

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
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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 single-employer plan; ☐ a multiple-employer plan; or ☐ 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	1b Three-digit plan number (PN) ▶ 004
OMNICARE GENERAL PENSION PLAN	1c Effective date of plan 01/01/1986
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) 31-1001351
OMNICARE, INC.	2c Sponsor's telephone number 859-392-3300
1600 RIVERCENTER II 100 EAST RIVERCENTER BOULEVARD COVINGTON, KY 41011-1540	2d Business code (see instructions) 541700

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.	09/28/2010	BRUCE R. SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2010	THOMAS R. MARSH
	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")

OMNICARE, INC.

1600 RIVERCENTER II
100 EAST RIVERCENTER BOULEVARD
COVINGTON, KY 41011-1540**3b** Administrator's EIN

31-1001351

3c Administrator's telephone number

859-392-3300

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**

427

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**

8

b Retired or separated participants receiving benefits.....**6b**

36

c Other retired or separated participants entitled to future benefits.....**6c**

377

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

421

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

5

f Total. Add lines **6d** and **6e**.....**6f**

426

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****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:

1A 1G 1I

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>OMNICARE GENERAL PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OMNICARE, INC.</u>	D Employer Identification Number (EIN) <u>31-1001351</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>4057673</u>
b Actuarial value	2b <u>4057673</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>38</u> <u>1203776</u>
b For terminated vested participants	3b <u>381</u> <u>2395771</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>405259</u>
(3) Total active	3c(3) <u>8</u> <u>405259</u>
d Total	3d <u>427</u> <u>4004806</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.54</u> %
6 Target normal cost	6 <u>0</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>07/27/2010</u>
Signature of actuary	Date
<u>STEVEN J. LAPLANT</u>	<u>08-05051</u>
Type or print name of actuary	Most recent enrollment number
<u>ERNST & YOUNG LLP</u>	<u>214-969-8000</u>
Firm name	Telephone number (including area code)
<u>2323 VICTORY AVENUE, SUITE 2000</u> <u>DALLAS, TX 75219</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	5257	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	5257	0
10	Interest on item 9 using prior year's actual return of <u>13.36</u> %	702	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.18</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	5959	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	101.17 %
15	Adjusted funding target attainment percentage.....	15	101.32 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	88.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	9725				
07/15/2009	20500				
			Totals ►	18(b)	30225
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 29361
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	29361
38 Interest-adjusted excess contributions for current year (see instructions).....	38	29361
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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 OMNICARE GENERAL PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 OMNICARE, INC.	D Employer Identification Number (EIN) 31-1001351	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	292750
(2) Participant contributions		1b(2)	
(3) Other		1b(3)	74652613
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	15743
(2) U.S. Government securities.....		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants)		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts.....		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	40210043914357
(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	4057901	3917013

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	4057901	3917013
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	30225	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		30225

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3

(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)	274369	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		274369

(3) Rents	2b(3)		
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(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)		
(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)		-342272
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-37675

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	103213	
(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)		103213
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		103213

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-140888
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: PRICEWATERHOUSECOOPERS LP

(2) EIN: 31-4008324

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		50000000
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.).....			
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.			

- 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>OMNICARE GENERAL PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OMNICARE, INC.</u>	D Employer Identification Number (EIN) <u>31-1001351</u>

Part I	Distributions
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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>41-6271370</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	<u>0</u>

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)
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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

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

Schedule R (Form 5500) 2009
v.092308.1

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): _____

Report of Independent Auditors

To the Participants and Administrator of
Omnicare General Pension Plan

We were engaged to audit the financial statements and supplemental schedules of the Omnicare General Pension Plan ("the Plan") at December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying index. These financial statements and supplemental 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 investment information summarized in Note 7, which was certified by US Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the years then ended, 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 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.

PricewaterhouseCoopers LLP

Cincinnati, Ohio
September 24, 2010

Omnicare General Pension Plan

**Financial Statements and Supplemental Schedules
December 31, 2009 and 2008**

Omnicare General Pension Plan

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Note: Other schedules required by 29 CFR Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable to the Omnicare General Pension Plan.

Report of Independent Auditors

To the Participants and Administrator of
Omnicare General Pension Plan

We were engaged to audit the financial statements and supplemental schedules of the Omnicare General Pension Plan ("the Plan") at December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying index. These financial statements and supplemental 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 investment information summarized in Note 7, which was certified by US Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the years then ended, 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 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.

PricewaterhouseCoopers LLP

Cincinnati, Ohio
September 24, 2010

Omnicare General Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Investments, at fair value		
Mutual fund	\$ 3,914,357	\$ 4,021,004
Money market fund	43	157
Contributions receivable	-	29,275
Interest receivable	2,613	7,465
	<u>2,613</u>	<u>7,465</u>
Net assets available for benefits	<u>\$ 3,917,013</u>	<u>\$ 4,057,901</u>

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

Omnicare General Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended in December 31, 2009 and 2008

	2009	2008
Additions/Reductions		
Investment income (loss)		
Interest and dividends	\$ 274,372	\$ 147,894
Net (depreciation) appreciation in fair value of mutual fund	(342,272)	331,396
Company contributions	30,225	84,275
Net reductions	(37,675)	563,565
Deductions		
Benefit payments	103,213	110,059
(Decrease) increase in net assets available for benefits	(140,888)	453,506
Net assets available for benefits - beginning of year	4,057,901	3,604,395
Net assets available for benefits - end of year	<u>\$ 3,917,013</u>	<u>\$ 4,057,901</u>

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

Omnicare General Pension Plan

Notes to Financial Statements

December 31, 2009 and 2008

1. Description of the Plan

The following description of the Omnicare General Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Omnicare General Pension Plan is a defined benefit pension plan which, prior to the Plan curtailment on December 31, 1993, covered substantially all employees of Omnicare, Inc. and its participating subsidiaries ("Omnicare" or the "Company") who completed six months of service, except those employees covered by a collective bargaining agreement. The Plan commenced January 1, 1986 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Plan's assets are held in a Trust administered by US Bank (the "Trustee"). All expenses incurred in the administration of the Plan and trust are paid by the Company.

As of December 31, 1993, the Plan was frozen to new employees and future benefit accruals ceased.

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits upon retirement. Benefits due to participants employed by certain divested subsidiaries became fully vested upon the sale of those subsidiaries. Upon retirement, a participant's monthly retirement income is equal to the lesser of (a) 1.5% of the highest consecutive 60-month average compensation of the last 120-months prior to December 31, 1993, as defined, multiplied by years of credited service or (b) 50% of average monthly compensation (prior to December 31, 1993) reduced by the appropriate Social Security benefit. This benefit is offset by the benefit accrued under the Plan's predecessor, as applicable. Benefit payments begin on the first day of the month that coincides with or immediately follows the participant's normal retirement date.

Death and Disability Benefits

If an active or former participant dies before age 65 and has five years of service, a death benefit equal to the actuarial equivalent of the monthly retirement income, adjusted for the participants' age at time of death and the status of benefits paid prior to the participants' death, is paid to the employee's beneficiary as an annuity for their lifetime or in lump sum. Active employees who become totally disabled may elect to receive reduced annual disability benefits that are equal to the actuarial equivalent of the monthly retirement income determined as of the employee's disability retirement date.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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 net assets and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Omnicare General Pension Plan

Notes to Financial Statements

December 31, 2009 and 2008

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined by quoted market prices. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end.

The Plan presents in its statements of changes in net assets available for benefits the net appreciation (depreciation) in fair value of investments which consists of realized gains and losses, as well as the unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Funding Policy

Employer contributions are based upon actuarially determined amounts required to provide benefits under the Plan in a manner consistent with the minimum funding standards of ERISA. Employee contributions are not permitted. The minimum funding requirement was met in 2009 and 2008.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable to the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service up until December 31, 1993 when the Plan was frozen. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances-retirement, death, disability, and termination of employment-are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Omnicare General Pension Plan

Notes to Financial Statements

December 31, 2009 and 2008

The significant actuarial assumptions used in the valuations as of January 1 were as follows:

	2009	2008
Life expectancy of participants	RP-2000 Combined Mortality Table Projected to 2008 using scale AA	RP-2000 Combined Mortality Table for males and females
Interest rate	6.00%	6.00%
Retirement Age	Annual number of retirement per 1,000 participants	Annual number of retirement per 1,000 participants
	2009	2008
55	19	19
56	24	24
57	28	28
58	33	33
59	38	38
60	142	142
61	147	147
62	200	200
63	250	250
64	250	250
65	1,000	1,000

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Administrative costs and expenses incidental to the management of the Plan are paid by the Company, on behalf of the Plan.

Risks and Uncertainties

Plan assets include investments in a mutual fund and a money market fund. Certain investments are exposed to risks such as changes in interest rates, fluctuations in market conditions and credit risk. The level of risk associated with certain investments and uncertainty related to changes in the value of these investments could materially affect the amounts reported in the financial statements and accompanying notes.

Omnicare General Pension Plan

Notes to Financial Statements

December 31, 2009 and 2008

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

New Accounting Standards

Accounting Standards Codification: In July 2009, the Financial Accounting Standards Board ("FASB") issued guidance now codified as ASC 105-10, *The FASB Accounting Standards Codification™ and the Hierarchy of Generally Accepted Accounting Principles*, which identifies the sources of accounting principles and the framework for selecting the principles used in preparation of financial statements. ASC 105-10 establishes The FASB Standards Codification™ and interpretative releases of the SEC as the only sources of authoritative U.S. GAAP. This statement is effective for the Plan and will affect any references made to authoritative U.S. GAAP standards.

Reporting of Subsequent Events: In May 2009, ASC 855, *Subsequent Events*, was issued which requires entities to record and disclose events or transactions that occur after the balance sheet date but before financial statements are issued or are available to be issued. This guidance was effective for the Plan in 2009 and did not have a material impact on the financial statements.

Fair Value Measurements and Disclosures: In April 2009, ASC 820-10, *Determining Fair Value When the Volume and Level of Activity for the Asset and Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*, was issued which emphasizes that the objective of a fair value measurement does not change even when market activity for the asset or liability has decreased significantly. Fair value is the price that would be received for an asset sold or paid to transfer a liability in an orderly transaction (that is, not a forced liquidation or distressed sale) between market participants at the measurement date under current market conditions. When observable transactions or quoted prices are not considered orderly, then little, if any, weight should be assigned to the indication of the asset or liability's fair value. Adjustments to those transactions or prices would be needed to determine the appropriate fair value. This pronouncement also required further breakdown of investments by category. The guidance was applied prospectively in 2009, and the impact of adoption of this standard was not material to the Plan's net assets available for benefits.

3. Accumulated Plan Benefits

All benefits are vested. The actuarial present values of accumulated plan benefits are as follows on January 1, 2009:

Participants currently receiving benefits	\$ 1,221,714
Inactive or disabled participants	2,599,822
Active participants	<u>432,491</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 4,254,027</u>

Omnicare General Pension Plan **Notes to Financial Statements** **December 31, 2009 and 2008**

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the period ended January 1, 2009:

Actuarial present value of accumulated plan benefits	\$ 4,067,196
Change in discount period	240,776
Benefits paid	(110,059)
Change in actuarial assumption	70,551
Benefits accumulated and net experience gains/losses	(14,437)
Actuarial present value of accumulated plan benefits	<u>\$ 4,254,027</u>

4. Plan Termination

While the Company has not expressed any intent to do so, it may discontinue its contributions or terminate the Plan at any time, subject to the provisions of ERISA. In general, in the event of Plan termination, the Plan provides that the net assets shall be allocated among the participants and their beneficiaries in the order provided for in accordance with the provisions of ERISA. To the extent unfunded vested benefits exist and the Company is unable to fund these liabilities, ERISA provides that such benefits are payable by the Pension Benefits Guaranty Corporation (the "PBGC") to participants up to specified limitations, as described in ERISA.

5. Investments

The following investments represent five percent or more of the Plan's net assets:

	2009	2008
Mutual fund		
Vanguard International Term Treasury Fund	\$3,914,357	\$4,021,004

During 2009 and 2008, the Plan's mutual fund investment (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by (\$342,272) and \$331,396, respectively.

6. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated November 25, 2008, the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving this determination. However, the Company believes the Plan is currently designed and is being operated in accordance with the applicable requirements of the IRC.

Omnicare General Pension Plan **Notes to Financial Statements** **December 31, 2009 and 2008** ---

7. Information Certified by the Trustee

The following is a summary of the Plan's financial information and data included in the Plan's financial statements and supplemental schedules which were certified by the Trustee as of December 31, 2009 and 2008 and for the years then ended as complete and accurate, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2009	2008
Investments, at fair value	\$ 3,914,400	\$ 4,021,161
Interest receivable	2,613	7,465
Investment income		
Interest and dividends	274,372	147,894
Net (depreciation)/appreciation in fair value of mutual fund	(342,272)	331,396

In addition, the information contained in the supplemental schedules was certified by the Trustee.

8. Related Party Transactions

The money market fund held by the Plan is managed by the Trustee.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Administrative expenses for Trustee's fees are paid directly by the Company.

9. Fair Value Measurements

The Plan adopted ASC 820-10 (previously Financial Accounting Standards Board Statements No. 157, *Fair Value Measurements* (FAS 157)), effective January 1, 2008. ASC 820-10 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10-50-5 are described below:

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2** Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Omnicare General Pension Plan **Notes to Financial Statements** **December 31, 2009 and 2008**

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

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

Money market fund—Valued at NAV of shares held by the Plan at year end.

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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual fund - Fixed income	\$3,914,357	\$ -	\$ -	\$3,914,357
Money Market fund	-	43	-	43
Total assets at fair value	<u>\$3,914,357</u>	<u>\$ 43</u>	<u>\$ -</u>	<u>\$3,914,400</u>

Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Mutual fund	\$4,021,004	\$ -	\$ -	\$4,021,004
Money Market fund	-	157	-	157
Total assets at fair value	<u>\$4,021,004</u>	<u>\$ 157</u>	<u>\$ -</u>	<u>\$4,021,161</u>

10. Subsequent Events

The plan has evaluated subsequent events through September 24, 2010, the date the financial statements were available to be issued.

Omnicare General Pension

Schedule H, Line 4(i)–Schedule of Assets (Held at End of Year) as of Ended December 31, 2009

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
Vanguard Intermediate Term Treasury Fund	Mutual Fund (352,962.725 shares)	\$4,064,237	\$3,914,357
* First American Treasury Obligation Fund	Money Market Fund (43.32 shares)	43	43
		<u>\$4,064,280</u>	<u>\$3,914,400</u>

* Represents a party-in-interest to the Plan.

Note: The information in this schedule has been certified as to its completeness and accuracy by US Bank, N.A.

Omnicare General Pension
Schedule H, Line 4(j)–Schedule of Reportable Transactions–Series and Single
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Assets (include Interest Rate Rate and and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard Intermediate Term Treasury Fund		338,727				338,727	338,727	-
Aggregate purchased (19 transactions)			103,102			101,964	103,102	1,138
Aggregate sold (13 transactions)								

Category 3– Series of transactions in same security exceeds 5% of net assets at December 31, 2008:

Note: The information in this schedule has been certified as to completeness and accuracy by US Bank, N.A.

Omnicare General Pension

Schedule H, Line 4(i)–Schedule of Assets (Held at End of Year) as of Ended December 31, 2009

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
Vanguard Intermediate Term Treasury Fund	Mutual Fund (352,962.725 shares)	\$4,064,237	\$3,914,357
* First American Treasury Obligation Fund	Money Market Fund (43.32 shares)	43	43
		<u>\$4,064,280</u>	<u>\$3,914,400</u>

* Represents a party-in-interest to the Plan.

Note: The information in this schedule has been certified as to its completeness and accuracy by US Bank, N.A.

Omnicare General Pension
Schedule H, Line 4(j)–Schedule of Reportable Transactions–Series and Single
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Assets (include Interest Rate Rate and and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard Intermediate Term Treasury Fund		338,727				338,727	338,727	-
Aggregate purchased (19 transactions)			103,102			101,964	103,102	1,138
Aggregate sold (13 transactions)								

Category 3– Series of transactions in same security exceeds 5% of net assets at December 31, 2008:

Note: The information in this schedule has been certified as to completeness and accuracy by US Bank, N.A.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

Omnicare General Pension Plan

B Three-digit
plan number (PN) ▶

004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Omnicare, Inc.

D Employer Identification Number (EIN)

31-1001351

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:

a Market value	2a	4,057,673
b Actuarial value	2b	4,057,673

3 Funding target/participant count breakdown

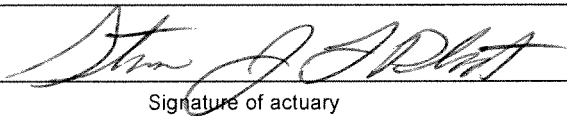
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 38	1,203,776
b For terminated vested participants	3b 381	2,395,771
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	405,259
(3) Total active	3c(3) 8	405,259
d Total	3d 427	4,004,806

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 6.54 %**6** Target normal cost **6** 0**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

7/27/10

Date

Steven J. LaPlant

08-05051

Type or print name of actuary

Most recent enrollment number

Ernst & Young LLP

(214) 969-8000

2323 Victory Avenue, Suite 2000

Firm name

Telephone number (including area code)

Dallas

TX 75219

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	5,257	N/A
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	5,257	0
10 Interest on item 9 using prior year's actual return of <u>13.36</u> %	702	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.18</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	5,959	0

Part III Funding percentages

14 Funding target attainment percentage	14	101.17 %
15 Adjusted funding target attainment percentage	15	101.32 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.21 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	9,725				
07/15/2009	20,500				
Totals ▶			18(b)	30,225	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 29,361
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	29,361
38 Interest-adjusted excess contributions for current year (see instructions)	38	29,361
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Attachment to 2009 Form 5500 Schedule SB, Line 22
Omnicare, Inc. General Pension Plan
EIN: 31-1001351 PN: 004
Description of Weighted Average Retirement Age

	(i)	(ii)	(iii)	(iv)
Age	Retirement Rates	Expected survivors	Expected retirements	Age weighted retirements
70	100.00%	0	0	0
69	100.00%	0	0	0
68	100.00%	0	0	0
67	100.00%	0	0	0
66	100.00%	0	0	0
65	100.00%	285,125	285,125	18,533,125
64	25.00%	380,167	95,042	6,082,688
63	25.00%	506,889	126,722	7,983,486
62	20.00%	633,611	126,722	7,856,764
61	14.70%	742,803	109,192	6,660,712
60	14.20%	865,738	122,935	7,376,100
59	3.80%	899,936	34,198	2,017,682
58	3.30%	930,647	30,711	1,781,238
57	2.80%	957,456	26,809	1,528,113
56	2.40%	981,000	23,544	1,318,464
55	1.90%	1,000,000	19,000	1,045,000
Totals			1,000,000	62,183,372
Assumed retirement age = Total(iv) / Total(iii) =				62.00

Attachment to 2009 Form 5500 Schedule SB, Part V
Omnicare, Inc. General Pension Plan
EIN: 31-1001351 PN: 004
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Funding

Funding effective interest rate	6.54% per year
1st segment rate	5.32% per year
2nd segment rate	6.45% per year
3rd segment rate	6.69% per year

ASC 960-20

ASC 960-20 interest rate	6.00% per year
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Funding and ASC 960-20

Salary increases	Not applicable
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Administrative Expenses

For Funding Target Normal Cost, plan expenses, excluding investment fees, have been assumed to be \$0 for the 2009 plan year.

Attachment to 2009 Form 5500 Schedule SB, Part V
Omnicare, Inc. General Pension Plan
EIN: 31-1001351 PN: 004
Statement of Actuarial Assumptions/Methods

Demographic Assumptions

Plan Mortality

Funding

ASC 960-20

IRS 2009 Optional Small Plan Mortality Table
 RP-2000 Combined Mortality Table projected to 2008

Retirement

Retirement rates are assumed according to the following schedule:

<u>Retirement Age</u>	<u>Annual Number of Retirements per 1,000 participants</u>
55	19
56	24
57	28
58	33
59	38
60	142
61	147
62	200
63	250
64	250
65	1,000

Disability:

Select rates

Incidence of disability based on the calendar year 1977 experience published in the Social Security Administration Actuarial Study #75 for females and benefits assumed to be deferred to age 65:

	<u>Rate of Disability Per 100,000 Participants</u>	
<u>Age</u>	<u>Male</u>	<u>Female</u>
25	171	98
35	301	268
45	661	595
50	1,087	937
55	1,882	1,523
60	2,720	1,860

Attachment to 2009 Form 5500 Schedule SB, Part V
Omnicare, Inc. General Pension Plan
EIN: 31-1001351 PN: 004
Statement of Actuarial Assumptions/Methods

Turnover:

Sample termination rates are shown below:

<u>Age</u>	<u>Rate of Termination</u> <u>Per 1,000 Participants</u>	
	<u>Male</u>	<u>Female</u>
25	99	49
30	69	99
35	49	69
40	28	48
45	17	27
50	5	15
55	0	2

Marital status:

Percentage married

85% of male participants and 50% of female participants are assumed to be married.

Age difference

Males are assumed to be three years older than their spouses.

Attachment to 2009 Form 5500 Schedule SB, Part V
Omnicare, Inc. General Pension Plan
EIN: 31-1001351 PN: 004
Statement of Actuarial Assumptions/Methods

Actuarial Methods
Funding and ASC 960-20

Actuarial Cost Method:

The actuarial cost method used for plan funding is called the unit credit cost method. This is the prescribed method under PPA and ASC 960-20. The objective under this method is to fund accrued benefits under the plan as related to service rendered by employees. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future service. The principle underlying the method is that each unit is funded in the year for which it is credited. Typically, when the method is introduced there will be an initial Funding Target for benefits credited for service prior to that date, and to the extent that this liability is not covered by Plan Assets, there is a Funding Shortfall to be funded over a seven year period in accordance with the shortfall amortization schedule.

The Funding Target is the present value of benefits accrued or earned under the plan as of the beginning of the plan year.

The Target Normal Cost is the sum of the plan's expected administrative expenses and the present value of all benefits which are expected to accrue or to be earned under the plan during the plan year. For salary based benefit formulas the Target Normal Cost recognizes the effect of one year of salary increases.

The Funding Shortfall at the valuation date is the excess, if any, of the funding target for the plan year, over the adjusted actuarial value of assets. In the event the actuarial value of assets exceeds the funding target and other requirements are met, a portion of the excess assets could be used toward satisfying the minimum required contribution.

Under this method, differences between the actual experience and that assumed in the determination of costs and liabilities (such as investment return or employee turnover, for example) will emerge as adjustments in the Funding Shortfall, subject to amortization.

Asset Method:

Plan assets are set equal to the market value of assets plus contributions receivable.

Attachment to 2009 Form 5500 Schedule SB, Part V

Omnicare, Inc. General Pension Plan

EIN: 31-1001351 PN: 004

Statement of Actuarial Assumptions/Methods

**Mandated Interest Rates for
Funding Target:**

Segment rates based on the 24-month average of corporate bond yields.

The Applicable Month for the determination of the segment rates is January 2009.

Other Considerations:

We have assumed that there will be no new or rehired

We have assumed that no adjustments in benefits or contributions are required due to combined limits under IRC Section 415.

To the best of our knowledge, all benefits have been included in the liabilities.

We are not aware of any event or trend which has occurred that would have a material impact on this valuation that has not been taken into account.

Attachment to 2009 Form 5500 Schedule SB, Part V
Omnicare, Inc. General Pension Plan
EIN: 31-1001351 PN: 004
Summary of Plan Provisions

Plan Year	January 1 to December 31.
Plan Sponsor	Omnicare, Inc.
Eligibility	Prior to January 1, 1984, the later of: a) completion of one year of service, or b) attainment of age 25 provided age 65 not yet attained. Effective January 1, 1985, employees on the first day of the quarter following six months of service. Effective December 31, 1993, no future employees may participate in the plan and no employee accrues any additional benefit after that date.
Credited service	a) All service with the Company as an eligible employee after July 1, 1981 and before December 31, 1993, plus: b) For employees who were participants in the DuBois General Pension Plan or the DuBois Sales Employees' Pension Plan on or before June 30, 1981 the sum of: (1) all credited service as of June 30, 1981 under the predecessor plan, and (2) all service after age 25 and completion of one year of service for which an employee was eligible to participate in the plan but failed to participate.
Annual compensation	Compensation paid to an employee, which consists of, base earnings, incentive bonuses, overtime pay, and Christmas bonus. No compensation over the 401(a)(17) limit is
Actuarial equivalence	UP-1984 Uninsured Pension Mortality Table, set back one year, 7% interest.
Normal form of payment	Ten year certain and life annuity.
Optional forms	50% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor

Attachment to 2009 Form 5500 Schedule SB, Part V

Omnicare, Inc. General Pension Plan

EIN: 31-1001351 PN: 004

Summary of Plan Provisions

Monthly Accrued benefit Accrued benefit based on all credited service reduced by benefit accrued under the prior plan as of October 31, 1985.

The accrued retirement benefit is a) the gross benefit, minus b) the offset benefit, minus c) the benefit accrued under other plan of company or affiliated company:

- a) 1.5% of the highest consecutive 60-month average compensation of the last 120 months multiplied by the credited service; with a maximum of 50% of final average compensation, minus,
- b) 2% of the Social Security Primary Insurance Amount (PIA) payable at age 65 multiplied by credited service with a maximum of 30 years of credited service; minus,
- c) The benefit accrued under the prior pension plan based on credited service, average compensation and PIA determined as of October 31, 1985. For those who received a lump sum payment from the prior plan, such accrued benefit is the actuarial equivalent of the lump sum payment.

Minimum Accrued Benefit \$150 per annum.

Normal Retirement Eligibility Age 65.

Amount The accrued benefit payable immediately.

Early Retirement Eligibility Age 55 and 10 years of vesting service.

Amount The early retirement benefit is:

- a) The gross benefit accrued to the early retirement date reduced by 1/6 of 1% per month by which payment precedes age 62; minus,
- b) The offset benefit accrued to the early retirement date, assuming no earnings after termination, reduced by 1/3 of 1% per month by which payment precedes age 65; minus,
- c) The benefit accrued under other plan of company or affiliated company reduced for payment prior to age 65.

Attachment to 2009 Form 5500 Schedule SB, Part V

Omnicare, Inc. General Pension Plan

EIN: 31-1001351 PN: 004

Summary of Plan Provisions

Late Retirement

Eligibility

Retirement after normal retirement date.

Amount

The greater of (i) the accrued benefit calculated at the late retirement date or (ii) the actuarial equivalent of the normal retirement benefit.

Disability

Eligibility

None.

Amount

Accrued Benefit payable on or before normal retirement date. The benefit is actuarially reduced for early commencement.

Termination

Eligibility

5 years of service.

Amount

Accrued benefit.

Benefit commencement

Payable at age normal retirement date or at an age not earlier than age 55 with a reduced benefit. The benefit is reduced by 1/3 of 1% for each month by which payments proceeds the normal retirement date.

Vesting schedule

All accrued benefits as of December 31, 1993 are fully (100%) vested.

Pre-retirement death:

Eligibility

Death of a participant who has earned the right to a vested

Amount

- a) For all participants: The beneficiary shall receive the lump-sum actuarial equivalent of the 120 month certain payment of the accrued retirement benefit minus the lump-sum actuarial equivalent of the spouse's benefit paid (if any) pursuant to b) below.
- b) For participants married throughout the one year preceding death: The amount which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a 50% qualified joint and survivor annuity, and died prior to the first payment.

Attachment to 2009 Form 5500 Schedule SB, Part V

Omnicare, Inc. General Pension Plan

EIN: 31-1001351 PN: 004

Summary of Plan Provisions

Benefit commencement

At the time the employee would have attained age 55, or immediately if the participant was eligible for an early retirement benefit.

Late retirement death:

Eligibility

Death of a participant who has earned the right to a vested benefit.

Amount

Beneficiary shall receive a retirement benefit in the same amount as if the participant had actually retired during the month preceding death.

Attachment to 2009 Form 5500 Schedule SB, Line 26
 Omnicare, Inc. General Pension Plan
 EIN: 31-1001351 PN: 004
 Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE																				Total	
	0 to 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp		
Under 25	0		0		0		0		0		0		0		0		0		0			
25 to 29	0		0		0		0		0		0		0		0		0		0			
30 to 34	0		0		0		0		0		0		0		0		0		0			
35 to 39	0		0		0		0		0		0		0		0		0		0			
40 to 44	0		0		0		0		0		0		0		0		0		0			
45 to 49	0		0		0		0		0		0		0		0		0		0			
50 to 54	1		0		1		1		0		0		0		0		0		0			
55 to 59	0		1		0		1		0		0		1		0		0		0			
60 to 64	1		0		0		0		1		0		2		0		0		0			
65 to 69	0		0		0		0		0		1		0		0		0		1			
70 & up	0		0		0		0		0		0		0		0		0		0			
Total	2		1		1		2		1		1		3		0		0		1			