

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan CLARK'S LANDING AT GREENBROOK 401(K) SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 04/01/1997
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CLARKS LANDING AT GREENBROOK 847 ARNOLD AVENUE POINT PLEASANT BEACH, NJ 08742	2b Employer Identification Number (EIN) 22-3341632 2c Sponsor's telephone number 732-899-5559 2d Business code (see instructions) 441222

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	MARY KRAMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CLARKS LANDING AT GREENBROOK 847 ARNOLD AVENUE POINT PLEASANT BEACH, NJ 08742	3b Administrator's EIN 22-3341632 3c Administrator's telephone number 732-899-5559
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	123
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	69
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	16
d Subtotal. Add lines 6a , 6b , and 6c	6d	85
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	85
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	42
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan CLARK'S LANDING AT GREENBROOK 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CLARKS LANDING AT GREENBROOK	D Employer Identification Number (EIN) 22-3341632

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....	☒ Yes ☐ No
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b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
ALLIANCEBERNSTEIN L.P. 13-4064930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DWS SCUDDER 222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FRED ALGER & COMPANY, INCORPORATED 13-2510833

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

OPPENHEIMER FUNDS INC.

13-2527171

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTORS

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

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

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

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

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

ADP BROKER-DEALER

22-3319984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 99 63	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ADP

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 49 70 99 15 37 64 50	RECORD KEEPER	7819	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET CORPORATION

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 64 52	DIRECTED TRUSTEE/CUSTODIA	0	Yes ☒ No ☐	Yes ☒ No ☐	1427	Yes ☒ No ☐

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

CLARKS LANDING AT GREENBROOK

847 ARNOLD AVENUE
POINT PLEASANT BEACH, NJ 08742

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 49 70 99 50	CONSULTANT	6319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.0005 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.0062 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0067 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0068 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0078 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0087 OF AVERAGE DAILY ASSETS.	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STATE STREET CORPORATION	64 52	1427
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADP 22-1467904	PERFORM A YEAR-END ALLOCATION BASED ON TOTAL \$ / TOTAL # OF PLANS AS OF 12/31 WITH EACH SSGA INVESTMENT AND APPLY .5 TO AMOUNT.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110 2009 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 CLARK'S LANDING AT GREENBROOK 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CLARKS LANDING AT GREENBROOK		D Employer Identification Number (EIN) 22-3341632
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS INC & GR		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-053	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7433
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS BALANCE GR		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-055	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16511
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS GROWTH		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-056	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31326
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-065	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4431
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3793
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-089	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57902
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2009 v.092308.1		

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>CLARK'S LANDING AT GREENBROOK 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLARKS LANDING AT GREENBROOK</u>	D Employer Identification Number (EIN) <u>22-3341632</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	137207	108142
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	115519	48394
	(9) Value of interest in common/collective trusts	1c(9)	201928	121396
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1445215	711215
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1899869	989147

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1899869	989147
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	36754	
(B) Participants	2a(1)(B)	141952	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		178706

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7383	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7383

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	42489	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		42489

(3) Rents	2b(3)		
-----------------	--------------	--	--

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		63541
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		310896
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		603015

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	381124	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		381124
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		7664
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7819	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7819
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		396607

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		206408
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		1117130

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: GIORDANO, COHEN, FASTIGGI, LUCIA

(2) EIN: 22-3692358

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		190000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)
PARTIAL PLAN TRANSFER	12-3456789	001

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

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>CLARK'S LANDING AT GREENBROOK 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLARKS LANDING AT GREENBROOK</u>	D Employer Identification Number (EIN) <u>22-3341632</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	<u>0</u>
----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 57-1198022

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
----------	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

a Enter the minimum required contribution for this plan year	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No

11

a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009

Clark's Landing at Greenbrook 401(k) Savings Plan

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GIORDANO, COHEN, FASTIGGI, LUCIANO & CO., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

JAMES F. GIORDANO, CPA (1979-2008)
NELSON P. COHEN, CPA
MICHAEL A. FASTIGGI, CPA
JOHN J. LUCIANO, CPA

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PHONE (973) 377-2009
FAX (973) 377-5335

Independent Auditors' Report

To the Administrative Committee of
Clark's Landing at Greenbrook 401(k) Savings Plan
Point Pleasant, New Jersey

We were engaged to audit the statements of net assets available for benefits of Clark's Landing at Greenbrook 401(k) Savings Plan as of December 31, 2009, the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by State Street Bank and Trust Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Giordano, Cohen, Fastiggi, Luciano & Co., P.A.
Certified Public Accountants

Florham Park, New Jersey
September 21, 2010

Clark's Landing at Greenbrook 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets		
Investments		
Cash-interest bearing	\$ 108,142	\$ 137,207
Mutual funds	832,611	1,647,143
Participant loans	48,394	115,519
Receivables		
Employer's contribution	0	3,669
Participants' contribution	<u>0</u>	<u>7,797</u>
Total Assets	\$ <u>989,147</u>	\$ <u>1,911,335</u>
Liabilities		
Accrued expenses and payables	\$ <u>0</u>	\$ <u>0</u>
Total Liabilities	\$ <u>0</u>	\$ <u>0</u>
Net assets available for benefits	\$ <u>989,147</u>	\$ <u>1,911,335</u>

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
Statement of Changes in Net Assets Available For Benefits
For the Year Ended December 31, 2009

Additions to net assets attributed to:

Investment income:

Net appreciation (depreciation) in fair values of Investments	\$ 374,437
Interest	7,383
Dividends	<u>42,489</u>
	424,309
Less: Investment Expenses	<u>0</u>
	<u>424,309</u>

Contributions

Participants'	135,530
Employer's	31,710
Rollovers	<u>0</u>
	<u>167,240</u>

Total Additions	<u>591,549</u>
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Deductions from net assets attributed to:

Benefits paid to participants (includes corrective distributions of \$0)	388,788
Administrative expenses	7,819
Transfers to another trust	<u>1,117,130</u>

Total Deductions	<u>1,513,737</u>
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Net Decrease	(922,188)
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Net assets available for benefits

Beginning of year	<u>\$ 1,911,335</u>
End of year	<u>\$ 989,147</u>

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 1 - Description of Plan

The following description of Clark's Landing at Greenbrook 401(k) Savings Plan provides only general information pertaining to the Plan. Participants should refer to the Plan Agreement for a more comprehensive description of the Plan's provisions.

General – The Plan is a defined contribution plan covering all full-time employees of the Company, who are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The effective date of the Plan is April 1, 1997, and was amended on February 1, 2009 and again on September 1, 2009.

Contributions – Each year Participants are permitted to contribute up to 50 percent of their pretax annual compensation as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans. The Company had contributed 50% on the first 6% of the participant's compensation, however the Company changed their contribution policy on September 1, 2009 and will no longer contribute.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocation of (a) The Company's contributions, if any, and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. 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 percent vested after six years of credited service or upon reaching normal retirement age.

Investment Options – Upon enrolling in the Plan, a participant may direct contributions in one percent increments in any of the following investment options offered through the State Street Bank and Trust.

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 1 - Description of Plan (continued)

- State Street Bank and Trust Government Money Market Funds – Funds are invested in short term U.S. Government securities primarily direct obligations of the U.S. Treasury, U.S. Government agencies and money markets with maturities of 13 months or less.
- Pimco Total Return Fund – Funds are invested in a diversified portfolio of fixed-income instruments of varying maturities, primarily in investment grade debt securities.
- DWS High Income Plus Fund – Funds are invested in domestic and foreign securities that are below investment grade securities including common stocks.
- State Street Bank and Trust Income and Growth Fund – Funds are invested to closely match a composite benchmark comprised of aggregate bond indexes, the Russell 3000 index and the MSCI EAFE Index.
- State Street Bank and Trust Balanced Growth – Funds are invested in a pre-mixed portfolio of commingled stock and bond funds that have maturities of greater than one year.
- State Street Bank and Trust Growth Fund – Funds are invested to provide capital appreciation. The fund is a pre-mixed portfolio of commingled stock and bond funds.
- Alliance Bernstein Growth and Income Fund – Funds are invested to gain long term growth of capital by investing in equity securities of U.S. companies that are undervalued.

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 1 – Description of Plan (continued)

- DWS Large Cap Value Fund – Funds are invested to seek long term capital appreciation with current income as a secondary objective. The fund normally invests in large U.S. companies that are similar in size to the companies in the Russell 1000 value index.
- State Street Bank and Trust S&P 500 Index Fund – Funds are invested in individual U.S. common stocks in identical proportion to the Standard & Poors 500 index.
- Fidelity Advisor Equity Growth Fund – Funds are invested in equity securities of companies it believes have above-average growth potential.
- Franklin Rising Dividend Fund – Funds are invested in companies that have paid consistently rising dividends, which pay dividends on common stock and have increased or maintained dividend rates during the last four consecutive years.
- State Street Bank and Trust S&P MidCap 400 Index Strategy Fund – Funds are invested to match the performance of the S&P MidCap 400 Index. The funds are invested in all 400 stocks in the Index in proportion to their weighting in the index.

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 1 – Description of Plan (continued)

- Alger MidCap Growth Institutional Fund – Funds are invested in mid-size companies that demonstrate promising growth potential.
- Janus Overseas Fund – Funds are invested in the securities of issuers from countries outside the United States.
- Oppenheimer Global Fund – Funds are invested in common stocks of U.S. and foreign companies in western Europe and Japan, who are mid to large-cap companies.
- Allianz NFJ Small-Cap Value Fund – Funds are invested in smaller market capitalization companies with market capitalization of between \$100 million and \$3.5 billion.
- State Street Bank and Trust Russell 2000 Index Strategy Fund – Funds are invested to replicate the returns and characteristics of the Russell 2000 Index.
- Alger SmallCap Growth Institutional Fund – Funds are invested in small fast growing companies that offer innovative products, services or technologies to a rapidly expanding market place.
- Oppenheimer Capital Appreciation Fund – Funds are invested to gain long term growth of capital by investing in companies that are under valued with expectations of long term growth.
- Templeton Growth Fund – Funds are invested in companies with above average growth potential.

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 1 - Description of Plan (continued)

Participant Loans – Participants may borrow from their fund accounts up to 50 percent of their vested balances to a maximum of \$50,000. Loan terms range from 1-5 years and are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through participant's payroll deductions.

Payment of Benefits – Upon termination of service the participant will receive the value of the vested interest in their account as a lump-sum distribution. If the participant is still active in the Plan upon reaching normal retirement age of 65, the participant may elect to receive the value of the vested interest in their account as a lump-sum distribution, or wait until they reach 70½ years old.

Forfeited Account Balances - These account balances can be used to reduce future employer contributions or payment of any administrative expenses.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation – The Plan's investments are stated at fair value, shares of mutual funds are valued at the net asset value of shares held by the plan at year end. Participant loans are valued at cost which approximate fair value.

Benefit Payments – Benefits are recorded when paid.

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 3 - Investments

The following investments at December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets.

	<u>2009</u>	<u>2008</u>
State Street Bank & Trust Government Money Mkt, 108,142.1600 and 137,206.7400 shares respectively	\$ 108,142	\$ 137,207
State Street Bank & Trust Balanced Growth Fund, 930.1435 and 618.5966 shares respectively	16,511	9,198
State Street Bank & Trust Growth Fund, 1239.7682 and 1,181.9634 shares respectively	31,326	24,068
State Street Bank & Trust Income and Growth Fund, 813.6335 and 374.1524 shares respectively	7,433	2,981
State Street Bank & Trust Russell 2000 Index Strategy Fund, 226.1564 and 193.9833 shares respectively	3,793	2,573

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 3 – Investments (continued)

	<u>2009</u>	<u>2008</u>
State Street Bank & Trust S&P 500 Index Fund, 138.6619 and 1283.8691 shares respectively	4,431	32,585
State Street Bank & Trust S&P MidCap 400 Index Strategy Fund 5534.1172 and 17022.0873 shares respectively	57,902	130,523
Alliance Bernstein Growth & Income Fund 4354.7491 and 4,665.2637 shares respectively	12,803	11,477
Alger Small Cap Growth Institutional Fund 41.4983 and 1815.0955 shares respectively	920	27,989
DWS Large Cap Value Fund 6,778.3996 and 21,166.7255 shares respectively	108,929	277,496
Janus Advisor International Growth Fund 0 and 5375.6571 shares respectively	0	144,659
Janus Overseas Fund 1,637.3924 and 0 shares respectively	69,556	0
Fidelity Advisor Equity Growth Fund 261.2447 and 729.8259 shares respectively	11,385	24,916

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 3 – Investments (continued)

	<u>2009</u>	<u>2008</u>
Alger Mid Cap Growth Institutional Fund 153.0123 and 1149.4185 shares respectively	1,826	9,057
Oppenheimer Capital Appreciation Fund 765.0694 and 1,381.1703 shares respectively	30,549	38,410
Oppenheimer Global Fund 64.8014 and 0 shares respectively	3,435	0
Pimco Total Return Fund 14,888.9644 and 34,541.4207 shares respectively	160,801	350,250
Allianz NFJ Small Cap Value Fund 4,342.5116 and 10,253.0345 shares respectively	100,703	195,526
Franklin Rising Dividend Fund 4,774.4940 and 11099.1500 shares respectively	133,256	265,825
Templeton Growth Fund 0 and 266.7298 shares respectively	0	3,454
DWS High Income Plus Fund 11,781.7043 and 19,003.2356 shares respectively	77,052	96,156

During 20089, the Plan's investments (including gain and losses on investments bought and sold, as well as held during the year) appreciated of value by \$374,437 as follows:

Mutual Funds	\$ 374,437
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See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 4 - Contributions

During the plan year ended December 31, 2009 the employees' participant contributions totaled \$135,530. Rollover contributions totaled \$0. The Company's matching contributions totaled \$31,710.

Note 5 - Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

Note 6 - Administrative Expenses

All expenses are borne by the Plan sponsor (Clark's Landing at Greenbrook). Administrative and management fees of the investment funds are paid out of investment fund assets.

Note 7 - Reconciliation of the financial statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Schedule H of Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 989,147	\$ 1,911,335
Contributions receivable	0	(11,466)
Amounts allocated to withholding participants	<u>0</u>	<u>0</u>
Net assets available for benefits per Schedule H of Form 5500	\$ <u>989,147</u>	\$ <u>1,899,869</u>

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 8 - Reconciliation of the financial statements to Schedule H of Form 5500 (continued)

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	\$ 388,788
Add: Amounts allocated to withdrawing participants at December 31, 2009	0
Less: Amounts allocated to withdrawing participants at December 31, 2008	<u>0</u>
Benefits paid to participants per Schedule H of Form 5500	\$ <u>388,788</u>

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

Note 9 - Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 14, 1999, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the plan's financial statements.

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
December 31, 2009
Notes to Financial Statements

Note 10 - Information Prepared and Certified by the Custodian of the Plan –

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the Custodian, State Street Bank and Trust Company.

	<u>December 31, 2009</u>
Investments contract	
Variable option - mutual funds	\$ 832,611
Variable option - money market funds	108,142
Investment income and net appreciation of fair values	424,309

Schedule of assets held for investment purposes at year-end

Schedule of investment assets both acquired and disposed of within the plan year.

Schedule of reportable transactions	none
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Note 11 - Deferred Distributions

As of December 31, 2009, there were retired or separated participants entitled to future benefits in the amount of \$216,838.

Note 12 – Partial Plan Asset Transfer

On December 31, 2009, there was a partial asset transfer to the Berkeley Plaza 401(K) Plan.

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
Schedule of Assets Held for Investment Purposes at Year End
December 31, 2009

<u>Description of Investment</u>	<u>Cost Of Assets</u>	<u>Current Ending Value</u>
State Street Bank & Trust Government Money Market Fund	\$ 108,142	\$ 108,142
State Street Bank & Trust Government Balanced Growth Fund	15,556	16,511
State Street Bank & Trust Government Growth Fund	30,620	31,326
State Street Bank & Trust Government Income & Growth Fund	6,868	7,433
State Street Bank & Trust Government Russell 2000 Index Strategy Fund	4,055	3,793
State Street Bank & Trust Government S&P 500 Index Fund	4,854	4,431
State Street Bank & Trust Government S&P 400 MidCap Index Fund	56,075	57,902
Alliance Bernstein Growth & Income Fund	15,791	12,803
Alger Small Cap Growth Institutional Fund	1,104	920
DWS Large Cap Value Fund	133,109	108,929
Janus Overseas Fund	55,379	69,556

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
Schedule of Assets Held for Investment Purposes at Year End (continued)
December 31, 2009

<u>Description of Investment</u>	<u>Cost Of Assets</u>	<u>Current Ending Value</u>
Fidelity Advisors Equity Growth Fund	11,581	11,385
Alger MidCap Growth Institutional Fund	1,460	1,826
Oppenheimer Capital Appreciation Fund	29,915	30,549
Oppenheimer Global Fund	2,327	3,435
Pimco Total Return Fund	157,056	160,801
Allianz NFJ Small-Cap Value Fund	116,019	100,703
Franklin Rising Dividends Fund	147,406	133,256
Templeton Growth Fund	0	0
DWS High Income Plus Fund	<u>82,436</u>	<u>77,052</u>
	<u>\$ 979,753</u>	<u>\$ 940,753</u>

See accompanying auditors' report and notes to the financial statements.

Clark's Landing at Greenbrook 401(k) Savings Plan
Schedule of Investments Assets
Both Acquired and Disposed of within the Plan Year

Plan: Clark's Landing at Greenbrook 401(k) Savings Plan **Plan No:**001 **Plan Year Ended:** 12-31-09

Sponsor: Clark's Landing at Greenbrook **Sponsor EIN:** 22-3341632

Schedule of Investment Assets Both Acquired and Disposed of within the Plan Year

[illegible]

(a) Identity of party involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
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NONE

NOTE: TRANSACTIONS UNDER A PARTICIPANT (OR BENEFICIARY) DIRECTED ACCOUNT PLAN NEED NO LONGER BE REPORTED ON THIS SCHEDULE AS A REPORTABLE TRANSACTION.



STATE STREET.
For Everything You Invest In™

Date: Wednesday, April 14, 2010

Re: 211051

Mary Kramer
Clark's Landing at Greenbrook 401(k) Savings Plan
847 Arnold Avenue
Point Pleasant Beach, NJ 08742

Plan Year End: 12/31/2009

To: Mary Kramer

The undersigned official executing this certification on behalf of State Street Bank and Trust Company, hereby certifies that the information contained in this report, pursuant to 29 C.F.R. Section 2520.103-5(c), is to the best of his/her knowledge, complete and accurate, and represents the balances for the plan year end referenced above.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric McCauley". The signature is stylized with a large, looped "E" and "M".

Eric McCauley
Vice President

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 12/31/2009

PAGE 1

Plan Name: CLARK'S LANDING AT GREENBROOK 401(K) SAVINGS PLAN
Plan Number: 001

Employer EIN: 22-3341632
Run Date: 05/21/2010

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(d) Cost	(e) Current Value
SSGA GOVERNMENT MONEY MARKET	Interest-Bearing Cash	108,142.1600	n/a
SSGA LIFE SOLUTIONS BALANCE GR	Common / Collective Trust	930.1435	n/a
SSGA LIFE SOLUTIONS GROWTH	Common / Collective Trust	1,239.7682	n/a
SSGA LIFE SOLUTIONS INC & GR	Common / Collective Trust	813.6335	n/a
SSGA RUSSELL SMALL CAP INDEX	Common / Collective Trust	226.1564	n/a
SSGA S&P 500 INDEX FUND	Common / Collective Trust	138.6619	n/a
SSGA S&P MIDCAP INDEX	Common / Collective Trust	5,534.1172	n/a
ALLIANCEBER GROWTH AND INC - A	Registered Investment Company	4,354.7491	n/a
ALGER SMALL CAP GROWTH INSTL-I	Registered Investment Company	41.4983	n/a
DWS LARGE CAP VALUE FUND-A	Registered Investment Company	6,778.3996	n/a
FIDELITY ADV EQUITY GROWTH - T	Registered Investment Company	261.2447	n/a
ALGER MID CAP GROWTH INSTL - I	Registered Investment Company	153.0123	n/a
OPPENHEIMER CAPITAL APPREC - A	Registered Investment Company	765.0694	n/a
OPPENHEIMER GLOBAL FUND - A	Registered Investment Company	64.8014	n/a
PIMCO TOTAL RETURN FUND - A	Registered Investment Company	14,888.9644	n/a
ALLIANZ NFJ SMALL-CAP VALUE -A	Registered Investment Company	4,342.5116	n/a
FRANKLIN RISING DIVIDENDS - A	Registered Investment Company	4,774.4940	n/a
JANUS OVERSEAS FUND - S	Registered Investment Company	1,637.3924	n/a
DWS HIGH INCOME PLUS FUND-S	Registered Investment Company	11,781.7043	n/a
Participant Loans	Interest Rates (5.00% to 10.25%)		n/a
	TOTAL		989,147.12

NOTE: The following is specifically for Form 5500 reporting.
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

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RUN DATE: 05/21/2010

PAGE 1

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

Period: 01/01/2009 through 12/31/2009

Plan Name: CLARK'S LANDING AT GREENBROOK 401(K) SAVINGS PLAN

Employer EIN: 22-3341632

Plan Number: 001

Run Date: 05/21/2010

(a) Identity of Issue, Borrower, or Similar Party	(b) Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
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NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS
AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT
BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE
TRUSTS AND REGISTERED INVESTMENT COMPANIES.