Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [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
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/15/2004

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
SAV-MORE DRUG, INC

411 MAIN STREET
SULPHUR SPRINGS, TX 75482

2b Employer Identification Number (EIN) 75-2047264

2c Sponsor's telephone number 903-885-0821

2d Business code (see instructions) 446110

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.	09/15/2010	DOUGLAS MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2010	DOUGLAS MOORE
	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")
SAV-MORE DRUG, INC

411 MAIN STREET
SULPHUR SPRINGS, TX 75482

3b Administrator's EIN
75-2047264

3c Administrator's telephone number
903-885-0821

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**	352
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**	336
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	355
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	355
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	194
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 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 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)	X		**C** (Service Provider Information)
(5)	X		**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

2009

This Form is Open to Public Inspection

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

A Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

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	30941	194	01/01/2009	12/31/2009

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
18880	4416

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
MORGAN STANLEY DW
821 ESE LOOP 323
SUITE 100
TYLER, TX 75701

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
18880	628	OTHER ALLOWANCES	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TRAVIS WOLFF
5580 LBJ FREEWAY, SUITE 400
DALLAS, TX 75240

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
	3788	TPA COMPENSATION & FEES	5

(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	105696
5	Current value of plan's interest under this contract in separate accounts at year end	5	3690192

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 ▶ GUARANTEED INTEREST

b	Balance at the end of the previous year			7b	55183
c	Additions: (1) Contributions deposited during the year	7c(1)	29259		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2765		
	(4) Transferred from separate account	7c(4)	31612		
	(5) Other (specify below)	7c(5)	4702		
	▶ LOAN REPAYMENTS LOST EARNINGS TRANSFER FROM OTHER PLAN				
	(6) Total additions			7c(6)	68338
d	Total of balance and additions (add **b** and **c(6)**)			7d	123521
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7376		
	(2) Administration charge made by carrier	7e(2)	714		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	9735		
	▶ PARTICIPANT LOANS AND TPA FEE				
	(5) Total deductions			7e(5)	17825
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	105696

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

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

A Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK USA
P. O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

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

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

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

JOHN HANCOCK USA

P. O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	846	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

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

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	644

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	2295

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	10472

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	3377

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	7194

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	12797

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	2465

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32694

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17873

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40029

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43092

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2436

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2910

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32402

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10033

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22021

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 455

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103564

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STRATEGIC INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48627

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10660

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1953

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6898

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151109

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9127

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70139

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1289

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2040			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6866
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2045			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	485
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	365610
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	871507
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	96514
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	920252
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	278028
a Name of MTIA, CCT, PSA, or 103-12 IE: LM WESTERN ASSET GLB HIGH YIELD			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16733
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10723
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14297

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29388
a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6849
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19864
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL DISCOVERY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21542
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27402
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37548
a Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8793
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19261
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29444
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71813

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE SECURITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8897
a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17485
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE AND TECHNOLOGY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8497
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3058
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15388
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1732
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13871
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5301
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI AND TECH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6866
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8248

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3186

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58624

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8312

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24240

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

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		11
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	31828	26648
(2) Participant contributions	1b(2)	45175	18138
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	79662	150756
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1703823	3690192
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	55183	105696
(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	1915671	3991441
	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	1915671	3991441

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)	356597	
	(B) Participants	2a(1)(B)	599806	
	(C) Others (including rollovers)	2a(1)(C)	359299	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1315702
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)	6374	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6374
	(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)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		839897
(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		13026
d Total income. Add all **income** amounts in column (b) and enter total	2d		2174999
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	223477	
(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)		223477
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)	1860	
(2) Contract administrator fees	2i(2)	23720	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25580
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		249057
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1925942
l Transfers of assets:			
(1) To this plan	2l(1)		149828
(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: KNAPP & COMPANY, P.C. (2) EIN: 75-2713030

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		300000
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

2009

This Form is Open to Public Inspection.

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

A Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

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):

SAV-MORE DRUG, INC.
401(k) PROFIT SHARING PLAN
EIN 75-2047264

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

AS OF
December 31, 2009 and 2008

KNAPP & COMPANY, P.C.
(CERTIFIED PUBLIC ACCOUNTANTS)

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN

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Knapp & Company, P.C.
P.O. Box 820669
Dallas, Texas 75382
(214) 343-3777 // (214) 343-8233 FAX // Rick_Knapp@sbcglobal.net

INDEPENDENT AUDITOR'S REPORT

September 9, 2010

To the Administrative Committee of
Sav-More Drug, Inc. 401(k) Profit Sharing Plan (EIN 75-2047264)
Sulphur Springs, Texas

We were engaged to audit the financial statements of Sav-More Drug, Inc. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009. And the supplementary schedules as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedules 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 Notes 3 and 4, which was certified by John Hancock Life Insurance Company, Retirement Services, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Knapp & Company, P.C.
Dallas, Texas

SAV-MORE DRUG, INC. 401(k)
PROFIT SHARING PLAN
EIN 75-2047264
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments	$ 3,795,888	$ 1,759,006
Noninterest -bearing cash	11	-
Employer contributions receivable	26,648	31,828
Participant contributions receivable	18,138	45,175
Participant Loans	150,756	79,662
TOTAL ASSETS	3,991,441	1,915,671
LIABILITIES		
None	-	-
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,991,441	$ 1,915,671

The accompanying notes are an integral part of these financial statements.

SAV-MORE DRUG, INC. 401(k)
PROFIT SHARING PLAN
EIN 75-2047264
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS:	
INCOME (Loss)	
Interest on Participant Loans	$ 6,374
Investment income (losses)	839,897
Other income	13,026
CONTRIBUTIONS:	
Participant	599,806
Participant roll over	359,299
Transfers from other sponsor plan	149,828
Employer	356,597
TOTAL ADDITIONS	2,324,827
DEDUCTIONS	
Benefits paid to Participants	223,477
Administrative and other expenses	25,580
TOTAL DEDUCTIONS	249,057
NET INCREASE	2,075,770
NET ASSETS AVAILABLE FOR BENEFITS	
BEGINNING OF YEAR	1,915,671
END OF YEAR	$ 3,991,441

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

NOTE 1: *DESCRIPTION OF PLAN*

The following description of the Sav-More Drug, Inc. (ϑCompanyε) 401(k) Profit Sharing Plan (ϑPlanε) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Planϙs provisions, which is available by request at the Companyϙs offices located at 411 Main Street, Sulphur Springs, Texas 75482.

General. The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute up to the statutory limit of pretax annual compensation, as defined by the Internal Revenue Tax Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers seventy-three mutual fund investment options for participants. The Company matches employee contributions at a rate of 100% of the first 3% of compensation and 50% of the next 2% of compensation for a maximum contribution of 4% of compensation. Profit sharing amounts may be contributed at the option of the Companyϙs board of directors and are distributed to participating employees on a prorated basis and invested in accordance with each employeeϙs respective investment elections. Contributions are subject to certain limitations. The Plan sponsor directly pays most administration costs.

Participant Accounts. Each participantϙs account is credited with the participantϙs contribution and allocations of (a) the Companyϙs contribution (if any) and, (b) Plan earnings. The Company has historically paid all administrative expenses of the plan, however, the plan earnings are charged with an allocation of administrative expenses if incurred by the plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participantϙs vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Companyϙs contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after one year of credited service.

Participant Loans. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. Participant accounts are secured by accrued participant benefits and therefore present no significant risk to the plan as a whole. The carrying value of the uncollected loans are estimated to approximate Level III fair value assets.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may receive a lump-sum distribution.

NOTES TO FINANCIAL STATEMENTS

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeited Accounts. If a contribution is forfeited, the amount will be reallocated to participants in the same manner as employer contributions.

Estimates The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurement - Starting in 2009, it is the Planϙs policy to disclose the source of fair value information used in the preparation of the financial statements using the fair value hierarchy, Level I through III, as defined in the FASB ACS (Financial Accounting Standards Board Accounting Standards Codification). Level I valuation is given the highest priority to observable inputs which are based on quoted prices in active markets for identical assets or liabilities. Level II valuation is based upon quoted prices of similar assets and liabilities in active markets or derived from or corroborated by observable market data. Level III valuation is based in part or whole upon unobservable inputs for valuation of assets and liabilities. Unobservable inputs are developed based on the best information available in the circumstances. The estimates of fair value and assumptions that affect the reported amounts of assets and liabilities could and will differ from actual amounts realized in the future. Plan investment are valued and reported at fair value. Valuation sources of Common and collective investments are considered Level I. Participant loan values are considered Level III.

Investment Valuation and Income Recognition The Planϙs investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds 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. Dividends are recorded on the ex-dividend date.

IRS Determination Status The Plan is an IRS approved prototype plan which is amended from time to time to comply with changes in law relative to contribution limits, withdrawal provisions, and/or other administrative features.

NOTE 3: INVESTMENTS

In accordance with DOL rule 29 CFR 2520.103-5 (c) the plan administrator certified the accuracy and completeness of information relative to plan investments which was not subjected to audit. The following presents investments certified at December 31, 2009 and 2008:

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INVESTMENTS - continued

As of December 31, 2009:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
Investments 5% or > of plan assets:					
Lifestyle Growth	856,933	64,304	-	921,237	Level I
Lifestyle Balanced	799,607	71,779	-	871,386	Level I
Lifestyle Aggressive	343,985	22,633	-	366,618	Level I
Lifestyle Moderate	249,725	28,430	-	278,155	Level I
Investments <5% of plan assets:					
Lifecycle 2020	108,512	43,210	-	151,722	Level I
John Hancock Stable Val	101,061	2,660	-	103,721	Level I
Lifestyle Conservative	86,606	10,490	-	97,096	Level I
PIMCO Total Return	63,659	8,008	-	71,667	Level I
Lifecycle 2030	51,257	19,027	-	70,284	Level I
The Growth Fund of America	57,002	1,624	-	58,626	Level I
John Hancock Strategic Inc	40,936	7,829	-	48,765	Level I
EuroPacific Growth Fund	42,524	687	-	43,211	Level I
Energy	39,877	258	-	40,135	Level I
Oppenheimer Global	35,602	1,878	-	37,480	Level I
Davis New York Venture	30,630	2,184	-	32,814	Level I
Intl Equity Index Fund	29,568	2,710	-	32,278	Level I
PIMCO Global Bond	25,523	3,982	-	29,505	Level I
Mid Cap Stock Fund	30,981	-	1,703	29,278	Level I
Oppenheimer Development Mkt	20,841	6,670	-	27,511	Level I
Washington Mutual Inverstors	24,003	331	-	24,334	Level I
Investment Company of America	21,929	95	-	22,024	Level I
Mutual Global Discovery	19,858	1,878	-	21,736	Level I
Mutual Beacon	20,919	-	935	19,984	Level I
PIMCO All Asset	18,689	709	-	19,398	Level I
DFA US Small Cap	13,824	4,075	-	17,899	Level I
Royce Opportunity	16,320	1,195	-	17,515	Level I
LM Partners Glb High Yield	13,636	3,067	-	16,703	Level I
Small Cap Index Fund	14,183	1,333	-	15,516	Level I
Mid Cap Index Fund	10,588	3,491	-	14,079	Level I
T R Price Equity Inc.	10,590	3,295	-	13,885	Level I
Columbia Value & Restructuring	13,056	-	225	12,831	Level I
MFS Utilities	8,804	2,034	-	10,838	Level I
JPM MidCap Value fund	10,551	160	-	10,711	Level I
American Balanced Fund	9,999	595	-	10,594	Level I
Intl Small Cap Fund	6,895	3,178	-	10,073	Level I
Lifecycle 2025	6,931	2,717	-	9,648	Level I
Real Est. Securities Fund	8,459	465	-	8,924	Level I
Optimized Value Fund	8,425	323	-	8,748	Level I
T R Price Science & Tech	6,642	1,885	-	8,527	Level I
T. Rowe Price Spectrum Inc	7,257	1,239	-	8,496	Level I
Total Stock Market Index Fund	7,277	861	-	8,138	Level I
Blue Chip Growth Fund	7,116	282	-	7,398	Level I
Lifecycle 2015	6,249	860	-	7,109	Level I
Lifecycle 2040	5,876	1,124	-	7,000	Level I
Science & Technology Fund	8,184	-	1,290	6,894	Level I
Mid Value Fund	4,589	2,285	-	6,874	Level I
T. Rowe Price Health Sci	4,493	875	-	5,368	Level I
BlackRock Large Value	3,061	366	-	3,427	Level I
Templeton World	3,341	-	156	3,185	Level I
Small Cap Growth Index	2,216	837	-	3,053	Level I
International Value Fund	3,248	-	250	2,998	Level I
Davis Financial	1,999	512	-	2,511	Level I
Explorer	1,827	594	-	2,421	Level I
All Cap Growth Fund	1,991	318	-	2,309	Level I
Lifecycle 2010	1,964	42	-	2,006	Level I
Lifecycle 2035	1,353	524	-	1,877	Level I
Small Cap Opportunities Fund	1,292	420	-	1,712	Level I
Lifecycle 2045	1,136	70	-	1,206	Level I
500 Index Fund	672	37	-	709	Level I
Jennison Growth	376	72	-	448	Level I
Domini Social Equity	358	-	50	308	Level I
10 Yr Comp - Insurance contract	104,985	-	-	104,985	Level II
Total investments	$3,459,990	$340,507	$ 4,609	$3,795,888	

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INVESTMENTS - continued

As of December 31, 2008:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
Investments 5% or > of plan assets:					
Lifestyle Balanced	582,879	-	125,904	456,975	Level I
Lifestyle Growth	541,108	-	140,488	400,620	Level I
Lifestyle Moderate	204,724	-	29,319	175,405	Level I
Lifestyle Aggressive	212,349	-	61,630	150,719	Level I
John Hancock Stable Val	100,695	5,237	-	105,932	Level I
Investments < 5% of plan assets:					
Lifestyle Conservative	52,706	-	4,145	48,561	Level I
EuroPacific Growth Fund	45,841	-	14,110	31,731	Level I
Oppenheimer Global	44,880	-	16,728	28,152	Level I
Mutual Beacon	43,448	-	16,184	27,264	Level I
Davis New York Venture	32,304	-	9,565	22,739	Level I
The Growth Fund of America	30,838	-	9,236	21,602	Level I
PIMCO Total Return	19,853	1,556	-	21,409	Level I
Mutual Global Discovery	23,514	-	2,539	20,975	Level I
Energy	29,106	-	11,060	18,046	Level I
Intl Equity Index Fund	27,101	-	9,126	17,975	Level I
Mid Cap Stock Fund	28,684	-	11,305	17,379	Level I
American Century Small Co	20,074	-	7,064	13,010	Level I
Oppenheimer Development Mkt	18,207	-	6,154	12,053	Level I
Investment Company of America	14,537	-	4,389	10,148	Level I
PIMCO Global Bond	9,503	73	-	9,576	Level I
Washington Mutual Inverstors	12,383	-	2,942	9,441	Level I
Columbia Value & Restructuring	15,119	-	5,812	9,307	Level I
LM Partners Glb High Yield	10,586	-	2,433	8,153	Level I
Royce Opportunity	12,567	-	4,763	7,804	Level I
American Balanced Fund	6,923	-	1,204	5,719	Level I
JPM MidCap Value fund	7,849	-	2,293	5,556	Level I
Intl Small Cap Fund	5,285	-	76	5,209	Level I
John Hancock Classic Value	8,620	-	3,778	4,842	Level I
T. Rowe Price Blue Chip	5,559	-	1,589	3,970	Level I
T. Rowe Price Spectrum Inc	3,265	-	147	3,118	Level I
Small Cap Index Fund	3,302	-	668	2,634	Level I
Optimized Value Fund	3,634	-	1,051	2,583	Level I
Lifecycle 2030	2,706	-	129	2,577	Level I
Total Stock Market Index Fund	3,288	-	747	2,541	Level I
Mid Cap Index Fund	3,171	-	682	2,489	Level I
MFS Utilities	3,080	-	697	2,383	Level I
Small Cap Opportunities Fund	2,040	145	-	2,185	Level I
Templeton World	2,657	-	868	1,789	Level I
John Hancock Strategic Inc	1,596	-	13	1,583	Level I
International Value Fund	2,478	-	968	1,510	Level I
DWS RREEF Real Estate	2,379	-	925	1,454	Level I
BlackRock Large Value	1,856	-	414	1,442	Level I
Lifecycle 2020	1,449	-	41	1,408	Level I
PIMCO All Asset	1,231	-	32	1,199	Level I
T. Rowe Price Health Sci	410	15	-	425	Level I
Allianz RCM Tech Fund	474	-	80	394	Level I
Lifecycle Retirement	380	-	1	379	Level I
500 Index Fund	373	-	80	293	Level I
Domini Social Equity	362	-	132	230	Level I
Lifecycle 2045	348	-	123	225	Level I
Small Cap Growth Index	205	8	-	213	Level I
All Cap Growth Fund	204	5	-	209	Level I
Davis Financial	200	5	-	205	Level I
Explorer	98	-	15	83	Level I
10 Yr Comp - Insurance contract	55,183	-	-	55,183	Level II
Total investments	$2,263,611	$ 7,044	$ 511,649	$1,759,006	

NOTES TO FINANCIAL STATEMENTS

NOTE 4: UNREALIZED GAINS AND LOSSES ON INVESTMENTS

In accordance with DOL rule 29 CFR 2520.103-5 (c) the plan administrator certified the accuracy and completeness of information relative to plan investments which was not subjected to audit. During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased in value as follows:

Common/ Collective Funds	Unrealized Gains (Losses)
Lifecycle Retirement	217
Lifecycle 2010	35
Lifecycle 2015	814
Lifecycle 2020	44,719
Lifecycle 2025	2,555
Lifecycle 2030	19,308
Lifecycle 2035	310
Lifecycle 2040	1,095
Lifecycle 2045	85
Lifestyle Conservative	14,079
Lifestyle Moderate	56,565
Lifestyle Balanced	198,347
Lifestyle Growth	210,800
Lifestyle Aggressive	87,254
John Hancock Stable Val	1,006
PIMCO Total Return	6,143
PIMCO Global Bond	4,709
T. Rowe Price Spectrum Inc	3,113
John Hancock Strategic Inc	7,807
LM Partners Glb High Yield	5,639
PIMCO All Asset	722
American Balanced Fund	1,886
Washington Mutual Inverstors	3,727
Investment Company of America	4,727
Davis New York Venture	10,160
Mutual Beacon	5,852
TRP EQ Inc.	3,955
Mutual Global Discovery	3,291
Lord Abbett Mid Cap Value (JPM Mcvalu	2,039
DWS RREEF Real Estate	610
MFS Utilities	2,922
John Hancock Classic Value	164
Domini Social Equity	66
BlackRock Large Value	1,342
T. Rowe Price Blue Chip	2,049
Columbia Value & Restructuring	3,838
The Growth Fund of America	11,965
Jenn Growth	1,310
Templeton World	744
Oppenheimer Global	11,731
EuroPacific Growth Fund	13,413
Davis Financial	10,499

NOTES TO FINANCIAL STATEMENTS

NOTE 4: UNREALIZED GAINS AND LOSSES ON INVESTMENTS - continued

Energy	(950)
American Century Small Co	2,698
Small Cap Growth Index	4,464
DFA US Small Cap	248
Science & Technology Fund	6,257
Royce Opportunity	2,140
Explorer	911
T. Rowe Price Health Sci	15,273
Oppenheimer Development Mkt	372
Allianz RCM Tech Fund	1,590
Optimized Value Fund	133
500 Index Fund	937
Small Cap Value fund	521
Real Est. Securities Fund	1,724
Total Stock Market Index Fund	278
Blue Chip Growth Fund	5,997
Mid Cap Index Fund	2,598
Mid Value Fund	417
International Value Fund	14,426
Intl Equity Index Fund	4,530
Intl Small Cap Fund	356
T.R. Price Science & Tech	317
All Cap Growth Fund	8,883
Real Est. Securities fund	2,110
Small Cap Index Fund	2,055
	$ 839,897

NOTE 5: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts with respect to Company contributions. It is management's intention to continue the Plan.

NOTE 6: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

There were no reconciling items.

NOTES TO FINANCIAL STATEMENTS

NOTE 7: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participantsǫ account balances and the amounts reported in the statement of net assets available for benefits.

See Note 3 for concentrations of plan investment securities.

NOTE 8: TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated October 29, 2001, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS HELD FOR INVESTMETNS
AS OF DECEMBER 31, 2009

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Lifecycle Retirement	Common/Collective fund		
	Lifecycle 2010	Common/Collective fund	1,964	2,006
	Lifecycle 2015	Common/Collective fund	6,249	7,109
	Lifecycle 2020	Common/Collective fund	108,512	151,722
	Lifecycle 2025	Common/Collective fund	6,931	9,648
	Lifecycle 2030	Common/Collective fund	51,257	70,284
	Lifecycle 2035	Common/Collective fund	1,353	1,877
	Lifecycle 2040	Common/Collective fund	5,876	7,000
	Lifecycle 2045	Common/Collective fund	1,136	1,206
	Lifestyle Conservative	Common/Collective fund	86,606	97,096
	Lifestyle Moderate	Common/Collective fund	249,725	278,155
	Lifestyle Balanced	Common/Collective fund	799,607	871,386
	Lifestyle Growth	Common/Collective fund	856,933	921,237
	Lifestyle Aggressive	Common/Collective fund	343,985	366,618
	John Hancock Stable Val	Common/Collective fund	101,061	103,721
	PIMCO Total Return	Common/Collective fund	63,659	71,667
	PIMCO Global Bond	Common/Collective fund	25,523	29,505
	T. Rowe Price Spectrum Inc	Common/Collective fund	7,257	8,496
	John Hancock Strategic Inc	Common/Collective fund	40,936	48,765
	LM Partners Glb High Yield	Common/Collective fund	13,636	16,703
	PIMCO All Asset	Common/Collective fund	18,689	19,398
	American Balanced Fund	Common/Collective fund	9,999	10,594
	Washington Mutual Inverstors	Common/Collective fund	24,003	24,334
	Investment Company of America	Common/Collective fund	21,929	22,024
	Davis New York Venture	Common/Collective fund	30,630	32,814
	Mutual Beacon	Common/Collective fund	20,919	19,984
	T R Price Equity Inc.	Common/Collective fund	10,590	13,885
	Mutual Global Discovery	Common/Collective fund	19,858	21,736
	JPM MidCap Value fund	Common/Collective fund	10,551	10,711
	MFS Utilities	Common/Collective fund	8,804	10,838
	Domini Social Equity	Common/Collective fund	358	308
	BlackRock Large Value	Common/Collective fund	3,061	3,427
	Columbia Value & Restructuring	Common/Collective fund	13,056	12,831
	The Growth Fund of America	Common/Collective fund	57,002	58,626
	Jennison Growth	Common/Collective fund	376	448
	Templeton World	Common/Collective fund	3,341	3,185
	Oppenheimer Global	Common/Collective fund	35,602	37,480
	EuroPacific Growth Fund	Common/Collective fund	42,524	43,211
	Davis Financial	Common/Collective fund	1,999	2,511
	Energy	Common/Collective fund	39,877	40,135
	Small Cap Growth Index	Common/Collective fund	2,216	3,053
	DFA US Small Cap	Common/Collective fund	13,824	17,899
	Science & Technology Fund	Common/Collective fund	8,184	6,894
	Royce Opportunity	Common/Collective fund	16,320	17,515
	Explorer	Common/Collective fund	1,827	2,421
	T. Rowe Price Health Sci	Common/Collective fund	4,493	5,368
	Oppenheimer Development Mkt	Common/Collective fund	20,841	27,511
	Optimized Value Fund	Common/Collective fund	8,425	8,748
	500 Index Fund	Common/Collective fund	672	709
	Small Cap Opportunities Fund	Common/Collective fund	1,292	1,712
	Real Est. Securities Fund	Common/Collective fund	8,459	8,924
	Total Stock Market Index Fund	Common/Collective fund	7,277	8,138
	Blue Chip Growth Fund	Common/Collective fund	7,116	7,398
	Mid Cap Index Fund	Common/Collective fund	10,588	14,079
	Mid Value Fund	Common/Collective fund	4,589	6,874
	International Value Fund	Common/Collective fund	3,248	2,998
	Intl Equity Index Fund	Common/Collective fund	29,568	32,278
	Intl Small Cap Fund	Common/Collective fund	6,895	10,073
	T R Price Science & Tech	Common/Collective fund	6,642	8,527
	All Cap Growth Fund	Common/Collective fund	1,991	2,309
	Mid Cap Stock Fund	Common/Collective fund	30,981	29,278
	Small Cap Index Fund	Common/Collective fund	14,183	15,516
	10 Yr Comp	Insurance contract	104,985	104,985
	Save-More Drug Inc. 401(k) plan loans secured by participant accrued benefits	Participant loans, 4.25 --8.25, bi monthly payments from payroll dedection	150,756	150,756
	Total		$ 3,610,746	$ 3,946,644

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2009

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
Lifecycle Retirement	$ 1,707	$ 2,173
Lifecycle 2010	2,055	-
Lifecycle 2015	7,512	-
Lifecycle 2020	152,922	-
Lifecycle 2025	9,860	-
Lifecycle 2030	69,216	-
Lifecycle 2035	1,985	-
Lifecycle 2040	7,403	-
Lifecycle 2045	998	-
Lifestyle Conservative	49,259	95
Lifestyle Moderate	105,157	3,823
Lifestyle Balanced	419,337	6,937
Lifestyle Growth	536,245	18,209
Lifestyle Aggressive	223,334	7,902
John Hancock Stable Val	65,260	67,876
PIMCO Total Return	55,825	3,983
PIMCO Global Bond	20,135	-
T. Rowe Price Spectrum Inc	7,111	1,646
John Hancock Strategic Inc	48,181	-
LM Partners Glb High Yield	8,521	-
PIMCO All Asset	18,518	-
American Balanced Fund	8,313	3,336
Washington Mutual Inverstors	14,899	-
Investment Company of America	11,830	-
Davis New York Venture	23,327	13,377
Mutual Beacon	14,213	21,564
T R Price Equity Inc.	17,072	2,787
Mutual Global Discovery	8,855	8,328
JPM MidCap Value fund	6,635	1,596
DWS RREEF Real Estate	1,022	2,550
MFS Utilities	8,463	4
John Hancock Classic Value	845	5,955
Domini Social Equity	66	-
BlackRock Large Value	3,552	1,550
T. Rowe Price Blue Chip	5,329	9,490
Columbia Value & Restructuring	7,435	4,112
The Growth Fund of America	37,107	-
Jennison Growth	12,740	12,052
Templeton World	1,376	-
Oppenheimer Global	21,807	12,686
EuroPacific Growth Fund	25,144	14,117
Davis Financial	2,410	-
Energy	27,353	4,974
American Century Small Co	323	13,867
Small Cap Growth Index	5,751	2,702
DFA US Small Cap	19,888	1,482
Science & Technology Fund	7,005	-
Royce Opportunity	9,670	-
Explorer	4,664	2,288
T. Rowe Price Health Sci	5,275	92
Oppenheimer Development Mkt	20,381	5,260
Allianz RCM Tech Fund	942	1,370
Optimized Value Fund	5,940	-
500 Index Fund	423	-
Small Cap Opportunities Fund	2,463	2,871
Real Est. Securities Fund	9,068	-
Total Stock Market Index Fund	5,509	-
Blue Chip Growth Fund	7,564	6
Mid Cap Index Fund	36,666	24,604
Mid Value Fund	7,019	-
International Value Fund	2,966	-
Intl Equity Index Fund	27,425	14,529
Intl Small Cap Fund	8,651	3,538
T R Price Science & Tech	8,673	-
All Cap Growth Fund	2,200	-
Mid Cap Stock Fund	17,181	5,371
Small Cap Index Fund	12,924	
10 Yr Comp - Insurance contract	54,455	7,376
Save-More Drug Inc. 401(k) Plan Participant loans secured by participant accrued benefits	131,039	59,945
Total	$ 2,484,399	$ 376,423

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS HELD FOR INVESTMETNS
AS OF DECEMBER 31, 2009

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Lifecycle Retirement	Common/Collective fund		
	Lifecycle 2010	Common/Collective fund	1,964	2,006
	Lifecycle 2015	Common/Collective fund	6,249	7,109
	Lifecycle 2020	Common/Collective fund	108,512	151,722
	Lifecycle 2025	Common/Collective fund	6,931	9,648
	Lifecycle 2030	Common/Collective fund	51,257	70,284
	Lifecycle 2035	Common/Collective fund	1,353	1,877
	Lifecycle 2040	Common/Collective fund	5,876	7,000
	Lifecycle 2045	Common/Collective fund	1,136	1,206
	Lifestyle Conservative	Common/Collective fund	86,606	97,096
	Lifestyle Moderate	Common/Collective fund	249,725	278,155
	Lifestyle Balanced	Common/Collective fund	799,607	871,386
	Lifestyle Growth	Common/Collective fund	856,933	921,237
	Lifestyle Aggressive	Common/Collective fund	343,985	366,618
	John Hancock Stable Val	Common/Collective fund	101,061	103,721
	PIMCO Total Return	Common/Collective fund	63,659	71,667
	PIMCO Global Bond	Common/Collective fund	25,523	29,505
	T. Rowe Price Spectrum Inc	Common/Collective fund	7,257	8,496
	John Hancock Strategic Inc	Common/Collective fund	40,936	48,765
	LM Partners Glb High Yield	Common/Collective fund	13,636	16,703
	PIMCO All Asset	Common/Collective fund	18,689	19,398
	American Balanced Fund	Common/Collective fund	9,999	10,594
	Washington Mutual Inverstors	Common/Collective fund	24,003	24,334
	Investment Company of America	Common/Collective fund	21,929	22,024
	Davis New York Venture	Common/Collective fund	30,630	32,814
	Mutual Beacon	Common/Collective fund	20,919	19,984
	T R Price Equity Inc.	Common/Collective fund	10,590	13,885
	Mutual Global Discovery	Common/Collective fund	19,858	21,736
	JPM MidCap Value fund	Common/Collective fund	10,551	10,711
	MFS Utilities	Common/Collective fund	8,804	10,838
	Domini Social Equity	Common/Collective fund	358	308
	BlackRock Large Value	Common/Collective fund	3,061	3,427
	Columbia Value & Restructuring	Common/Collective fund	13,056	12,831
	The Growth Fund of America	Common/Collective fund	57,002	58,626
	Jennison Growth	Common/Collective fund	376	448
	Templeton World	Common/Collective fund	3,341	3,185
	Oppenheimer Global	Common/Collective fund	35,602	37,480
	EuroPacific Growth Fund	Common/Collective fund	42,524	43,211
	Davis Financial	Common/Collective fund	1,999	2,511
	Energy	Common/Collective fund	39,877	40,135
	Small Cap Growth Index	Common/Collective fund	2,216	3,053
	DFA US Small Cap	Common/Collective fund	13,824	17,899
	Science & Technology Fund	Common/Collective fund	8,184	6,894
	Royce Opportunity	Common/Collective fund	16,320	17,515
	Explorer	Common/Collective fund	1,827	2,421
	T. Rowe Price Health Sci	Common/Collective fund	4,493	5,368
	Oppenheimer Development Mkt	Common/Collective fund	20,841	27,511
	Optimized Value Fund	Common/Collective fund	8,425	8,748
	500 Index Fund	Common/Collective fund	672	709
	Small Cap Opportunities Fund	Common/Collective fund	1,292	1,712
	Real Est. Securities Fund	Common/Collective fund	8,459	8,924
	Total Stock Market Index Fund	Common/Collective fund	7,277	8,138
	Blue Chip Growth Fund	Common/Collective fund	7,116	7,398
	Mid Cap Index Fund	Common/Collective fund	10,588	14,079
	Mid Value Fund	Common/Collective fund	4,589	6,874
	International Value Fund	Common/Collective fund	3,248	2,998
	Intl Equity Index Fund	Common/Collective fund	29,568	32,278
	Intl Small Cap Fund	Common/Collective fund	6,895	10,073
	T R Price Science & Tech	Common/Collective fund	6,642	8,527
	All Cap Growth Fund	Common/Collective fund	1,991	2,309
	Mid Cap Stock Fund	Common/Collective fund	30,981	29,278
	Small Cap Index Fund	Common/Collective fund	14,183	15,516
	10 Yr Comp	Insurance contract	104,985	104,985
	Save-More Drug Inc. 401(k) plan loans secured by participant accrued benefits	Participant loans, 4.25 --8.25, bi monthly payments from payroll dedection	150,756	150,756
	Total		$ 3,610,746	$ 3,946,644

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2009

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
Lifecycle Retirement	$ 1,707	$ 2,173
Lifecycle 2010	2,055	-
Lifecycle 2015	7,512	-
Lifecycle 2020	152,922	-
Lifecycle 2025	9,860	-
Lifecycle 2030	69,216	-
Lifecycle 2035	1,985	-
Lifecycle 2040	7,403	-
Lifecycle 2045	998	-
Lifestyle Conservative	49,259	95
Lifestyle Moderate	105,157	3,823
Lifestyle Balanced	419,337	6,937
Lifestyle Growth	536,245	18,209
Lifestyle Aggressive	223,334	7,902
John Hancock Stable Val	65,260	67,876
PIMCO Total Return	55,825	3,983
PIMCO Global Bond	20,135	-
T. Rowe Price Spectrum Inc	7,111	1,646
John Hancock Strategic Inc	48,181	-
LM Partners Glb High Yield	8,521	-
PIMCO All Asset	18,518	-
American Balanced Fund	8,313	3,336
Washington Mutual Inverstors	14,899	-
Investment Company of America	11,830	-
Davis New York Venture	23,327	13,377
Mutual Beacon	14,213	21,564
T R Price Equity Inc.	17,072	2,787
Mutual Global Discovery	8,855	8,328
JPM MidCap Value fund	6,635	1,596
DWS RREEF Real Estate	1,022	2,550
MFS Utilities	8,463	4
John Hancock Classic Value	845	5,955
Domini Social Equity	66	-
BlackRock Large Value	3,552	1,550
T. Rowe Price Blue Chip	5,329	9,490
Columbia Value & Restructuring	7,435	4,112
The Growth Fund of America	37,107	-
Jennison Growth	12,740	12,052
Templeton World	1,376	-
Oppenheimer Global	21,807	12,686
EuroPacific Growth Fund	25,144	14,117
Davis Financial	2,410	-
Energy	27,353	4,974
American Century Small Co	323	13,867
Small Cap Growth Index	5,751	2,702
DFA US Small Cap	19,888	1,482
Science & Technology Fund	7,005	-
Royce Opportunity	9,670	-
Explorer	4,664	2,288
T. Rowe Price Health Sci	5,275	92
Oppenheimer Development Mkt	20,381	5,260
Allianz RCM Tech Fund	942	1,370
Optimized Value Fund	5,940	-
500 Index Fund	423	-
Small Cap Opportunities Fund	2,463	2,871
Real Est. Securities Fund	9,068	-
Total Stock Market Index Fund	5,509	-
Blue Chip Growth Fund	7,564	6
Mid Cap Index Fund	36,666	24,604
Mid Value Fund	7,019	-
International Value Fund	2,966	-
Intl Equity Index Fund	27,425	14,529
Intl Small Cap Fund	8,651	3,538
T R Price Science & Tech	8,673	-
All Cap Growth Fund	2,200	-
Mid Cap Stock Fund	17,181	5,371
Small Cap Index Fund	12,924	
10 Yr Comp - Insurance contract	54,455	7,376
Save-More Drug Inc. 401(k) Plan Participant loans secured by participant accrued benefits	131,039	59,945
Total	$ 2,484,399	$ 376,423