

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan CONTINUING CARE RX, INC. 401(K) & PROFIT SHARING PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>06/01/1999</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	06/01/1999		
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan	06/01/1999						
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CONTINUING CARE RX INC. 5775 ALLENTOWN BLVD STE 101 HARRISBURG, PA 17112	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>23-2952534</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>424100</td> </tr> </table>	2b Employer Identification Number (EIN)	23-2952534	2c Sponsor's telephone number		2d Business code (see instructions)	424100
2b Employer Identification Number (EIN)	23-2952534						
2c Sponsor's telephone number							
2d Business code (see instructions)	424100						

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.	09/29/2010	KRISTINA MANBECK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CONTINUING CARE RX INC. 5775 ALLENTOWN BLVD STE 101 HARRISBURG, PA 17112	3b Administrator's EIN 23-2952534 3c Administrator's telephone number
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	5 531
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 531
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 66
d Subtotal. Add lines 6a , 6b , and 6c	6d 597
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1
f Total. Add lines 6d and 6e	6f 598
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 264
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 5
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 CONTINUING CARE RX, 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 CONTINUING CARE RX INC.	D Employer Identification Number (EIN) 23-2952534	

Part I	Service Provider Information (see instructions)
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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)..... ☒ 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
FID.INV.INST.OPS.CO.
04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

5185 PEACHTREE PKWY STE 280
NORCROSS, GA 30092

04-2647786

(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?
64 37 65 60	RECORDKEEPER	5681	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABF LG CAP VAL INV STATE STREET B 04-1867445	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RAINIER SM OR MID CAP US BANCORP F 39-0281260	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE OPPORTUNITY S - BOSTON FINANC 04-2526037	0.45%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	BEARD MILLER COMPANY LLP	b EIN:	23-3060766
c Position:	ACCOUNTANT		
d Address:	2609 KEISER BLVD WYOMISSING, PA 19610	e Telephone:	610-927-4910

Explanation: BEARD MILLER MERGED WITH PARENTE RANDOLPH

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 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 <u>CONTINUING CARE RX, INC. 401(K) & PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINUING CARE RX INC.</u>	D Employer Identification Number (EIN) <u>23-2952534</u>

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	182786	233553
(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)	38245	49023
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2371764	4005919
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	2592795	4288495

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2592795	4288495
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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)	98724	
(B) Participants	2a(1)(B)	780580	
(C) Others (including rollovers)	2a(1)(C)	97831	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		977135
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1251	
(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)	3422	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4673
(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)	91128	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		91128
(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		781695
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1854631

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	148153	
(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)		148153
f Corrective distributions (see instructions)	2f		5097
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5681	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5681
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		158931

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1695700
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: PARENTEBEARD LLC

(2) EIN: 23-2932984

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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 <u>CONTINUING CARE RX, INC. 401(K) & PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINUING CARE RX INC.</u>	D Employer Identification Number (EIN) <u>23-2952534</u>

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	<u>0</u>
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): <u>04-6568107</u>		
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 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): _____

- 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)?

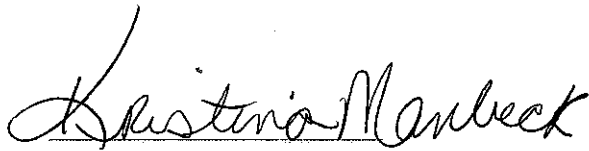
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Required Statement of Explanation for Termination

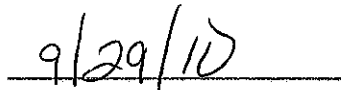
I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2009 Annual Return/Report Form 5500 for the plan:
Continuing Care RX, Inc. 401(k) & Profit Sharing Plan

This Form 5500 is identified in line 2b by the nine-digit EIN 23-2952534 and in line 1b by the three-digit plan number 001.

Services were terminated due to:
BEARD MILLER MERGED WITH PARENTE RANDOLPH



Plan Administrator



Date

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and the 3-digit plan number. Submit directly to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

***Continuing Care Rx, Inc. 401(k)
and Profit Sharing Plan***

Financial Statements

December 31, 2009 and 2008

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

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December 31, 2009 and 2008

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Independent Auditors' Report

To the Plan Administrator
Continuing Care Rx, Inc. 401(k)
and Profit Sharing Plan

We were engaged to audit the accompanying statement of net assets available for benefits and the related statement of changes in net assets available for benefits of Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan (the Plan) as of and for the years ended December 31, 2009 and 2008, and the supplemental schedule of Schedule H, line 4i - Schedule of Assets Held (At End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the accompanying financial statements and supplemental schedule. 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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.

ParenteBeard LLC

Reading, Pennsylvania
September 13, 2010

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Statement of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair value:		
Money market fund	\$ 233,553	\$ 182,786
Mutual funds	4,005,919	2,371,764
Participant loans	49,023	38,245
	4,288,495	2,592,795
Participants' contributions receivable	33,839	-
Total Assets	4,322,334	2,592,795
Liabilities		
Excess contributions refundable to participants	46,979	6,829
Net Assets Available for Benefits	\$4,275,355	\$2,585,966

See notes to financial statements.

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2009 and 2008

	2009	2008
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ 781,695	(\$1,339,012)
Interest and dividends	95,801	149,564
	<u>877,496</u>	<u>(1,189,448)</u>
Contributions		
Rollovers	97,831	192,083
Employees	767,440	700,928
Employer	98,724	91,839
	<u>963,995</u>	<u>984,850</u>
Benefits Paid to Participants	<u>(146,421)</u>	<u>(197,005)</u>
Administrative Expenses	<u>(5,681)</u>	<u>(5,647)</u>
Net Increase (Decrease)	1,689,389	(407,250)
Net Assets Available for Benefits - Beginning of Year	<u>2,585,966</u>	<u>2,993,216</u>
Net Assets Available for Benefits - End of Year	<u><u>\$4,275,355</u></u>	<u><u>\$2,585,966</u></u>

See notes to financial statements.

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 1 - Description of the Plan

The following description of Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was established in June 1999 as a defined contribution plan covering all eligible employees of CCRx Holdings, Inc. (the Company) and its subsidiaries who have at least three months of service and are 21 years of age or older. Effective November 29, 2006, all employees of the Company hired before that date and who were also 21 years of age became eligible to participate in the Plan. Employees hired subsequent to the date are required to meet the preexisting criteria. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation

An employee becomes a participant in the Plan on the date eligibility requirements are met.

Service Rules

The Plan's methodology for determining years of service for vesting purposes is based on the "elapsed time method," where hours of service are not counted and instead periods of service are computed. A period of service is determined based on the time a participant works for the Company. Only whole years of service are counted to compute participants' years of service for vesting purposes.

Contributions

There are several types of contributions that can be added to a participant's account: an employee salary deferral contribution, an employer matching contribution, an employer profit sharing contribution, and an employer qualified nonelective contribution. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Participants may contribute up to 90% of their annual pre-tax compensation by way of a salary deferral contribution. The employer contributes an amount equal to 25% of the participant's compensation deferral up to a maximum annual benefit amount of 1% of the participant's annual compensation as defined by the Plan requirements. Each year, the employer, at the sole discretion of its Board of Directors, determines the amount of the employer profit sharing contribution to be made from current or accumulated net earnings. In addition, the employer may make a qualified nonelective contribution on behalf of either the non-highly compensated active participants or all active participants that is sufficient to satisfy certain required regulations. No profit sharing or non-elective contributions were made by the employer in 2009 or 2008.

Employees must meet certain requirements to receive an allocation of the employer matching and profit sharing contributions. Contributions are subject to certain limitations. The participants may direct their accounts into various investment options.

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 1 - Description of the Plan (Continued)

Participants' Accounts

Each participant's account is credited with an allocation of various contributions, Plan earnings (including unrealized appreciation or depreciation of investments), and charged with an allocation of administrative expenses. Allocations of the employer qualified nonelective and profit sharing contributions are based on participants' compensation, while allocations of Plan earnings are based on participants' account balances. Loans and disbursement processing fees are charged to the respective participants' accounts. Other administrative expenses are allocated pro rata based on the participant's account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

A participant is 100% vested at all times in the participant's compensation deferral account and rollover account regardless of the number of years of service. Vesting in the participant's employer contributions is based on years of continuous service as specified in the Plan document with accounts becoming 100% vested after three years of service.

Administrative Expenses

Significant administrative expenses are paid by the Plan sponsor.

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of a participant's account, as defined by the Plan, represents a forfeiture. Forfeitures will be used to pay administrative expenses and any excess forfeiture amounts will reduce future employer contributions. As of December 31, 2009 and 2008, forfeitures totaled \$2,064 and \$3,289, respectively.

Participant Loans

Loans are available to participants of the Plan and are subject to approval by the Plan administrator. Loans may not exceed the lesser of \$50,000 or 50% of the participant's vested account balance. Loan terms typically range from 1-5 years although repayment terms can exceed five years if the loan is used for the purchase of a primary residence. The loans bear interest at a reasonable interest rate, defined by the Plan as the prevailing interest rate charged on similar commercial loans under like circumstances by persons in the business of lending money. The repayment of these loans is made through payroll deductions. A participant may only have one plan loan outstanding at any point in time. The minimum loan amount is \$500. At December 31, 2009 rates ranged from 8.25% to 9.25%.

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 1 - Description of the Plan (Continued)

Payment of Benefits

Upon retirement, disability or death, distributions will be paid as soon as administratively possible in a lump sum or as a rollover. Upon termination of service other than by retirement, disability or death, a participant will receive a lump sum payment if the total of their vested benefit does not exceed \$1,000. If the vested account balance does exceed \$1,000, the assets will generally be held in the trust until the participant's normal or early retirement date. However, terminated participants may elect to receive their compensation deferral in the year following termination.

Note 2 - Summary of Significant Accounting Policies

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

New Accounting Standard

In June 2009, the Financial Accounting Standards Board (FASB) established the FASB Accounting Standards Codification (Codification) as the sole source of authoritative accounting principles generally accepted in the United States of America. As a result, all references to accounting literature will conform to the appropriate reference within the Codification. The adoption of the Codification, which became effective during September 2009, did not have any impact on the Plan's financial statements.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no significant changes in the methodologies used during the years ended December 31, 2009 or 2008. The fair values of money market and mutual funds are based on quoted net asset values of the shares held by the Plan at year end. Participant loans are valued at their outstanding balances, which approximate fair value.

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes the valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain investments could result in a different fair value measurement at the reporting date.

Investment Fees

Net investment returns reflect certain fees paid by the investment funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus. These fees are deducted prior to allocation of the Plan's investment earnings activity and thus not separately identifiable as an expense.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Income Taxes

The Plan is exempt from federal income taxes under the Internal Revenue Code (IRC). The Plan adopted guidance on accounting for uncertain tax positions during the year ended December 31, 2009. The adoption did not have an impact on the Plan's net assets available for benefits or changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events

The Plan adopted new guidance on disclosures for subsequent events during the year ended December 31, 2009. The adoption did not have an impact on the Plan's net assets available for benefits or changes in net assets available for benefits.

The Company has evaluated subsequent events through September 13, 2010, which is the date the financial statements were available to be issued.

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 3 - Investments

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held, as of December 31, 2009 and 2008, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 31, 2009 and 2008, was obtained or derived from information that has been prepared and certified to as complete and accurate by Fidelity Management Trust Company, Inc., the trustee of the Plan, and has not been audited by independent auditors.

The following table presents the fair value of investments that present 5% or more of net assets available for benefits as of December 31:

Investments	2009	2008
Money market fund:		
Fidelity Retirement Money Market Portfolio	\$ 233,553	\$ 182,786
Mutual funds:		
Fidelity Freedom 2015 Fund	272,164	215,649
Fidelity Freedom 2020 Fund	350,440	257,862
Fidelity Freedom 2025 Fund	329,470	165,617
Fidelity Freedom 2030 Fund	533,678	407,638
Fidelity Freedom 2035 Fund	487,762	308,997
Fidelity Freedom 2040 Fund	292,028	189,777

The net appreciation (depreciation) in fair value of investments for mutual funds (including gains and losses on investments bought, sold, as well as held during the year) amounted to \$781,695 and (\$1,339,012) for the years ended December 31, 2009 and 2008, respectively.

Note 4 - Fair Value Measurements

FASB Accounting Standards Board Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The fair value hierarchy is based on inputs to valuation techniques that are used to measure fair value that are either observable or unobservable. Observable inputs reflect assumptions market participants would use in pricing an asset or liability based on market data obtained from independent sources while unobservable inputs reflect a reporting entity's pricing based upon their own market assumptions. The fair value hierarchy consists of the following three levels:

Level 1: Inputs are quoted prices in active markets for identical assets or liabilities.

Level 2: Inputs are quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable, and market-corroborated inputs which are derived principally from or corroborated by observable market data.

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 4 - Fair Value Measurements (Continued)

Level 3: Inputs are derived from valuation techniques in which one or more significant inputs or value drivers are unobservable.

The asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's financial assets at fair value on a recurring basis as of December 31:

		Fair Value Measurement Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
2009:				
Mutual funds:				
Lifecycle funds	\$2,693,232	\$2,693,232	\$ -	\$ -
Bond fund	125,629	125,629	-	-
Domestic equity funds	887,740	887,740	-	-
International funds	182,525	182,525	-	-
Balanced/hybrid fund	116,793	116,793	-	-
	4,005,919	4,005,919	-	-
Money market fund	233,553	233,553	-	-
Participant loans	49,023	-	-	49,023
	<u>\$4,288,495</u>	<u>\$4,239,472</u>	<u>\$ -</u>	<u>\$49,023</u>
2008:				
Mutual funds:				
Lifecycle funds	\$1,823,569	\$1,823,569	\$ -	\$ -
Bond fund	65,794	65,794	-	-
Domestic equity funds	386,350	386,350	-	-
International funds	52,450	52,450	-	-
Balanced/hybrid fund	43,601	43,601	-	-
	2,371,764	2,371,764	-	-
Money market fund	182,786	182,786	-	-
Participant loans	38,245	-	-	38,245
	<u>\$2,592,795</u>	<u>\$2,554,550</u>	<u>\$ -</u>	<u>\$38,245</u>

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 4 - Fair Value Measurements (Continued)

The following table presents a reconciliation of the investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the years ended December 31:

	Participant Loans
Balance - January 1, 2008	\$28,014
Purchases, sales, issuances and settlements, net	<u>10,231</u>
Balance - December 31, 2008	38,245
Purchases, sales, issuances and settlements, net	<u>10,778</u>
Balance - December 31, 2009	<u><u>\$49,023</u></u>

Note 5 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Company terminates the Plan, the participants will become 100% vested in their accounts and the account balances will be disbursed to the participants by the trustee.

Note 6 - Income Tax Status

The Plan is operating under a prototype non-standardized 401(k) profit sharing plan prepared by Fidelity Management and Research Company. The prototype plan obtained its latest determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan administrator and the Plan's advisors believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Note 7 - Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and a money market fund that are managed by the defined trustee of the Plan. The Plan also issues loans to participants, which are secured by the balance in the participants' accounts. Therefore, related transactions qualify as party-in-interest transactions. All other transactions which may be considered party-in-interest transactions are related to normal plan management, administrative services, and the related payment of fees.

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 8 - Excess Contributions

In order to satisfy the relevant nondiscrimination provisions of the Plan for the years ended December 31, 2009 and 2008, the Plan refunded excess contributions to its participants during 2009 and 2008. Excess contributions amounting to \$46,979 and \$6,829 are recorded as a liability as of December 31, 2009 and 2008, respectively, and as a reduction of participant contributions for the years ended December 31, 2009 and 2008, respectively.

Note 9 - Risks and Uncertainties

Investments of the Plan are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect investment assets reported in participant account balances and in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Note 10 - Reconciliation of Financial Statements to Form 5500

A reconciliation of net assets available for benefits according to the financial statements consists of the following as of December 31:

	2009	2008
Net assets available for benefits per the financial statements	\$4,275,355	\$2,585,966
Excess contributions refundable to participants	46,979	6,829
Participant contributions receivable	(33,839)	-
Net assets available for benefits per the Form 5500	<u>\$4,288,495</u>	<u>\$2,592,795</u>

A reconciliation of contributions according to the financial statements consists of the following for the years ended December 31:

	2009	2008
Contributions per the financial statements	\$963,995	\$984,850
Excess contributions refundable to participants	46,979	6,829
Participant contributions receivable	(33,839)	-
Contributions per the Form 5500	<u>\$977,135</u>	<u>\$991,679</u>

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 10 - Reconciliation of Financial Statements to Form 5500 (Continued)

A reconciliation of benefits paid to participants according to the financial statements consists of the following for the year ended December 31:

	<u>2009</u>
Benefits paid to participants per the financial statements	(\$146,421)
Excess contributions refunded to participants	<u>(6,829)</u>
Benefits paid to participants and corrective distributions per the Form 5500	<u><u>(\$153,250)</u></u>

Continuing Care Rx, Inc. 401(k) and Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets Held (At End of Year)

EIN: 23-2952534

PN: 001

December 31, 2009

(a)	Identity of Issue (b)	Description of Investment (c)	** Cost (d)	Current Value (e)
*	Fidelity Retirement Money Market Portfolio	Money Market Fund	N/A	\$ 233,553
	American Beacon Large Cap Value Plan Fund	Mutual Fund	N/A	65,078
*	Fidelity Total Bond Fund	Mutual Fund	N/A	125,629
*	Fidelity Balanced Fund	Mutual Fund	N/A	116,793
*	Fidelity Large Cap Value Fund	Mutual Fund	N/A	45,522
*	Fidelity Export and Multinational Fund	Mutual Fund	N/A	183,921
*	Fidelity Capital Appreciation Fund	Mutual Fund	N/A	46,540
*	Fidelity Value Fund	Mutual Fund	N/A	59,033
*	Fidelity Leveraged Company Stock Fund	Mutual Fund	N/A	163,758
*	Fidelity Mid Cap Growth Fund	Mutual Fund	N/A	28,968
*	Fidelity Small Cap Value Fund	Mutual Fund	N/A	39,715
*	Fidelity Small Cap Independence Fund	Mutual Fund	N/A	37,770
*	Fidelity Freedom Income Fund	Mutual Fund	N/A	19,091
*	Fidelity Freedom 2000 Fund	Mutual Fund	N/A	29,835
*	Fidelity Freedom 2005 Fund	Mutual Fund	N/A	120,299
*	Fidelity Freedom 2010 Fund	Mutual Fund	N/A	136,285
*	Fidelity Freedom 2015 Fund	Mutual Fund	N/A	272,164
*	Fidelity Freedom 2020 Fund	Mutual Fund	N/A	350,440
*	Fidelity Freedom 2025 Fund	Mutual Fund	N/A	329,470
*	Fidelity Freedom 2030 Fund	Mutual Fund	N/A	533,678
*	Fidelity Freedom 2035 Fund	Mutual Fund	N/A	487,762
*	Fidelity Freedom 2040 Fund	Mutual Fund	N/A	292,028
*	Fidelity Freedom 2045 Fund	Mutual Fund	N/A	113,961
*	Fidelity Freedom 2050 Fund	Mutual Fund	N/A	8,218
	Rainier Small/Mid Cap Equity Portfolio	Mutual Fund	N/A	91,490
	Royce Opportunity Fund	Mutual Fund	N/A	119,990
	Spartan International Index Fund	Mutual Fund	N/A	182,525
	Spartan U.S. Equity Index Fund	Mutual Fund	N/A	5,956
*	Participant loans	Interest Rates from 8.25% to 9.25%	0	49,023
				<u>\$4,288,495</u>

* Party-in-interest.

** Historical cost has not been presented as all investments are participant directed.