

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                 |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt;"><b>2009</b></div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                                |                                                                                 |                                            |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                            | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                            | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                            | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                                                                          |                                                                |              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information |              |  |
| <b>1a</b> Name of plan<br>IMPACTRX, INC. 401(K) PLAN<br><br><b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>IMPACTRX, INC.<br><br>C/O MILBERG CONSULTING LLC<br>P.O. BOX 819<br>BLUE BELL, PA 19422 | <b>1b</b> Three-digit plan number (PN) ►                       | 001          |  |
|                                                                                                                                                                                                                                                                                          | <b>1c</b> Effective date of plan                               | 01/01/2001   |  |
|                                                                                                                                                                                                                                                                                          | <b>2b</b> Employer Identification Number (EIN)                 | 23-3047813   |  |
|                                                                                                                                                                                                                                                                                          | <b>2c</b> Sponsor's telephone number                           | 215-793-4300 |  |
|                                                                                                                                                                                                                                                                                          | <b>2d</b> Business code (see instructions)                     | 541910       |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/07/2010 | CHAD SHERMAN                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>IMPACTRX, INC.<br>C/O MILBERG CONSULTING LLC<br>P.O. BOX 819<br>BLUE BELL, PA 19422 | <b>3b</b> Administrator's EIN<br>23-3047813<br><hr/> <b>3c</b> Administrator's telephone number<br>215-793-4300 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                   |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><hr/> <b>4c</b> PN |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                | <b>5</b>  | 137 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 103 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 28  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 131 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 131 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 115 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 6   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                   | <b>7</b>  |     |

**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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                             |     |
| <b>A</b> Name of plan<br>IMPACTRX, INC. 401(K) PLAN                                        | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>IMPACTRX, INC.           | <b>D</b> Employer Identification Number (EIN)<br>23-3047813 |     |

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

**1** Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK USA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 13554                                 | 113                                                                         | 01/01/2009              | 12/31/2009 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 9349                                 | 2078                          |

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

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

BARRY R. MILBERG  
MILBERG CONSULTING LLC  
P.O. BOX 819  
BLUE BELL, PA 19422

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 9349                                          |                                 |             | 4                     |

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

MILBERG CONSULTING LLC  
P.O. BOX 819  
BLUE BELL, PA 19422

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               | 2078                            |             | 5                     |

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

Schedule A (Form 5500) 2009  
v.092308.1

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0       |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 4632705 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST

|                                                                                             |              |   |
|---------------------------------------------------------------------------------------------|--------------|---|
| <b>b</b> Balance at the end of the previous year .....                                      | <b>7b</b>    | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                       | <b>7c(1)</b> | 0 |
| (2) Dividends and credits .....                                                             | <b>7c(2)</b> | 0 |
| (3) Interest credited during the year .....                                                 | <b>7c(3)</b> | 0 |
| (4) Transferred from separate account .....                                                 | <b>7c(4)</b> | 0 |
| (5) Other (specify below) .....                                                             | <b>7c(5)</b> | 0 |
| ▶                                                                                           |              |   |
| (6) Total additions .....                                                                   | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....               | <b>7d</b>    | 0 |
| <b>e</b> Deductions:                                                                        |              |   |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....             | <b>7e(1)</b> | 0 |
| (2) Administration charge made by carrier .....                                             | <b>7e(2)</b> | 0 |
| (3) Transferred to separate account .....                                                   | <b>7e(3)</b> | 0 |
| (4) Other (specify below) .....                                                             | <b>7e(4)</b> | 0 |
| ▶                                                                                           |              |   |
| (5) Total deductions .....                                                                  | <b>7e(5)</b> | 0 |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b>    | 0 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |
| Specify nature of costs ▶                                                                                                                                                                                                       |            |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>     |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                        |                                                                                                                                                                                                                                   |                                                                                                     |
| A Name of plan<br>IMPACTRX, INC. 401(K) PLAN                                                                                                                                      |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ► 001                                                                |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>IMPACTRX, INC.                                                                                                   |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>23-3047813                                                |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                                   |                                                                                                     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 832048 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 756015 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2025                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 537494 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2020                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371215 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212030 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2030                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152242 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133486 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                   |                                                                                                                                                                                                                                   |                                                                                                     |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE EQUITY INC</b>               |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>84259</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MUTUAL BEACON</b>                          |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>79671</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO TOTAL RETURN</b>                     |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>73519</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DAVIS NEW YORK VENTURE</b>                 |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>68274</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>REAL EST. SECURITIES FUND</b>              |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>66717</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS UTILITIES</b>                          |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>65502</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>COLUMBIA VALUE &amp; RESTRUCTURING</b>     |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>65210</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>500 INDEX FUND</b>                         |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>54875</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLUE CHIP GROWTH FUND</b>                  |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>53500</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE SML CAP VAL</b>              |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>51955</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN BALANCED FUND</a>                 |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">9114</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">FRANKLIN SMALL-MID GROWTH</a>              |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">8976</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SMALL CAP INDEX FUND</a>                   |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">8925</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MID CAP INDEX FUND</a>                     |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">7389</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LEGG PARTNERS AGG GROWTH</a>               |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">6327</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">OPTIMIZED ALL CAP FUND</a>                 |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">5813</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">OPTIMIZED VALUE FUND</a>                   |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">5653</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">ALL CAP GROWTH FUND</a>                    |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">5344</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SMALL CAP VALUE FUND</a>                   |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">4968</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">DOMINI SOCIAL EQUITY</a>                   |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">4535</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TEMPLETON WORLD</a>                        |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">22541</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EUROPACIFIC GROWTH FUND</a>                |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">20536</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INTERNATIONAL VALUE FUND</a>               |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">20276</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INTL SMALL CAP FUND</a>                    |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">17824</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">DAVIS FINANCIAL</a>                        |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">17768</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SCIENCE &amp; TECHNOLOGY FUND</a>          |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">15022</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LARGE CAP FUND</a>                         |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">10638</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">THE GROWTH FUND OF AMERICA</a>             |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">10592</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">FRANKLIN BALANCE SHEET</a>                 |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">10163</a> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO REAL RETURN</a>                      |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">10149</a> |

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|-------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AIM SMALL CAP GROWTH</a>                   |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3617</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">JOHN HANCOCK STRATEGIC INC</a>             |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3537</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MID CAP STOCK FUND</a>                     |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">2313</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EXPLORER</a>                               |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1902</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO ALL ASSET</a>                        |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1864</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SMALL CAP GROWTH INDEX</a>                 |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1302</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">BLACKROCK GLOBAL ALLOCATION</a>            |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">914</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LIFESTYLE CONSERVATIVE</a>                 |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">809</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LIFECYCLE 2040</a>                         |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">782</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MID VALUE FUND</a>                         |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">756</a>  |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INTL EQUITY INDEX FUND</a>                 |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">33705</a> |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LIFECYCLE 2045</a>                         |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">33135</a> |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LIFECYCLE 2035</a>                         |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">32724</a> |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">CAPITAL APPRECIATION FUND</a>              |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">32421</a> |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">BLACKROCK LARGE VALUE</a>                  |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">32119</a> |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MUTUAL GLOBAL DISCOVERY</a>                |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">31866</a> |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">ALL CAP VALUE FUND</a>                     |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">31235</a> |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LIFESTYLE AGGRESSIVE</a>                   |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">30983</a> |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">JENNISON GROWTH</a>                        |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">26997</a> |

|                                                                                                       |                                        |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LIFESTYLE MODERATE</a>                     |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">26438</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LM PARTNERS GLB HIGH YIELD</a>             |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">51733</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">JPM MIDCAP VALUE FUND</a>                  |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">49969</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE HEALTH SCI</a>               |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">49889</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN CENTURY VISTA</a>                 |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">42981</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">ROYCE OPPORTUNITY</a>                      |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">41201</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE SCI &amp; TECH</a>           |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">39528</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">OPPENHEIMER GLOBAL</a>                     |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">38576</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TOTAL STOCK MARKET INDEX FUND</a>          |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">37526</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE SPECTRUM INC</a>             |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">35241</a> |

|                                                                                                       |                                        |                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO GLOBAL BOND</a>                      |                                        |                                                                                                     |                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">35206</a> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

|                                |                        |                                                                                                         |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 625 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

|                                |                        |                                                                                                         |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2015**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

|                                |                        |                                                                                                         |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RIVERSOURCE MID CAP VALUE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>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).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>2009</b>                                   |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                             |     |
| <b>A</b> Name of plan<br>IMPACTRX, INC. 401(K) PLAN                                        | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>IMPACTRX, INC.            | <b>D</b> Employer Identification Number (EIN)<br>23-3047813 |     |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       | 44823           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       | 23539           |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       | 72              |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 3294435               | 4632705         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3294435               | 4701139         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3294435 | 4701139 |
|-----------------------------------------------------------|-----------|---------|---------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 44822      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 625389     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 11899      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 682110    |

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

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 1142424   |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 1824534   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 400495 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 400495 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 3960   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 13375  |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |        |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 13375  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 417830 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1406704 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: MOROWITZ & COMPANY, LLC

(2) EIN: 22-2354790

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                        |                                                                    |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>IMPACTRX, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>IMPACTRX, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>23-3047813</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>01-0233346</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                         |                                                                                                                         |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                     | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                    |                                                                                                                         |                             |                              |
| <b>5</b> 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. |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                             | <b>6a</b>                                                                                                               |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                              | <b>6b</b>                                                                                                               |                             |                              |
| <b>c</b> 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).....                                                                                                         | <b>6c</b>                                                                                                               |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                           |                                                                                                                         |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_



CORY H. MOROWITZ, CPA, MBA  
THOMAS J. FREUND, CPA  
JUDD McLAUGHLIN, CPA  
CLAYTON D. SIMPSON, CPA, CHBC  
SUSAN S. TSINGAS, CPA  
JOHN M. RYNKIEWICZ, JR., CPA, CVA

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of  
ImpactRx, Inc. 401 (k) Plan

We have audited the accompanying statements of net assets available for benefits of the ImpactRx, Inc. 401 (k) Plan as of December 31, 2009 and 2008, the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements and schedule H are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

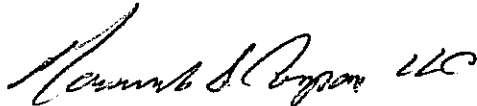
Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the information summarized in Note E, which was certified by John Hancock Life Insurance Company (USA), the trustee of the Plan, except for comparing the 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 a certification from the trustee as of and for the year ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note E, the financial statements referred to above

present fairly, in all material respects, the net assets available for benefits of the ImpactRx, Inc. 401 (k) Plan as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the year ended December 31, 2009, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held at End of Year), Reportable Transactions, and Non-Exempt Transactions, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, except for the effects on the schedules of investments, reportable transactions and nonexempt transactions of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note E as described in the second preceding paragraph, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

A handwritten signature in black ink, appearing to read "Morowitz & Company LLC", is written over a horizontal line.

Morowitz & Company LLC

Galloway, New Jersey  
October 2, 2010

ImpactRx, Inc  
. 401 (K) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31,

|                                   | 2009                | 2008                |
|-----------------------------------|---------------------|---------------------|
| ASSETS                            |                     |                     |
| Investments                       | \$ 4,632,705        | \$ 3,294,435        |
| Cash - interest bearing           | 72                  | 0                   |
| Receivables:                      |                     |                     |
| Employer's contribution           | 23,539              | 0                   |
| Participants' contributions       | 44,823              | 0                   |
|                                   | <u>68,362</u>       | <u>0</u>            |
| TOTAL ASSETS                      | <u>4,701,139</u>    | <u>3,294,435</u>    |
| LIABILITIES                       |                     |                     |
| TOTAL LIABILITIES                 | <u>0</u>            | <u>0</u>            |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 4,701,139</u> | <u>\$ 3,294,435</u> |

See the accompanying independent auditor's report and notes.

ImpactRx, Inc.  
401 (K) PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Year Ended December 31,

2009

ADDITIONS

Additions to net assets attributed to:

Investment income:

|                           |                  |
|---------------------------|------------------|
| Investment gains          | \$ 1,142,424     |
| Less: investment expenses | <u>(13,375)</u>  |
|                           | <u>1,129,049</u> |

Contributions:

|                                       |                |
|---------------------------------------|----------------|
| Participants'                         |                |
| 401 (k) elective deferrals            | 625,389        |
| Employee rollover                     | 11,899         |
| Employer's                            |                |
| Safe Harbor Nonelective Contributions | <u>44,822</u>  |
|                                       | <u>682,110</u> |

|                 |                  |
|-----------------|------------------|
| TOTAL ADDITIONS | <u>1,811,159</u> |
|-----------------|------------------|

DEDUCTIONS

Deductions from net assets attributed to:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | <u>404,455</u> |
| TOTAL DEDUCTIONS              | <u>404,455</u> |

|              |           |
|--------------|-----------|
| NET INCREASE | 1,406,704 |
|--------------|-----------|

NET ASSETS AVAILABLE FOR BENEFITS

|                   |                           |
|-------------------|---------------------------|
| Beginning of year | <u>3,294,435</u>          |
| END OF YEAR       | <u><u>\$4,701,139</u></u> |

See the accompanying independent auditor's report and notes.

ImpactRx, Inc.  
401 (K) PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Year Ended December 31,

2009

ADDITIONS

Additions to net assets attributed to:

Investment income:

|                           |                  |
|---------------------------|------------------|
| Investment gains          | \$ 1,142,424     |
|                           | <u>1,142,424</u> |
| Less: investment expenses | <u>(13,375)</u>  |
|                           | <u>1,129,049</u> |

Contributions:

|                                       |                |
|---------------------------------------|----------------|
| Participants'                         |                |
| 401 (k) elective deferrals            | 625,389        |
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| Safe Harbor Nonelective Contributions | <u>44,822</u>  |
|                                       | <u>682,110</u> |

|                 |                  |
|-----------------|------------------|
| TOTAL ADDITIONS | <u>1,811,159</u> |
|-----------------|------------------|

DEDUCTIONS

Deductions from net assets attributed to:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | <u>404,455</u> |
| TOTAL DEDUCTIONS              | <u>404,455</u> |

|              |           |
|--------------|-----------|
| NET INCREASE | 1,406,704 |
|--------------|-----------|

NET ASSETS AVAILABLE FOR BENEFITS

|                   |                           |
|-------------------|---------------------------|
| Beginning of year | <u>3,294,435</u>          |
| END OF YEAR       | <u><u>\$4,701,139</u></u> |

See the accompanying independent auditor's report and notes.

IMPACTRX, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2009 and 2008

NOTE A – DESCRIPTION OF PLAN

The following description of the ImpactRx, Inc. ("Company") 401 (k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General.* The Plan is a defined contribution plan covering all full-time employees of the Company who have eligible service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan has a favorable determination letter from the Internal Revenue Service dated March 31, 2008.

*Contributions.* Each year, participants may contribute a portion of their compensation to the plan, to a maximum of \$16,500 and \$15,500 for 2009 and 2008, respectively. If the participant is over the age of 50, a catch-up contribution of \$5,000 may be made for the calendar year. The Company will allocate the amount the participant elects to defer to an account maintained on the participant's behalf. The Company may make a profit sharing contribution at its discretion.

*Participant Accounts.* Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings and charged with an allocation of administrative expenses on the last day of each plan year. Allocations are based on participant compensation, including overtime, bonuses and commissions, for the portion of the plan year in which the employee is actually a participant in the plan. These accounts are self-directed accounts.

*Vesting.* Participants are immediately vested in their contributions. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested in the Company's profit sharing contributions at the end of 6 years of service.

*Payment of Benefits.* On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or monthly, quarterly, semi-annual or annual installments over a period of not more than your assumed life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Should the plan terminate all amounts not previously 100% vested will become 100% vested and benefits will be paid in accordance with normal distribution policies for the plan.

See the accompanying independent auditor's report.

IMPACTRX, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2009 and 2008

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

*Estimates*

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

*Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

NOTE C – PARTICIPANT-DIRECTED INVESTMENTS

Information about net assets and the significant components of the changes in net assets relating to the participant-directed investments is as follows:

| Net Assets:           | Year 2009     | Year 2008    |
|-----------------------|---------------|--------------|
| Mutual funds          | \$ 4,632,705  | \$ 3,294,435 |
| Cash-interest bearing | 72            | 0            |
| Receivables           | <u>68,362</u> | <u>0</u>     |
|                       | \$ 4,701,139  | \$ 3,294,435 |

During 2008, the trustees voted to allow the employees of Paragon Research & Consulting, Inc. (a subsidiary) to join the plan. Those employees transferred \$1,820,516 in assets from pre-existing accounts into the plan.

See the accompanying independent auditor's report.

IMPACTRX, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2009 and 2008

|                               | Year Ended<br>Dec 31, 2009 |
|-------------------------------|----------------------------|
| Changes in Net Assets:        |                            |
| Contributions                 | \$ 670,211                 |
| Losses                        | 1,129,049                  |
| Transfers and rollovers       | 11,989                     |
| Benefits paid to participants | <u>(404,455)</u>           |
|                               | <u>\$ 1,406,704</u>        |

NOTE D – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

NOTE E – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee, John Hancock Life Insurance Company (USA). Funds are stated at fair value as determined on Dec. 31 of the applicable year. Fair value of the funds is determined by the current trading amount (level 1 inputs) of the investments contained in each fund.

|                          | 2009        | 2008        |
|--------------------------|-------------|-------------|
| Mutual Funds             | \$4,632,705 | \$3,294,435 |
| Cash – interest bearing  | 0           | 0           |
| Investment income (loss) | 1,129,049   | (1,444,614) |

NOTE F – INVESTMENTS OF 5% OR MORE OF  
NET ASSETS

|                       |            |
|-----------------------|------------|
| JH Lifecycle 2020     | \$ 371,216 |
| JH Lifecycle 2025     | 537,494    |
| JH Lifestyle Balanced | 832,148    |
| JH Lifestyle Growth   | 756,015    |

See the accompanying independent auditor's report.

IMPACTRX, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2009 and 2008

NOTE G - SUBSEQUENT EVENTS

Subsequent events have been evaluated through February 26, 2010, the date the report was available for issuance. No subsequent events have occurred that require disclosure.

ImpactRx, Inc.  
401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
23-3047813/001  
December 31, 2009

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Investment Including<br>Maturity Date, Rate of<br>Interest, Par or Maturity<br>Value | Current<br>Value |
|----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|
| BlackRock Large Value                                    | Mutual Fund                                                                          | 32,118.84        |
| Mutual Global Discovery                                  | Mutual Fund                                                                          | 31,866.25        |
| All Cap Value Fund                                       | Mutual Fund                                                                          | 31,235.38        |
| Lifestyle Aggressive                                     | Mutual Fund                                                                          | 30,982.95        |
| Jennison Growth                                          | Mutual Fund                                                                          | 26,997.24        |
| Lifestyle Moderate                                       | Mutual Fund                                                                          | 26,438.33        |
| Templeton World                                          | Mutual Fund                                                                          | 22,540.93        |
| EuroPacific Growth Fund                                  | Mutual Fund                                                                          | 20,536.37        |
| International Value Fund                                 | Mutual Fund                                                                          | 20,276.18        |
| Intl Small Cap Fund                                      | Mutual Fund                                                                          | 17,824.49        |
| Davis Financial                                          | Mutual Fund                                                                          | 17,768.23        |
| Science & Technology Fund                                | Mutual Fund                                                                          | 15,021.82        |
| Large Cap Fund                                           | Mutual Fund                                                                          | 10,638.12        |
| The Growth Fund of America                               | Mutual Fund                                                                          | 10,591.59        |
| Franklin Balance Sheet                                   | Mutual Fund                                                                          | 10,162.64        |
| PIMCO Real Return                                        | Mutual Fund                                                                          | 10,148.94        |
| American Balanced Fund                                   | Mutual Fund                                                                          | 9,113.63         |
| Franklin Small-Mid Growth                                | Mutual Fund                                                                          | 8,976.49         |
| Small Cap Index Fund                                     | Mutual Fund                                                                          | 8,925.17         |
| Mid Cap Index Fund                                       | Mutual Fund                                                                          | 7,389.16         |
| Legg Partners Agg Growth                                 | Mutual Fund                                                                          | 6,327.20         |
| Optimized All Cap Fund                                   | Mutual Fund                                                                          | 5,813.11         |
| Optimized Value Fund                                     | Mutual Fund                                                                          | 5,652.54         |
| All Cap Growth Fund                                      | Mutual Fund                                                                          | 5,343.89         |
| Small Cap Value Fund                                     | Mutual Fund                                                                          | 4,968.28         |
| Domini Social Equity                                     | Mutual Fund                                                                          | 4,534.52         |
| AIM Small Cap Growth                                     | Mutual Fund                                                                          | 3,617.12         |
| John Hancock Strategic Inc                               | Mutual Fund                                                                          | 3,536.58         |
| Mid Cap Stock Fund                                       | Mutual Fund                                                                          | 2,313.31         |
| Explorer                                                 | Mutual Fund                                                                          | 1,902.40         |
| PIMCO All Asset                                          | Mutual Fund                                                                          | 1,864.38         |
| Small Cap Growth Index                                   | Mutual Fund                                                                          | 1,301.90         |

ImpactRx, Inc.  
401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
23-3047813/001  
December 31, 2009

| <u>Identity of Issue, Borrower,<br/>Lessor, or Similar Party</u> | <u>Investment Including<br/>Maturity Date, Rate of<br/>Interest, Par or Maturity<br/>Value</u> | <u>Current<br/>Value</u> |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------|
| BlackRock Global Allocation                                      | Mutual Fund                                                                                    | 913.96                   |
| Lifestyle Conservative                                           | Mutual Fund                                                                                    | 809.18                   |
| Lifecycle 2040                                                   | Mutual Fund                                                                                    | 781.66                   |
| Mid Value Fund                                                   | Mutual Fund                                                                                    | 756.06                   |
| Washington Mutual Investors                                      | Mutual Fund                                                                                    | 625.20                   |
| Investment Company of America                                    | Mutual Fund                                                                                    | 136.14                   |
| Lifecycle 2015                                                   | Mutual Fund                                                                                    | 101.81                   |
| RiverSource Mid Cap Value                                        | Mutual Fund                                                                                    | 7.08                     |
| Cash                                                             | Cash                                                                                           | 71.98                    |
|                                                                  |                                                                                                | <u>4,632,777.22</u>      |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the Instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold;">2009</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                |                                                                                                                                      |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                         |                                                                                                                                      |
| For the calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                                                                                      |
| <b>A</b> This return/report is for:                                                            | <input type="checkbox"/> a multiemployer plan;<br><input checked="" type="checkbox"/> a single-employer plan;                        |
|                                                                                                | <input type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a DFE (specify) _____                              |
| <b>B</b> This return/report is:                                                                | <input type="checkbox"/> the first return/report;<br><input type="checkbox"/> an amended return/report;                              |
|                                                                                                | <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here . . . . .                    | <input type="checkbox"/>                                                                                                             |
| <b>D</b> Check box if filing under:                                                            | <input checked="" type="checkbox"/> Form 5558;<br><input type="checkbox"/> special extension (enter description) _____               |
|                                                                                                | <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;                                             |

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                        |                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II Basic Plan Information --- enter all requested information.</b>                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                        |                                                      |  |
| <b>1a</b> Name of plan<br>ImpactRx, Inc. 401(k) Plan                                                                                                                                                                                   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"> <b>1b</b> Three-digit plan number (PN) ►       </td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"> <b>1c</b> Effective date of plan<br/>         01/01/2001       </td> </tr> </table>                                               | <b>1b</b> Three-digit plan number (PN) ►                     | 001                                                    | <b>1c</b> Effective date of plan<br>01/01/2001       |  |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                               | 001                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                        |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/2001                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                        |                                                      |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br>ImpactRx, Inc.<br><br>C/O Milberg Consulting LLC<br>P.O. Box 819<br><br>US Blue Bell PA 19422 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> <b>2b</b> Employer Identification Number (EIN)<br/>         23-3047813       </td> </tr> <tr> <td> <b>2c</b> Sponsor's telephone number<br/>         (215) 793-4300       </td> </tr> <tr> <td> <b>2d</b> Business code (see instructions)<br/>         541910       </td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>23-3047813 | <b>2c</b> Sponsor's telephone number<br>(215) 793-4300 | <b>2d</b> Business code (see instructions)<br>541910 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>23-3047813                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                        |                                                      |  |
| <b>2c</b> Sponsor's telephone number<br>(215) 793-4300                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                        |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>541910                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                        |                                                      |  |

**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 |                                    | 9/17/10 | Richard Altus                                                |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br><b>Same</b>                                                                                                                                                                                                                                                                                                                                  |  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                       |  | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
| <b>5</b> Total number of participants at the beginning of the plan year . . . . .                                                                                                                                                                                                                                                                                                                                                       |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>137</b> |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> and <b>6d</b> )                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| <b>a</b> Active participants . . . . .                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>103</b> |
| <b>b</b> Retired or separated participants receiving benefits . . . . .                                                                                                                                                                                                                                                                                                                                                                 |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>0</b>   |
| <b>c</b> Other retired or separated participants entitled to future benefits . . . . .                                                                                                                                                                                                                                                                                                                                                  |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>28</b>  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> and <b>6c</b> . . . . .                                                                                                                                                                                                                                                                                                                                                              |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>131</b> |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . .                                                                                                                                                                                                                                                                                                                          |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>0</b>   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                             |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>131</b> |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .                                                                                                                                                                                                                                                                                     |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>115</b> |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .                                                                                                                                                                                                                                                                                         |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>6</b>   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item) . . .                                                                                                                                                                                                                                                                                                          |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br><b>2E 2F 2G 2J 2K 2T 3D</b>                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                               |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                         |            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Information) |            |

|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------|-----------------------|
| <b>SCHEDULE A<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation                                                           | <b>Insurance Information</b><br><br>This schedule is required to be filed under sections 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br><b>► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |                                                                             |                                     |                       |
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b>                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
| <b>A</b> Name of plan<br><br><b>ImpactRx, Inc. 401(k) Plan</b>                                                                                                                                                                                                                | <b>B</b> Three-digit plan number (PN) <b>►</b><br><br><div style="background-color: #cccccc; height: 20px; width: 100%;"></div>                                                                                                                                                                                                    | <b>001</b>                                                                                 |                                                                             |                                     |                       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br><br><b>ImpactRx, Inc.</b>                                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><br><b>23-3047813</b>                                                                                                                                                                                                                                                             |                                                                                            |                                                                             |                                     |                       |
| <b>Part I</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
| <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
| <b>1</b> Coverage Information:                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
| <b>(a)</b> Name of insurance carrier<br><br><b>John Hancock USA</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
| (b) EIN                                                                                                                                                                                                                                                                       | (c) NAIC code                                                                                                                                                                                                                                                                                                                      | (d) Contract or identification number                                                      | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year<br>(f) From | (g) To                |
| 01-0233346                                                                                                                                                                                                                                                                    | 65838                                                                                                                                                                                                                                                                                                                              | 13554                                                                                      | 113                                                                         | 1/1/2009                            | 12/31/2009            |
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.                                                                             |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
| (a) Total amount of commissions paid                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                    |                                                                                            | (b) Total amount of fees paid                                               |                                     |                       |
| 9,349                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                            | 2,078                                                                       |                                     |                       |
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br><br><div style="text-align: center;"> <b>Barry R. Milberg</b><br/> <b>Milberg Consulting LLC</b><br/> <b>P.O. Box 819</b><br/> <b>US Blue Bell PA 19422</b> </div> |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
| (b) Amount of sales and base commissions paid                                                                                                                                                                                                                                 | (c) Amount                                                                                                                                                                                                                                                                                                                         |                                                                                            | (d) Purpose                                                                 |                                     | (e) Organization code |
| 9,349                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     | 4                     |
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br><br><div style="text-align: center;"> <b>Milberg Consulting LLC</b><br/> <b>P.O. Box 819</b><br/> <b>US Blue Bell PA 19422</b> </div>                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                             |                                     |                       |
| (b) Amount of sales and base commissions paid                                                                                                                                                                                                                                 | (c) Amount                                                                                                                                                                                                                                                                                                                         |                                                                                            | (d) Purpose                                                                 |                                     | (e) Organization code |
|                                                                                                                                                                                                                                                                               | 2,078                                                                                                                                                                                                                                                                                                                              |                                                                                            |                                                                             |                                     | 5                     |

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

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

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

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

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

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

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

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

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

---

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

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**Part II Investment and Annuity Contract Information**

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

|          |                                                                                                   |          |                  |
|----------|---------------------------------------------------------------------------------------------------|----------|------------------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end . . . . . | <b>4</b> | <b>0</b>         |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end . . . . .   | <b>5</b> | <b>4,632,705</b> |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶**b** Premiums paid to carrier . . . . .**6b****c** Premiums due but unpaid at the end of the year . . . . .**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount . . . . .**6d**

Specify nature of costs ▶

**e** Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type on contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶**Guaranteed Interest****b** Balance at the end of the previous year . . . . . **7b** **0**

|                                                                           |              |          |
|---------------------------------------------------------------------------|--------------|----------|
| <b>c</b> Additions: (1) Contributions deposited during the year . . . . . | <b>7c(1)</b> | <b>0</b> |
| (2) Dividends and credits . . . . .                                       | <b>7c(2)</b> | <b>0</b> |
| (3) Interest credited during the year . . . . .                           | <b>7c(3)</b> | <b>0</b> |
| (4) Transferred from separate account . . . . .                           | <b>7c(4)</b> | <b>0</b> |
| (5) Other (specify below) . . . . .                                       | <b>7c(5)</b> | <b>0</b> |

(6) Total additions . . . . . **7c(6)** **0****d** Total of balance and additions (add **b** and **c(6)**) . . . . . **7d** **0****e Deductions:**

|                                                                           |              |          |
|---------------------------------------------------------------------------|--------------|----------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | <b>0</b> |
| (2) Administration charge made by carrier . . . . .                       | <b>7e(2)</b> | <b>0</b> |
| (3) Transferred to separate account . . . . .                             | <b>7e(3)</b> | <b>0</b> |
| (4) Other (specify below) . . . . .                                       | <b>7e(4)</b> | <b>0</b> |

(5) Total deductions . . . . . **7e(5)** **0****f** Balance at the end of the current year (subtract **e(5)** from **d**) . . . . . **7f** **0**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts

|                                                                                                                                                      |                 |                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received . . . . .                                                                                                     | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid . . . . .                                                                                           | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve . . . . .                                                                                        | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) . . . . .                                                                                                               |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges: (1) Claims paid . . . . .                                                                                                  | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves . . . . .                                                                                                  | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) . . . . .                                                                                                      |                 | <b>9b(3)</b>    |  |
| (4) Claims charged . . . . .                                                                                                                         |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                        |                 |                 |  |
| (A) Commissions. . . . .                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees . . . . .                                                                                                   | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs . . . . .                                                                                                       | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses . . . . .                                                                                                                         | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes . . . . .                                                                                                                                  | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies . . . . .                                                                                               | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges . . . . .                                                                                                                | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention . . . . .                                                                                                                        |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (The amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) . . . . . |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement . . . . .                              |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves . . . . .                                                                                                                         |                 | <b>9d(2)</b>    |  |
| (3) Other reserves . . . . .                                                                                                                         |                 | <b>9c(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) . . . . .                                               |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                     |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier . . . . .                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount . . . . . | <b>10b</b> |  |

Specify nature of costs ►

**Part IV Provision of Information**

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

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

|                                                                                                                                                                         |                                                                                                                                                                                                                              |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>SCHEDULE D<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br>This Form is Open to Public Inspection. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>ImpactRx, Inc. 401(k) Plan</b>                                               | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>ImpactRx, Inc.</b>            | <b>D</b> Employer Identification Number (EIN)<br><b>23-3047813</b> |            |

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

|                                                                                              |                               |                                                                                                     |                |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFESTYLE BALANCED</b>                     |                               |                                                                                                     |                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>832,048</b> |
|                                                                                              |                               |                                                                                                     |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFESTYLE GROWTH</b>                       |                               |                                                                                                     |                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>756,015</b> |
|                                                                                              |                               |                                                                                                     |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFECYCLE 2025</b>                         |                               |                                                                                                     |                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>537,494</b> |
|                                                                                              |                               |                                                                                                     |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFECYCLE 2020</b>                         |                               |                                                                                                     |                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>371,215</b> |
|                                                                                              |                               |                                                                                                     |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>OPPENHEIMER DEVELOPING MKT</b>             |                               |                                                                                                     |                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>212,030</b> |
|                                                                                              |                               |                                                                                                     |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFECYCLE 2030</b>                         |                               |                                                                                                     |                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>152,242</b> |
|                                                                                              |                               |                                                                                                     |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK STABLE VAL</b>                |                               |                                                                                                     |                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>133,486</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE EQUITY INC</b>               |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>84,259</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MUTUAL BEACON</b>                          |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>79,671</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO TOTAL RETURN</b>                     |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>73,519</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DAVIS NEW YORK VENTURE</b>                 |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>68,274</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>REAL EST. SECURITIES FUND</b>              |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>66,717</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS UTILITIES</b>                          |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>65,502</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>COLUMBIA VALUE &amp; RESTRUCTURING</b>     |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>65,210</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>500 INDEX FUND</b>                         |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>54,875</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLUE CHIP GROWTH FUND</b>                  |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>53,500</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE SML CAP VAL</b>              |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>51,955</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LM PARTNERS GLB HIGH YIELD</b>             |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>51,733</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JPM MIDCAP VALUE FUND</b>                  |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>49,969</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE HEALTH SCI</b>               |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>49,889</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN CENTURY VISTA</b>                 |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>42,981</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ROYCE OPPORTUNITY</b>                      |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>41,201</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE SCI &amp; TECH</b>           |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>39,528</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>OPPENHEIMER GLOBAL</b>                     |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>38,576</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TOTAL STOCK MARKET INDEX FUND</b>          |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>37,526</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE SPECTRUM INC</b>             |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>35,241</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO GLOBAL BOND</b>                      |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>35,206</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTL EQUITY INDEX FUND</b>                 |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>33,705</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFECYCLE 2045</b>                         |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>33,135</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFECYCLE 2035</b>                         |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>32,724</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CAPITAL APPRECIATION FUND</b>              |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>32,421</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK LARGE VALUE</b>                  |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>32,119</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MUTUAL GLOBAL DISCOVERY</b>                |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>31,866</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ALL CAP VALUE FUND</b>                     |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>31,235</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFESTYLE AGGRESSIVE</b>                   |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>30,983</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JENNISON GROWTH</b>                        |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>26,997</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFESTYLE MODERATE</b>                     |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>26,438</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TEMPLETON WORLD</b>                        |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>22,541</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>EUROPACIFIC GROWTH FUND</b>                |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>20,536</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTERNATIONAL VALUE FUND</b>               |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>20,276</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTL SMALL CAP FUND</b>                    |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>17,824</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DAVIS FINANCIAL</b>                        |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>17,768</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SCIENCE &amp; TECHNOLOGY FUND</b>          |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>15,022</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LARGE CAP FUND</b>                         |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10,638</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>THE GROWTH FUND OF AMERICA</b>             |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10,592</b> |

|                                                                                              |                                                                                                                                                 |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FRANKLIN BALANCE SHEET</b>                 |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10,163</b> |

|                                                                                              |                                                                                                                                                 |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO REAL RETURN</b>                      |                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10,149</b> |

|                                                                                              |                               |                                                                                                     |              |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN BALANCED FUND</b>                 |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>9,114</b> |

|                                                                                              |                               |                                                                                                     |              |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FRANKLIN SMALL-MID GROWTH</b>              |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>8,976</b> |

|                                                                                              |                               |                                                                                                     |              |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP INDEX FUND</b>                   |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>8,925</b> |

|                                                                                              |                               |                                                                                                     |              |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP INDEX FUND</b>                     |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>7,389</b> |

|                                                                                              |                               |                                                                                                     |              |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LEGG PARTNERS AGG GROWTH</b>               |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>6,327</b> |

|                                                                                              |                               |                                                                                                     |              |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>OPTIMIZED ALL CAP FUND</b>                 |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>5,813</b> |

|                                                                                              |                               |                                                                                                     |              |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>OPTIMIZED VALUE FUND</b>                   |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>5,653</b> |

|                                                                                              |                               |                                                                                                     |              |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ALL CAP GROWTH FUND</b>                    |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>5,344</b> |

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|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP VALUE FUND</b>                   |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>4,968</b> |

|                                                                                              |                               |                                                                                                     |              |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DOMINI SOCIAL EQUITY</b>                   |                               |                                                                                                     |              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>4,535</b> |

|                                                                                              |                                                                                                                                                |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AIM SMALL CAP GROWTH</b>                   |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3,617</b> |

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|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK STRATEGIC INC</b>             |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3,537</b> |

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|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP STOCK FUND</b>                     |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2,313</b> |

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|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>EXPLORER</b>                               |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1,902</b> |

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|                                                                                              |                                                                                                                                                |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO ALL ASSET</b>                        |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1,864</b> |

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|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP GROWTH INDEX</b>                 |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1,302</b> |

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|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK GLOBAL ALLOCATION</b>            |                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>914</b> |

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|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFESTYLE CONSERVATIVE</b>                 |                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>809</b> |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFECYCLE 2040</b>                         |                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>782</b> |

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|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID VALUE FUND</b>                         |                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                                                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>756</b> |

|                                                                                              |                               |                                                                                                                |
|----------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WASHINGTON MUTUAL INVESTORS</b>            |                               |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>625</b> |

|                                                                                              |                               |                                                                                                                |
|----------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESTMENT COMPANY OF AMERICA</b>          |                               |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>136</b> |

|                                                                                              |                               |                                                                                                                |
|----------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFECYCLE 2015</b>                         |                               |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>102</b> |

|                                                                                              |                               |                                                                                                              |
|----------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>RIVERSOURCE MID CAP VALUE</b>              |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7</b> |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE H<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                                                        |            |
| <b>A</b> Name of plan<br><br><b>ImpactRx, Inc. 401(k) Plan</b>                                           | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br><b>ImpactRx, Inc.</b>               | <b>D</b> Employer Identification Number (EIN)<br><br><b>23-3047813</b> |            |

| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</b>                                                            |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                 |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                   | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash . . . . .                                                        | <b>1a</b>                    |                        |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                             |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions . . . . .                                                            | <b>1b(1)</b>                 | <b>44,823</b>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions . . . . .                                                         | <b>1b(2)</b>                 | <b>23,539</b>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other . . . . .                                                                             | <b>1b(3)</b>                 |                        |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                            |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) . . . . .   | <b>1c(1)</b>                 | <b>72</b>              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities . . . . .                                                        | <b>1c(2)</b>                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                                |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred . . . . .                                                                         | <b>1c(3)(A)</b>              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other . . . . .                                                                         | <b>1c(3)(B)</b>              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                          |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred . . . . .                                                                         | <b>1c(4)(A)</b>              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common . . . . .                                                                            | <b>1c(4)(B)</b>              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests . . . . .                                               | <b>1c(5)</b>                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) . . . . .                                   | <b>1c(6)</b>                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) . . . . .                                                | <b>1c(7)</b>                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans . . . . .                                                                 | <b>1c(8)</b>                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts . . . . .                                     | <b>1c(9)</b>                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts . . . . .                                    | <b>1c(10)</b>                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts . . . . .                            | <b>1c(11)</b>                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities . . . . .                                  | <b>1c(12)</b>                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds) . . . . .        | <b>1c(13)</b>                | <b>3,294,435</b>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts) . . . . . | <b>1c(14)</b>                | <b>4,632,705</b>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other . . . . .                                                                            | <b>1c(15)</b>                |                        |

**1d** Employer-related investments:

|                                                                          |              | (a) Beginning of Year | (b) End of Year  |
|--------------------------------------------------------------------------|--------------|-----------------------|------------------|
| (1) Employer securities . . . . .                                        | <b>1d(1)</b> |                       |                  |
| (2) Employer real property . . . . .                                     | <b>1d(2)</b> |                       |                  |
| <b>e</b> Buildings and other property used in plan operation . . . . .   | <b>1e</b>    |                       |                  |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) . . . . . | <b>1f</b>    | <b>3,294,435</b>      | <b>4,701,139</b> |

**Liabilities**

|                                                                               |           |          |          |
|-------------------------------------------------------------------------------|-----------|----------|----------|
| <b>g</b> Benefit claims payable . . . . .                                     | <b>1g</b> |          |          |
| <b>h</b> Operating payables . . . . .                                         | <b>1h</b> |          |          |
| <b>i</b> Acquisition indebtedness . . . . .                                   | <b>1i</b> |          |          |
| <b>j</b> Other liabilities . . . . .                                          | <b>1j</b> |          |          |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) . . . . . | <b>1k</b> | <b>0</b> | <b>0</b> |

**Net Assets**

|                                                               |           |                  |                  |
|---------------------------------------------------------------|-----------|------------------|------------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) . . . . . | <b>1l</b> | <b>3,294,435</b> | <b>4,701,139</b> |
|---------------------------------------------------------------|-----------|------------------|------------------|

**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. MITAs, 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: <b>(A)</b> Employers . . . . .                                        | <b>2a(1)(A)</b> | <b>44,822</b>  |                |
| <b>(B)</b> Participants . . . . .                                                                              | <b>2a(1)(B)</b> | <b>625,389</b> |                |
| <b>(C)</b> Others (including rollovers) . . . . .                                                              | <b>2a(1)(C)</b> | <b>11,899</b>  |                |
| (2) Noncash contributions . . . . .                                                                            | <b>2a(2)</b>    |                |                |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> . . . . . | <b>2a(3)</b>    |                | <b>682,110</b> |

**b Earnings on investments:**

|                                                                                                          |                 |  |          |
|----------------------------------------------------------------------------------------------------------|-----------------|--|----------|
| (1) Interest:                                                                                            |                 |  |          |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) . . . . . | <b>2b(1)(A)</b> |  |          |
| <b>(B)</b> U.S. Government securities . . . . .                                                          | <b>2b(1)(B)</b> |  |          |
| <b>(C)</b> Corporate debt instruments . . . . .                                                          | <b>2b(1)(C)</b> |  |          |
| <b>(D)</b> Loans (other than to participants) . . . . .                                                  | <b>2b(1)(D)</b> |  |          |
| <b>(E)</b> Participant loans . . . . .                                                                   | <b>2b(1)(E)</b> |  |          |
| <b>(F)</b> Other . . . . .                                                                               | <b>2b(1)(F)</b> |  |          |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> . . . . .                        | <b>2b(1)(G)</b> |  | <b>0</b> |
| (2) Dividends: <b>(A)</b> Preferred stock . . . . .                                                      | <b>2b(2)(A)</b> |  |          |
| <b>(B)</b> Common stock . . . . .                                                                        | <b>2b(2)(B)</b> |  |          |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) . . . . .                            | <b>2b(2)(C)</b> |  |          |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> . . . . .            | <b>2b(2)(D)</b> |  | <b>0</b> |
| (3) Rents . . . . .                                                                                      | <b>2b(3)</b>    |  |          |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds . . . . .                           | <b>2b(4)(A)</b> |  |          |
| <b>(B)</b> Aggregate carrying amount (see instructions) . . . . .                                        | <b>2b(4)(B)</b> |  |          |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result . . . . .            | <b>2b(4)(C)</b> |  | <b>0</b> |

|                                                                                                            |                 | (a) Amount | (b) Total        |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|------------------|
| <b>2b (5)</b> Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate . . .               | <b>2b(5)(A)</b> |            |                  |
| <b>(B)</b> Other . . . . .                                                                                 | <b>2b(5)(B)</b> |            |                  |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> . . . . .  | <b>2b(5)(C)</b> |            | <b>0</b>         |
| <b>(6)</b> Net investment gain (loss) from common/collective trusts . . . . .                              | <b>2b(6)</b>    |            |                  |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts . . . . .                              | <b>2b(7)</b>    |            | <b>1,142,424</b> |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts . . . . .                      | <b>2b(8)</b>    |            |                  |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities . . . . .                            | <b>2b(9)</b>    |            |                  |
| <b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) . . . . . | <b>2b(10)</b>   |            |                  |
| <b>c</b> Other income . . . . .                                                                            | <b>2c</b>       |            |                  |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total . . .                   | <b>2d</b>       |            | <b>1,824,534</b> |

**Expenses**

|                                                                                               |              |                |                |
|-----------------------------------------------------------------------------------------------|--------------|----------------|----------------|
| <b>e</b> Benefit payment and payments to provide benefits:                                    |              |                |                |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers . . . . .    | <b>2e(1)</b> | <b>400,495</b> |                |
| <b>(2)</b> To insurance carriers for the provision of benefits . . . . .                      | <b>2e(2)</b> |                |                |
| <b>(3)</b> Other . . . . .                                                                    | <b>2e(3)</b> |                |                |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> . . . . .        | <b>2e(4)</b> |                | <b>400,495</b> |
| <b>f</b> Corrective distributions (see instructions) . . . . .                                | <b>2f</b>    |                | <b>3,960</b>   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) . . . . .       | <b>2g</b>    |                |                |
| <b>h</b> Interest expense . . . . .                                                           | <b>2h</b>    |                |                |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees . . . . .                      | <b>2i(1)</b> |                |                |
| <b>(2)</b> Contract administrator fees . . . . .                                              | <b>2i(2)</b> | <b>13,375</b>  |                |
| <b>(3)</b> Investment advisory and management fees . . . . .                                  | <b>2i(3)</b> |                |                |
| <b>(4)</b> Other . . . . .                                                                    | <b>2i(4)</b> |                |                |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> . . . . . | <b>2i(5)</b> |                | <b>13,375</b>  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total . . .   | <b>2j</b>    |                | <b>417,830</b> |

**Net Income and Reconciliation**

|                                                                      |              |  |                  |
|----------------------------------------------------------------------|--------------|--|------------------|
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) . . . . . | <b>2k</b>    |  | <b>1,406,704</b> |
| <b>l</b> Transfers of assets                                         |              |  |                  |
| <b>(1)</b> To this plan . . . . .                                    | <b>2l(1)</b> |  |                  |
| <b>(2)</b> From this plan . . . . .                                  | <b>2l(2)</b> |  |                  |

**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: **Morowitz & Company, LLC**

**(2)** EIN: **22-2354790**

**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  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>4a</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) . . . |     | X  |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>c</b> 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  |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>d</b> 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  |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? . . .                                                                                                                                                                                                                                                     | X   |    | 500,000 |
| <b>4e</b>                                                                                                                                                                                                                                                                                                    | X   |    | 500,000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? . . .                                                                                                                                                                      |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>g</b> 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  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>h</b> 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  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements) . . .                                                                                                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                    | X   |    |         |
| <b>j</b> 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  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? . . .                                                                                                                                          |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? . . .                                                                                                                                                                                                                           |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) . . .                                                                                                                                                                                 |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                    |     | X  |         |
| <b>n</b> 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. . . .                                                                                                                    |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                    |     |    |         |

- 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)

| <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|---------------------|--------------------|
|                     |                    |
|                     |                    |
|                     |                    |
|                     |                    |
|                     |                    |

ImpactRx, Inc.  
401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
23-3047813/001  
December 31, 2009

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Investment Including<br>Maturity Date, Rate of<br>Interest, Par or Maturity<br>Value | Current<br>Value |
|----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|
| JH Financial:                                            |                                                                                      |                  |
| Lifestyle Balanced                                       | Mutual Fund                                                                          | 832,048.32       |
| Lifestyle Growth                                         | Mutual Fund                                                                          | 756,014.71       |
| Lifecycle 2025                                           | Mutual Fund                                                                          | 537,493.87       |
| Lifecycle 2020                                           | Mutual Fund                                                                          | 371,215.35       |
| Oppenheimer Developing Mkt                               | Mutual Fund                                                                          | 212,030.00       |
| Lifecycle 2030                                           | Mutual Fund                                                                          | 152,242.01       |
| John Hancock Stable Val                                  | Mutual Fund                                                                          | 133,486.03       |
| T. Rowe Price Equity Inc                                 | Mutual Fund                                                                          | 84,258.90        |
| Mutual Beacon                                            | Mutual Fund                                                                          | 79,670.75        |
| PIMCO Total Return                                       | Mutual Fund                                                                          | 73,519.12        |
| Davis New York Venture                                   | Mutual Fund                                                                          | 68,273.96        |
| Real Est. Securities Fund                                | Mutual Fund                                                                          | 66,716.94        |
| MFS Utilities                                            | Mutual Fund                                                                          | 65,502.22        |
| Columbia Value & Restructuring                           | Mutual Fund                                                                          | 65,209.60        |
| 500 Index Fund                                           | Mutual Fund                                                                          | 54,874.69        |
| Blue Chip Growth Fund                                    | Mutual Fund                                                                          | 53,499.64        |
| T. Rowe Price Sml Cap Val                                | Mutual Fund                                                                          | 51,955.26        |
| LM Partners Glb High Yield                               | Mutual Fund                                                                          | 51,732.53        |
| JPM MidCap Value Fund                                    | Mutual Fund                                                                          | 49,968.64        |
| T. Rowe Price Health Sci                                 | Mutual Fund                                                                          | 49,889.49        |
| American Century Vista                                   | Mutual Fund                                                                          | 42,980.68        |
| Royce Opportunity                                        | Mutual Fund                                                                          | 41,201.05        |
| T. Rowe Price Sci & Tech                                 | Mutual Fund                                                                          | 39,528.10        |
| Oppenheimer Global                                       | Mutual Fund                                                                          | 38,576.29        |
| Total Stock Market Index Fund                            | Mutual Fund                                                                          | 37,525.56        |
| T. Rowe Price Spectrum Inc                               | Mutual Fund                                                                          | 35,241.31        |
| PIMCO Global Bond                                        | Mutual Fund                                                                          | 35,205.81        |
| Intl Equity Index Fund                                   | Mutual Fund                                                                          | 33,704.94        |
| Lifecycle 2045                                           | Mutual Fund                                                                          | 33,135.33        |
| Lifecycle 2035                                           | Mutual Fund                                                                          | 32,724.27        |
| Capital Appreciation Fund                                | Mutual Fund                                                                          | 32,420.80        |

ImpactRx, Inc.  
401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
23-3047813/001  
December 31, 2009

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Investment Including<br>Maturity Date, Rate of<br>Interest, Par or Maturity<br>Value | Current<br>Value |
|----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|
| BlackRock Large Value                                    | Mutual Fund                                                                          | 32,118.84        |
| Mutual Global Discovery                                  | Mutual Fund                                                                          | 31,866.25        |
| All Cap Value Fund                                       | Mutual Fund                                                                          | 31,235.38        |
| Lifestyle Aggressive                                     | Mutual Fund                                                                          | 30,982.95        |
| Jennison Growth                                          | Mutual Fund                                                                          | 26,997.24        |
| Lifestyle Moderate                                       | Mutual Fund                                                                          | 26,438.33        |
| Templeton World                                          | Mutual Fund                                                                          | 22,540.93        |
| EuroPacific Growth Fund                                  | Mutual Fund                                                                          | 20,536.37        |
| International Value Fund                                 | Mutual Fund                                                                          | 20,276.18        |
| Intl Small Cap Fund                                      | Mutual Fund                                                                          | 17,824.49        |
| Davis Financial                                          | Mutual Fund                                                                          | 17,768.23        |
| Science & Technology Fund                                | Mutual Fund                                                                          | 15,021.82        |
| Large Cap Fund                                           | Mutual Fund                                                                          | 10,638.12        |
| The Growth Fund of America                               | Mutual Fund                                                                          | 10,591.59        |
| Franklin Balance Sheet                                   | Mutual Fund                                                                          | 10,162.64        |
| PIMCO Real Return                                        | Mutual Fund                                                                          | 10,148.94        |
| American Balanced Fund                                   | Mutual Fund                                                                          | 9,113.63         |
| Franklin Small-Mid Growth                                | Mutual Fund                                                                          | 8,976.49         |
| Small Cap Index Fund                                     | Mutual Fund                                                                          | 8,925.17         |
| Mid Cap Index Fund                                       | Mutual Fund                                                                          | 7,389.16         |
| Legg Partners Agg Growth                                 | Mutual Fund                                                                          | 6,327.20         |
| Optimized All Cap Fund                                   | Mutual Fund                                                                          | 5,813.11         |
| Optimized Value Fund                                     | Mutual Fund                                                                          | 5,652.54         |
| All Cap Growth Fund                                      | Mutual Fund                                                                          | 5,343.89         |
| Small Cap Value Fund                                     | Mutual Fund                                                                          | 4,968.28         |
| Domini Social Equity                                     | Mutual Fund                                                                          | 4,534.52         |
| AIM Small Cap Growth                                     | Mutual Fund                                                                          | 3,617.12         |
| John Hancock Strategic Inc                               | Mutual Fund                                                                          | 3,536.58         |
| Mid Cap Stock Fund                                       | Mutual Fund                                                                          | 2,313.31         |
| Explorer                                                 | Mutual Fund                                                                          | 1,902.40         |
| PIMCO All Asset                                          | Mutual Fund                                                                          | 1,864.38         |
| Small Cap Growth Index                                   | Mutual Fund                                                                          | 1,301.90         |

ImpactRx, Inc.  
401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
23-3047813/001  
December 31, 2009

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Investment Including<br>Maturity Date, Rate of<br>Interest, Par or Maturity<br>Value | Current<br>Value |
|----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|
| BlackRock Global Allocation                              | Mutual Fund                                                                          | 913.96           |
| Lifestyle Conservative                                   | Mutual Fund                                                                          | 809.18           |
| Lifecycle 2040                                           | Mutual Fund                                                                          | 781.66           |
| Mid Value Fund                                           | Mutual Fund                                                                          | 756.06           |
| Washington Mutual Investors                              | Mutual Fund                                                                          | 625.20           |
| Investment Company of America                            | Mutual Fund                                                                          | 136.14           |
| Lifecycle 2015                                           | Mutual Fund                                                                          | 101.81           |
| RiverSource Mid Cap Value                                | Mutual Fund                                                                          | 7.08             |
| Cash                                                     | Cash                                                                                 | 71.98            |
|                                                          |                                                                                      | 4,632,777.22     |

|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>SCHEDULE R<br/>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><b>► File as an Attachment to Form 5500.</b> | OMB No. 1210-0110<br><b>2009</b><br>This Form is Open to Public Inspection. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                                                                          |                                                                    |  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                                                    |  |
| <b>A</b> Name of plan<br><b>ImpactRx, Inc. 401(k) Plan</b>                                               | <b>B</b> Three-digit plan number (PN) <b>►</b><br><b>001</b>       |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ImpactRx, Inc.</b>                   | <b>D</b> Employer Identification Number (EIN)<br><b>23-3047813</b> |  |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions . . . . .                                                                                                                     | <b>1</b> | <b>0</b> |
| <b>2</b> 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):<br>EIN(s): <b>01-0233346</b> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                        |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year . . . . .                                                                                                                           | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? . . .                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                            |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month ____ Day ____ Year ____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year . . . . .                                                                                                                                                                                                                                                                                        | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year . . . . .                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) . . . . .                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                   |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? . . . . .                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? . . . . .                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                     |                                   |                                   |                               |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 . . . . . | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                              |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? . . .                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? . . . . .                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? . . . . .                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.*

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |                                       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>c</b> | Dollar amount contributed by employer |
| <b>b</b> | EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |                                       |
| <b>d</b> | Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <span style="border-bottom: 1px solid black; width: 20px;"> </span> Day <span style="border-bottom: 1px solid black; width: 20px;"> </span> Year <span style="border-bottom: 1px solid black; width: 20px;"> </span> |  |          |                                       |
| <b>e</b> | Contribution rate information (if more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)                                                                                                                                                                                                                                                                             |  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <span style="border-bottom: 1px solid black; width: 150px;"> </span>                                                                                                                                                                                                                                                                                                                                                                   |  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <span style="border-bottom: 1px solid black; width: 100px;"> </span>                                                                                                                                                                                                                                   |  |          |                                       |

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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |                                       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>c</b> | Dollar amount contributed by employer |
| <b>b</b> | EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |                                       |
| <b>d</b> | Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <span style="border-bottom: 1px solid black; width: 20px;"> </span> Day <span style="border-bottom: 1px solid black; width: 20px;"> </span> Year <span style="border-bottom: 1px solid black; width: 20px;"> </span> |  |          |                                       |
| <b>e</b> | Contribution rate information (if more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)                                                                                                                                                                                                                                                                             |  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <span style="border-bottom: 1px solid black; width: 150px;"> </span>                                                                                                                                                                                                                                                                                                                                                                   |  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <span style="border-bottom: 1px solid black; width: 100px;"> </span>                                                                                                                                                                                                                                   |  |          |                                       |

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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |                                       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>c</b> | Dollar amount contributed by employer |
| <b>b</b> | EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |                                       |
| <b>d</b> | Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <span style="border-bottom: 1px solid black; width: 20px;"> </span> Day <span style="border-bottom: 1px solid black; width: 20px;"> </span> Year <span style="border-bottom: 1px solid black; width: 20px;"> </span> |  |          |                                       |
| <b>e</b> | Contribution rate information (if more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)                                                                                                                                                                                                                                                                             |  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <span style="border-bottom: 1px solid black; width: 150px;"> </span>                                                                                                                                                                                                                                                                                                                                                                   |  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <span style="border-bottom: 1px solid black; width: 100px;"> </span>                                                                                                                                                                                                                                   |  |          |                                       |

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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |                                       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>c</b> | Dollar amount contributed by employer |
| <b>b</b> | EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |                                       |
| <b>d</b> | Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <span style="border-bottom: 1px solid black; width: 20px;"> </span> Day <span style="border-bottom: 1px solid black; width: 20px;"> </span> Year <span style="border-bottom: 1px solid black; width: 20px;"> </span> |  |          |                                       |
| <b>e</b> | Contribution rate information (if more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)                                                                                                                                                                                                                                                                             |  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <span style="border-bottom: 1px solid black; width: 150px;"> </span>                                                                                                                                                                                                                                                                                                                                                                   |  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <span style="border-bottom: 1px solid black; width: 100px;"> </span>                                                                                                                                                                                                                                   |  |          |                                       |

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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |                                       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>c</b> | Dollar amount contributed by employer |
| <b>b</b> | EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |                                       |
| <b>d</b> | Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <span style="border-bottom: 1px solid black; width: 20px;"> </span> Day <span style="border-bottom: 1px solid black; width: 20px;"> </span> Year <span style="border-bottom: 1px solid black; width: 20px;"> </span> |  |          |                                       |
| <b>e</b> | Contribution rate information (if more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)                                                                                                                                                                                                                                                                             |  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <span style="border-bottom: 1px solid black; width: 150px;"> </span>                                                                                                                                                                                                                                                                                                                                                                   |  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <span style="border-bottom: 1px solid black; width: 100px;"> </span>                                                                                                                                                                                                                                   |  |          |                                       |

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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |                                       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>c</b> | Dollar amount contributed by employer |
| <b>b</b> | EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |                                       |
| <b>d</b> | Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <span style="border-bottom: 1px solid black; width: 20px;"> </span> Day <span style="border-bottom: 1px solid black; width: 20px;"> </span> Year <span style="border-bottom: 1px solid black; width: 20px;"> </span> |  |          |                                       |
| <b>e</b> | Contribution rate information (if more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)                                                                                                                                                                                                                                                                             |  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <span style="border-bottom: 1px solid black; width: 150px;"> </span>                                                                                                                                                                                                                                                                                                                                                                   |  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <span style="border-bottom: 1px solid black; width: 100px;"> </span>                                                                                                                                                                                                                                   |  |          |                                       |

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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |                                       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------------------------------|
| <b>a</b> | Name of contributing employer                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>c</b> | Dollar amount contributed by employer |
| <b>b</b> | EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |                                       |
| <b>d</b> | Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <span style="border-bottom: 1px solid black; width: 20px;"> </span> Day <span style="border-bottom: 1px solid black; width: 20px;"> </span> Year <span style="border-bottom: 1px solid black; width: 20px;"> </span> |  |          |                                       |
| <b>e</b> | Contribution rate information (if more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)                                                                                                                                                                                                                                                                             |  |          |                                       |
|          | (1) Contribution rate (in dollars and cents) <span style="border-bottom: 1px solid black; width: 150px;"> </span>                                                                                                                                                                                                                                                                                                                                                                   |  |          |                                       |
|          | (2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): <span style="border-bottom: 1px solid black; width: 100px;"> </span>                                                                                                                                                                                                                                   |  |          |                                       |

- 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  
**b** The plan year immediately preceding the current plan year  
**c** The second preceding plan year

|            |  |
|------------|--|
| <b>14a</b> |  |
| <b>14b</b> |  |
| <b>14c</b> |  |

- 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  
**b** The corresponding number for the second preceding plan year

|            |  |
|------------|--|
| <b>15a</b> |  |
| <b>15b</b> |  |

- 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  
**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

|            |  |
|------------|--|
| <b>16a</b> |  |
| <b>16b</b> |  |

- 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 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): \_\_\_\_\_

ImpactRx, Inc.  
401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
23-3047813/001  
December 31, 2009

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Investment Including<br>Maturity Date, Rate of<br>Interest, Par or Maturity<br>Value | Current<br>Value |
|----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|
| JH Financial:                                            |                                                                                      |                  |
| Lifestyle Balanced                                       | Mutual Fund                                                                          | 832,048.32       |
| Lifestyle Growth                                         | Mutual Fund                                                                          | 756,014.71       |
| Lifecycle 2025                                           | Mutual Fund                                                                          | 537,493.87       |
| Lifecycle 2020                                           | Mutual Fund                                                                          | 371,215.35       |
| Oppenheimer Developing Mkt                               | Mutual Fund                                                                          | 212,030.00       |
| Lifecycle 2030                                           | Mutual Fund                                                                          | 152,242.01       |
| John Hancock Stable Val                                  | Mutual Fund                                                                          | 133,486.03       |
| T. Rowe Price Equity Inc                                 | Mutual Fund                                                                          | 84,258.90        |
| Mutual Beacon                                            | Mutual Fund                                                                          | 79,670.75        |
| PIMCO Total Return                                       | Mutual Fund                                                                          | 73,519.12        |
| Davis New York Venture                                   | Mutual Fund                                                                          | 68,273.96        |
| Real Est. Securities Fund                                | Mutual Fund                                                                          | 66,716.94        |
| MFS Utilities                                            | Mutual Fund                                                                          | 65,502.22        |
| Columbia Value & Restructuring                           | Mutual Fund                                                                          | 65,209.60        |
| 500 Index Fund                                           | Mutual Fund                                                                          | 54,874.69        |
| Blue Chip Growth Fund                                    | Mutual Fund                                                                          | 53,499.64        |
| T. Rowe Price Sml Cap Val                                | Mutual Fund                                                                          | 51,955.26        |
| LM Partners Glb High Yield                               | Mutual Fund                                                                          | 51,732.53        |
| JPM MidCap Value Fund                                    | Mutual Fund                                                                          | 49,968.64        |
| T. Rowe Price Health Sci                                 | Mutual Fund                                                                          | 49,889.49        |
| American Century Vista                                   | Mutual Fund                                                                          | 42,980.68        |
| Royce Opportunity                                        | Mutual Fund                                                                          | 41,201.05        |
| T. Rowe Price Sci & Tech                                 | Mutual Fund                                                                          | 39,528.10        |
| Oppenheimer Global                                       | Mutual Fund                                                                          | 38,576.29        |
| Total Stock Market Index Fund                            | Mutual Fund                                                                          | 37,525.56        |
| T. Rowe Price Spectrum Inc                               | Mutual Fund                                                                          | 35,241.31        |
| PIMCO Global Bond                                        | Mutual Fund                                                                          | 35,205.81        |
| Intl Equity Index Fund                                   | Mutual Fund                                                                          | 33,704.94        |
| Lifecycle 2045                                           | Mutual Fund                                                                          | 33,135.33        |
| Lifecycle 2035                                           | Mutual Fund                                                                          | 32,724.27        |
| Capital Appreciation Fund                                | Mutual Fund                                                                          | 32,420.80        |

ImpactRx, Inc.  
401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
23-3047813/001  
December 31, 2009

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Investment Including<br>Maturity Date, Rate of<br>Interest, Par or Maturity<br>Value | Current<br>Value |
|----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|
| BlackRock Large Value                                    | Mutual Fund                                                                          | 32,118.84        |
| Mutual Global Discovery                                  | Mutual Fund                                                                          | 31,866.25        |
| All Cap Value Fund                                       | Mutual Fund                                                                          | 31,235.38        |
| Lifestyle Aggressive                                     | Mutual Fund                                                                          | 30,982.95        |
| Jennison Growth                                          | Mutual Fund                                                                          | 26,997.24        |
| Lifestyle Moderate                                       | Mutual Fund                                                                          | 26,438.33        |
| Templeton World                                          | Mutual Fund                                                                          | 22,540.93        |
| EuroPacific Growth Fund                                  | Mutual Fund                                                                          | 20,536.37        |
| International Value Fund                                 | Mutual Fund                                                                          | 20,276.18        |
| Intl Small Cap Fund                                      | Mutual Fund                                                                          | 17,824.49        |
| Davis Financial                                          | Mutual Fund                                                                          | 17,768.23        |
| Science & Technology Fund                                | Mutual Fund                                                                          | 15,021.82        |
| Large Cap Fund                                           | Mutual Fund                                                                          | 10,638.12        |
| The Growth Fund of America                               | Mutual Fund                                                                          | 10,591.59        |
| Franklin Balance Sheet                                   | Mutual Fund                                                                          | 10,162.64        |
| PIMCO Real Return                                        | Mutual Fund                                                                          | 10,148.94        |
| American Balanced Fund                                   | Mutual Fund                                                                          | 9,113.63         |
| Franklin Small-Mid Growth                                | Mutual Fund                                                                          | 8,976.49         |
| Small Cap Index Fund                                     | Mutual Fund                                                                          | 8,925.17         |
| Mid Cap Index Fund                                       | Mutual Fund                                                                          | 7,389.16         |
| Legg Partners Agg Growth                                 | Mutual Fund                                                                          | 6,327.20         |
| Optimized All Cap Fund                                   | Mutual Fund                                                                          | 5,813.11         |
| Optimized Value Fund                                     | Mutual Fund                                                                          | 5,652.54         |
| All Cap Growth Fund                                      | Mutual Fund                                                                          | 5,343.89         |
| Small Cap Value Fund                                     | Mutual Fund                                                                          | 4,968.28         |
| Domini Social Equity                                     | Mutual Fund                                                                          | 4,534.52         |
| AIM Small Cap Growth                                     | Mutual Fund                                                                          | 3,617.12         |
| John Hancock Strategic Inc                               | Mutual Fund                                                                          | 3,536.58         |
| Mid Cap Stock Fund                                       | Mutual Fund                                                                          | 2,313.31         |
| Explorer                                                 | Mutual Fund                                                                          | 1,902.40         |
| PIMCO All Asset                                          | Mutual Fund                                                                          | 1,864.38         |
| Small Cap Growth Index                                   | Mutual Fund                                                                          | 1,301.90         |

ImpactRx, Inc.  
401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
23-3047813/001  
December 31, 2009

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Investment Including<br>Maturity Date, Rate of<br>Interest, Par or Maturity<br>Value | Current<br>Value |
|----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|
| BlackRock Global Allocation                              | Mutual Fund                                                                          | 913.96           |
| Lifestyle Conservative                                   | Mutual Fund                                                                          | 809.18           |
| Lifecycle 2040                                           | Mutual Fund                                                                          | 781.66           |
| Mid Value Fund                                           | Mutual Fund                                                                          | 756.06           |
| Washington Mutual Investors                              | Mutual Fund                                                                          | 625.20           |
| Investment Company of America                            | Mutual Fund                                                                          | 136.14           |
| Lifecycle 2015                                           | Mutual Fund                                                                          | 101.81           |
| RiverSource Mid Cap Value                                | Mutual Fund                                                                          | 7.08             |
| Cash                                                     | Cash                                                                                 | 71.98            |
|                                                          |                                                                                      | 4,632,777.22     |