	(o) / anount		(±). 3.5000	
				1

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ay		•

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	cts with each carrier ma	y be treated as a ι	ınit for purposes of
_		this report.				
		ent value of plan's interest under this contract in the general account at year				1010
_		ent value of plan's interest under this contract in separate accounts at year er	nd		5	1648
6		racts With Allocated Funds:				
	а	State the basis of premium rates   NOT PROVIDED BY INSURANCE CO	).			
	b	Premiums paid to carrier			<u>6b</u>	400
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	16
		Specify nature of costs   CONTRACT COMMISSIONS				
	е	Type of contract: (1)  individual policies (2)  group deferred	d annuity			
		(3) X other (specify) ► INDIVIDUAL ANNUITY CONTRACTS				
		(b) A cultif (opcomy) , which is a contract to				
_		If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Contr	racts With Unallocated Funds (Do not include portions of these contracts mai				
	а	Type of contract: (1) $\square$ deposit administration (2) $\square$ immedia	te participa	tion guarantee		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
		Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		• •	7c(4)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 70(3)			
		(6)Total additions			7c(6)	
	d∃	Fotal of balance and additions (add <b>b</b> and <b>c(6)</b> )	<u>.</u>		7d	
	<b>e</b> [	Deductions:				
	(	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(	(2) Administration charge made by carrier	. 7e(2)			
	(	(3) Transferred to separate account	7e(3)			
	(	(4) Other (specify below)	7e(4)			
	Ì					
		,				
	(	(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract e(5) from d)			7f	

	Schedule A (Form 5500) 2011		Page <b>4</b>		
I	Welfare Benefit Contract Information  If more than one contract covers the same groen information may be combined for reporting pure the entire group of such individual contracts with	oup of employees of the sarposes if such contracts are	e experience-rate	d as a unit. Where contract	
efi	it and contract type (check all applicable boxes)				
1	Health (other than dental or vision)	<b>b</b> Dental	<b>c</b> Visio	n	<b>d</b> Life insurance
	Temporary disability (accident and sickness)	f Long-term disability	g Supp	elemental unemployment	h Prescription drug
Ī	Stop loss (large deductible)	j HMO contract	k ☐ PPO	contract	I Indemnity contract
Ī	Other (specify)	_	_		
eri	ence-rated contracts:				
Pr	remiums: (1) Amount received		9a(1)		
(2	2) Increase (decrease) in amount due but unpaid.		9a(2)		
(3	3) Increase (decrease) in unearned premium rese	rve	9a(3)		
(4	4) Earned ( <b>(1) + (2) - (3)</b> )	<u></u>		9a(4)	
В	Benefit charges (1) Claims paid		9b(1)		
(2	2) Increase (decrease) in claim reserves		9b(2)		
(3	3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )			9b(3)	

9b(4)

10a

10b

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions ..... 9c(1)(A) (B) Administrative service or other fees ..... 9c(1)(B) 9c(1)(C) (C) Other specific acquisition costs..... (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... (F) Charges for risks or other contingencies ..... 9c(1)(F) (H) Total retention ..... 9c(1)(H) (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) 9d(3) (3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) ..... 9e

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

a Health (other than dental or vision)

Experience-rated contracts:

10 Nonexperience-rated contracts:

Specify nature of costs

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid......

(4) Claims charged.....

Total premiums or subscription charges paid to carrier ...... 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.....

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

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

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

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 12	/31/2011	
A Name of plan CORNEA CONSULTANTS OF ALBANY, PLLC PROFIT SHARING/401(K) PLAN AND TRUST	В	Three-digit plan number (PN)	•	001
C Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identificat	tion Numb	er (EIN)
CORNEA CONSULTANTS OF ALBANY, PLLC	1	14-1811796		
Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan	n vea	ar. You may also com	plete Sche	edule I if vou are filing as a

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

#### Part I Small Plan Financial Information

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

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	669	1648
b	Total plan liabilities	. 1b	0	
С	Net plan assets (subtract line 1b from line 1a)	1c	669	1648
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	520	
	(2) Participants	2a(2)	520	
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	. 2c	-31	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		1009
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	<b>2</b> f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions).	2h		
i	Other expenses	2i	30	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		30
k	Net income (loss) (subtract line 2j from line 2d)	2k		979
	Transfers to (from) the plan (see instructions)	<b>2</b> I		

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

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

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Schedule I (Form 5500) 2011

		г					
			Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		Χ			
	· ·	- <b>J</b>					
D	art II Compliance Questions						
4	During the plan year:		V	Na		A a	
ъ	Was there a failure to transmit to the plan any participant contributions within the time period		Yes	No		Amount	
u	described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e	X				5000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	s X	lo /	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plar	n(s) to v	vhich assets	or liabilitie	s were
	5b(1) Name of plan(s)			5b(2	) EIN(s)		<b>5b(3)</b> PN(s)

#### 5500 Electronic Filing Authorization

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

EIN/PN: 14-18

14-1811796/001

Plan Year:

01/01/2011 - 12/31/2011

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

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

Plan Administrator

2424

(date)

Plan Sponsor

Igian

(date)

#### Annual Return/Report of Employee Benefit Plan OMB Nos. 1210-0110 1210-0089 Form 5500 This form is required to be filed for employee banefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and Department of the Treasury Internal Revenue Service sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). 2011 Complete all entries in accordance with the instructions to the Form 8500. This Form is Open to Public Pension Banefé Querarty Corporation Inspection Partil Annual Report Identification Information and ending 12/31/2011 For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 a multiple-employer plan; or a multiemptoyer plan; A This return/report is for: a DFE (specify) a single-employer plan; the final return/report: the first return/report: B This return/report is: a short plan year return/report (less than 12 months). an amended return/report; . . . . . ▶∐ C If the plan is a collectively-bargained plan, check here the DFVC program: automatic extension: Form 5558; D Check box if filing under: special extension (enter description) Partilli Basic Plan Information --- enter all requested information. 1b Three-digit plan Name of plan number (PN) ▶ 601 Cornea Consultants Of Albany, PLLC Profit Sharing/401(K) Plan And Trust 1C Effective date of plan 01/01/2000 2b Employer Identification Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) Number (EIN) 14-1811796 CORNEA CONSULTANTS OF ALBANY, PLLC 2c Spansor's telephone unmper (518) 475-1515 2d Business code (see 1220 NEW SCOTLAND AVENUE Instructions) SUITE 101 621111 NY 12159-9222 us slingerlands . . . . Caution: A penalty for the tate or incomplate filing of this return/report will be associated unless reasonable cause is established. Under penalties of perfury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules. statements and attackments, 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. ROBERT L. SCHULTZE, HD Enter name of individual signing as plan administrator Date Signiture of plan administrator BION ROBERT L. SCHULTZE, NO Enter name of individual signing as employer or plan sponsor Date Signature of employeripten sponsor SIGN HERE Enter name of individual signing as DFE

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

Signature of DFE

Date

Form 6500 (2011)

v.012611

	Form 5500 (2011)			P	age 2					
3a	Plan administrator's name and address (if same as plan sponsor, enter "Sam	ne")				3b Administrator's EIN				
	same					3c Administrator's telephon number				
4	If the name and/or EIN of the plan sponsor has changed since the last return/report the plan number from the last return/report:	t filed for t	his pla	an,	enter the name, EIN and		4b EIN			
а	Sponsor's name						4c PN			
<del></del> 5	Total number of participants at the beginning of the plan year					5	1			
6	Number of participants as of the end of the plan year (welfare plans complet									
а	Active participants			•		6a	1			
b	Retired or separated participants receiving benefits					6b				
c	Other retired or separated participants entitled to future benefits					6c				
d	Subtotal. Add lines 6a, 6b, and 6c			•		6d	1			
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive be	nefits	3		6e				
f	Total. Add lines 6d and 6e			•		6f	1			
g	Number of participants with account balances as of the end of the plan year complete this item)	(only de	fined	CC	ontribution plans	6g	1			
h	Number of participants that terminated employment during the plan year witless than 100% vested					6h				
7	Enter the total number of employers obligated to contribute to the plan (only	multiem	ploye	rc	complete this item)	7_	<u> </u>			
t	8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2G 2J 3D 3H  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
9a			1)   1)	_	nefit arrangement (check all tha Insurance	ու գիի	<i>ו</i> ני			
	(1) X Insurance	1 .	') [ 2) [	┥	Code section 412(e)(3) insurar	nce co	ontracts			
	(2) Code section 412(e)(3) insurance contracts	1		7	Trust					
	(3) X Trust (4) General assets of the sponsor		4)	_	General assets of the sponsor					
10		ned, and, v	where	in	dicated, enter the number attache	ed. (Se	ee instructions)			
а	Pension Schedules	b d	Зепе	<u>ra</u> l	Schedules					
	(1) R (Retirement Plan Information)	•	1) [ [		H (Financial Informa	-	Omell Block			
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money			K	I (Financial Informa					
	Purchase Plan Actuarial Information) - signed by the plan actuary		- Г	X	1 A (Insurance Inform					
			4) 5)	$\dashv$	C (Service Provider D (DFE/Participating		=			
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		5) 6)	1	G (Financial Transa	_				

## **Sponsor Location Information**

Sponsor name:

CORNEA CONSULTANTS OF ALBANY, PLLC

Sponsor DBA name: Sponsor care of name:

1220 New Scotland Avenue

Suite 101

US Slingerlands

NY 12159-9222

## SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Gusranty Corporation

## **Insurance Information**

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

► File as an attachment to Form 5500.

► Insurance companies are required to provide this information

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

		pursuant to E	RISA section 103(a)(2	2).			mspection.	
For calendar plan year	2011 or fiscal pla	an year beginning 01/01/20	11	and ending	12/31	/2011		
A Name of plan				B Three-dig plan num		•	001	
Cornea Consultant	s Of Albany	, PLLC Profit Sharing/	'401(K) Plan A			· · · · · · · · · · · · · · · · · · ·		
C Plan sponsor's nan	C Plan sponsor's name as shown on line 2a of Form 5500. D Employer Indentification Number							
CORNEA CONSULTANT	S OF ALBAN	, PLLC			14-181	1796		
Part I Informati	on Concerni	ng Insurance Contract Co ndividual contracts grouped as a	verage, Fees, and unit in Parts II and III	d Commiss can be reporte	ions Proved on a single	ide information e Schedule A	n for each contract	
1 Coverage Informat	lon:							
(a) Name of insurance	carrier							
NATIONWIDE LIFE I	NSURANCE CO	)						
# 5th	(c) NAIC	(d) Contract or	(e) Approximate persons covere	number of			contract year	
(b) EIN	code	identification number	policy or contr		(f) F	rom	(g) To	
31-4156830	66869	0000CORN00NY00K		1	1/1/20		12/31/2011	
2 Insurance fee and descending order of		rmation. Enter the total fees and tid.	total commissions pai				other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
		0				0	<u> </u>	
3 Persons receiving	commissions an	d fees. (Complete as many entrie	s as needed to report	all persons).				
	(a) Name a	and address of the agent, broker,	or other person to wh	om commissio	ons or fees v	rere paid		
		Fee	s and other commissi	ons paid				
(b) Amount of sale commission		(C) Amount		(d) Purpose	_		(e) Organization code	
Commission	o para	(),				7		
	(a) Name a	and address of the agent, broker,	or other person to wh	om commissi	ons or fees v	vere paid		
	(4)					· · · · · · · · · · · · · · · · · · ·		
	<del></del>		e and other name in i	one paid	<u> </u>	<u> </u>		
(b) Amount of sal commission		(C) Amount	s and other commiss	ons paid ( <b>d)</b> Purpose	· · · · · · · · · · · · · · · · · · ·	<del></del> _	(e) Organization code	
commission	s paru	(O) Allount		<u> </u>				

Schedule A (Form 5500)	2011	Page 2-	Page 2-					
(a) Name	and address of the agent,	broker or other person to whom commissions or fees were	e paid					
(b) Amount of sales and base		Fees and other commissions paid	4-1					
commissions paid	(c) Amount	(d) Purpose	(e) Organization co					
(a) Name	and address of the agent	broker or other person to whom commissions or fees we	e paid					
(b) Amount of sales and base		Fees and other commissions paid						
commissions paid	(c) Amount	(d) Purpose	(e) Organization of					
(a) Name	and address of the agent	, broker or other person to whom commissions or fees we	re paid					
(a) Name	and address of the agent	, bloker of other person to whom commissions of ices we	<u></u>					
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
Quartissions paid	(O) / Silosin							
(a) Name	and address of the agent	, broker or other person to whom commissions or fees we	те раю					
(b) Amount of sales and base		Fees and other commissions paid						
commissions paid	(c) Amount	(d) Purpose	(e) Organization o					
(a) Name	and address of the agent	, broker or other person to whom commissions or fees we	re paid					
		Fees and other commissions paid						
(b) Amount of sales and base	(a) Amount	(d) Purpose	(e) Organization of					
commissions paid	(c) Amount	(a) r dipose	[o] ordermentor o					

Pa	Investment and Annuity Contract Information					
	Where individual contracts are provided, the entire group of such individual this report.	vidual contra	acts with each carri	er may be treated	as a unit for purposes of	I
4	Current value of plan's interest under this contract in the general account at year	end .		4		_
	Current value of plan's interest under this contract in separate accounts at year e			5	1,6	48
	Contracts With Allocated Funds:	-				
ě						
	NOT PROVIDED BY INSURANCE CO.					<del></del>
ı	•			· ·   6b		00
•				· · 6c		
(	or retention of the contract or policy, enter amount $\dots \dots \dots$	inection with	· · · · · · ·	6d		16
	Specify nature of costs >					
	CONTRACT COMMISSIONS					
		iriuity				
	(3) X other (specify) ►					
	INDIVIDUAL ANNUITY CONTRACTS					
1	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan c	heck here	▶□		
7	Contracts With Unallocated Funds (Do not include portions of these contracts in	naintained i	n separate accoun	ts)		
а	Type on contract (1) deposit administration (2) ii	mmediate p	articipation guaran	tee		
		other <b>&gt;</b>				
	.,					
				7b		_
	Balance at the end of the previous year	7c(1)	· · · · · ·	70	····	
С	Additions: (1) Contributions deposited during the year	7c(2)			'	
	(2) Dividends and credits	7c(3)				
	(3) Interest credited during the year	7c(4)				
	(5) Other (specify below)	7c(5)				•
	(a) Other (appearly bolotty)			11-41-51.		. •
			<u> </u>	7c(6)		<u>. t </u>
	(6) Total additions	• • •		70(0)		_
C	Total of balance and additions (add b and c(6)) · · · · · · · · · · · · · · · · · ·	· · · · [				
e	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			•	
	(2) Administration charge made by carrier	7e(2)				
	(3) Transferred to separate account	7e(3)				
	(4) Other (specify below)	7e(4)			· ·	٠.
	<b>→</b>					
		ŀ				
						· ]"
	m = A A Lodostona			. 7e(5)		
	(5) Total deductions			. 76(37		_
	Balance at the end of the current year (subtract e(5) from d)	<del></del>	<del></del>	<del></del>	L	_

Page	4
raue	7

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

Par	t III	Welfare Benefit Contract Informat	ion					_	
		If more than one contract covers the same grou information may be combined for reporting purp the entire group of such individual contracts wit	oses	if such contracts are exp	perience-rated as a unit	. Whe	ere contracts	cove	e organization(s), the r individual employees,
8	Bene	efit and contract type (check all applicable boxes)		<del></del>	_				_
	a∏	Health (other than dental or vision)	b[	Dental	C Vision			d L	Life insurance
	e∏	Temporary disability (accident and sickness)	fΓ	Long-term disability	g Supplemental	unem	ployment	h[	Prescription drug
	iΠ	Stop loss (large deductible)	jĒ	HMO contract	k PPO contract			1 [	Indemnity contract
	m[	Other (specify) ▶							
9	Ехре	erience-rated contracts:						_[	
а	Pren	niums: (1) Amount received			9a(1)			1	
	(2)	Increase (decrease) in amount due but unpaid			9a(2)			4	
	(3)	Increase (decrease) in unearned premium reserv	е		9a(3)			1	
	(4)	Earned ((1) + (2) - (3))				• •	9a(4)	_	
b	Bene	efit charges: (1) Claims paid			9b(1)			4	
	(2)	Increase (decrease) in claim reserves			9b(2)			1	
	(3)	Incurred claims (add (1) and (2))	•				9b(3)	┸	
	(4)	Claims charged					9b(4)	1_	
C	Rem	nainder of premium: (1) Retention charges (on a	n acc	rual basis)				<u>ا</u>	
		(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		<u>.</u>			9c(1)(H)	Ц_	
	(2)	Dividends or retroactive rate refunds. (The amou	ınts v	vere 🔲 paid in cash,	or credited.)		9c(2)	┸	
d	State	us of policyholder reserves at end of year: (1) Ar	nouni	t held to provide benefits	after retirement		9d(1)	┸	
		Claim reserves					9d(2)	┸	
	(3)	Other reserves					9c(3)		
e		dends or retroactive rate refunds due. (Do not inc	lude	amount entered in c(2).)	. <u></u>		9e	┸	
10		experience-rated contracts:		<u>, • • • • • • • • • • • • • • • • • • •</u>					<u> </u>
а	Tota	Il premiums or subscription charges paid to carrie	ſ				10a		
b		e carrier, service, or other organization incurred a		ecific costs in connection	with the acquisition or				
	rete	ntion of the contract or policy, other than reported	in Pa	art I, item 2 above, report	amount	•	10b		
Sp		nature of costs >							
Pa	t IV	Provision of Information							
		ne insurance company fall to provide any informat	ion n	ecessary to complete Sch	nedule A?	. Y	es	Ш	No

#### SCHEDULE I (Form 5500)

Department of the Treasury

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

Financial Information -- Small Plan

OMB No. 1210-0110

2011

	Internal Revenue Service	linternal Re	svenue Cou	e (une Ci	ode).				
	Department of Labor oyee Benefits Security Administration	▶ File as an at	ttachment	to Forn	n 5500.			This Fo	orm is Open to Public Inspection.
	nsion Benefit Guaranty Corporation	vear beginning 01/01/20	111		and ending	0 12/3	1/2011		
	lendar plan year 2011 or fiscal plan	year beginning 01/01/20	111		and chair,	B Three		ĭ	<del> </del>
	ame of plan	any, PLLC Profit Sharing	~/401 (K)	Plan	And Tr		, a.g.( number (F	N) ►	001
Co	ornea Consultants OI Alb	any, PLLC Profit sharing	g/ <b>4</b> 01 (K)	ETGII	Ald II	picin	Tarribor V		
						,	Figure Gr		
C PI	an sponsor's name as shown on lin	e 2a of Form 5500				D Empl	oyer Ideni	tification N	lumber (EIN)
	ORNEA CONSULTANTS OF ALE						811796		
		ver than 100 participants as of the b	eginning of	the plan	vear. You π	nav also co	mplete Sc	chedule I i	f you are filing as a
small pla	an under the 80-120 participant rule	(see instructions). Complete Sched	lule H if rep	orting as	a large plan	or DFE.			
Part	<del></del>			•					
assets he benefit a	eld in more than one trust. Do not e	d liabilities, income, expenses, trans enter the value of the portion of an ir and expenses of the plan including the nearest dollar.	nsurance co	ntract th	at guarantee	es during th	is plan ye	ear to pay	a specific dollar
1 P	Plan Assets and Liabilities:				(a) Beginn	ing of Year		(b) En:	d of Year
ат	Total plan assets			1a			669		1,648
			🗀	1b			0		
		n line 1a) <u></u>		1c			669		1,648
	ncome, Expenses, and Transfe		,		(a) Amo	ount		(b)	Total
	Contributions received or receivable								
	1) Employers		🗀	(1)			520		
•			🗆	(2)			520		
•			🗀	?a(3)					
	Noncash contributions	,	· · [	2b					
	Other income			2c			(31)		
ďτ	Fotal income (add lines 2a(1), 2a(2)	, 2a(3), 2b, and 2c)	[	<u>2d</u>					1,009
	Benefits paid (including direct rollove		🗀	2e				:	
	Corrective distributions (see instruct			2f					
	Certain deemed distributions of part						ļ		•
_	(see instructions)		· · [	2g					
		laries, fees, and commissions) .	· • L	<u>2h</u>					
				2i			30		<u></u>
iт	Total expenses (add lines 2e, 2f, 2g	, 2h, and 2i)	· · · <u>                                 </u>	2j					30
		om line 2d)		2k					979
1 1	Transfers to (from) the plan (see ins	structions)		21					
3 5	Specific Assets: If the plan held asse	ets at anytime during the plan year in any e plan year. Allocate the value of the pla of the specific exceptions described in t	y of the follov an's interest in	a comm	ories, check ' ingled trust co	ontaining the	assets of	more trian	one plan on a line-
					_	Yes	No	A	mount
a F	Partnership/joint venture interests					a	x		
b E	Employer real property				3	<b>b</b>	х		<del></del>
C F	Real estate (other than employer re	al property)			<u>  3</u>	C	X		
_	Employer securities				3	id	x		

d Employer securities . . . . . . .

	Schedule I (Form 5500) 2011	Pag	e <b>2-</b>				
_					<del></del>		
	r		Yes	No	Am	ount	
3f	Loans (other than to participants)	<u>3f</u>		Х	ļ		
g	Tangible personal property	3g	L	х			<del></del>
Part I	Compliance Questions						
4	During the plan year:		Yes	No	Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period			1			
	described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	4a		х			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan		ŀ	•			
	year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance	4b	<u> </u>	x			
	· ·	64.0				:	* N
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x			a a management
		5 F			12		77-7-7-0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		х			
e	Was the plan covered by a fidelity bond?	4e	Х	<del> </del>	*** ***		5,000
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			
~	Did the plan hold any assets whose current value was neither readily determinable on an established						
g	market nor set by an independent third party appraiser?	4g		x		<del>.,</del>	
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			ئى <u>ن</u> ىنىسىسىدىد 
	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel						
1	of real estate, or partnership/joint venture interest?	4i		x		- <u></u>	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<u>4j</u>		x			ا است دا هنال در روی
k	Are you claiming a waiver of the annual examination and report of an independent qualified public						
	accountant (IQPA) under 29 CFR 2520.104-46? If "No", attach the IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	x	1			
		41	<del>                                     </del>	×			
1	Has the plan failed to provide any benefit when due under the plan?	<u> </u>	1 1-2	1			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		х		11 - 15 1911 - 1912 <del>1211 - 1</del>	2.00
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of	_ '		1		7 7 7	
	the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	J	<del></del>	1		
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	.e [3	Z No	Amour	nt:		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	03 [2		7,,,,,	•••		
5b	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan	an(s) t	o which a	ssets or l	iabilities were		
	transferred. (See instructions.)						
	5b(1) Name of plan(s)	5	b(2)	EIN(s)		5b(3)	PN(s)
		ļ	-				-
					ļ		
		1					

# Form 5558 (Rev. June 2011) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0212

| File With IRS Only

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

Part I Identification Filer's identifying number (see instructions) Name of filer, plan administrator, or plan sponsor (see instructions) Employer identification number (EIN) CORNEA CONSULTANTS OF ALBANY, PLLC Number, street, and room or suite no. (If a P.O. box, see instructions) 14-1811796 Social security number (SSN) (see instructions) 1220 NEW SCOTLAND AVENUE City or town, state, and ZIP code 12159-9222 NY **SLINGERLANDS** Plan year ending-Plan C Plan name DD YYYY number MM 31 2b11 Cornea Consultants Of Albany, PLIC Profit Sharing/401(K) Plan 12 10 3 Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA 10 / 15 / 2012 to file Form 5500 series (see instructions). I request an extension of time until Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series. to file Form 8955-SSA (see instructions). I request an extension of time until Note. A signature IS required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 1 and/or line 2 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date. Part III Extension of Time To File Form 5330 (see instructions) to file Form 5330. I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330. Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/amendment date State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.