

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1998
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED 520 VIRGINIA DRIVE FORT WASHINGTON, PA 19034	2b Employer Identification Number (EIN) 20-4322769 2c Sponsor's telephone number 215-540-0700 2d Business code (see instructions) 541990

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.	10/15/2010	ALY YANTES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	ALY YANTES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED 520 VIRGINIA DRIVE FORT WASHINGTON, PA 19034	3b Administrator's EIN 20-4322769 3c Administrator's telephone number 215-540-0700
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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	1655
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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	1635
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	216
d Subtotal. Add lines 6a , 6b , and 6c	6d	1851
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1851
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	838
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	33

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

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 RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED	D Employer Identification Number (EIN) 20-4322769	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ING INSTITUTIONAL PLAN SERVICES LLC
02-0488491

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

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 63 60	RECORDKEEPER	3750	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY HOLDING

26-4310632

(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?
55	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	70321	Yes ☐ No ☒

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED</u>	D Employer Identification Number (EIN) <u>20-4322769</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>130254</u>	
(2) Participant contributions	1b(2)	<u>187000</u>	<u>186841</u>
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	<u>227856</u>	<u>457762</u>
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>12286308</u>	<u>21103329</u>
(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	12831418	21747932

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	12831418	21747932
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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)		
(B) Participants	2a(1)(B)	4988620	
(C) Others (including rollovers)	2a(1)(C)	501241	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5489861

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)	17739	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17739

(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)	259605	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		259605

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4090065
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9857270

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	937006	
(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)		937006
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3750	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3750
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		940756

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8916514
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **TORRILLO & ASSOCIATES, LLC**

(2) EIN: **83-0414789**

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		500000
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)

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

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

A Name of plan <u>RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED</u>	D Employer Identification Number (EIN) <u>20-4322769</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**RESEARCH PHARMACEUTICAL SERVICES, INCORPORATED
401(K) PROFIT SHARING PLAN**

**Financial Statements
As of and For the Years Ended December 31, 2009 and 2008
and
Supplemental Schedule
As of December 31, 2009**



— CERTIFIED PUBLIC ACCOUNTANTS —

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Supplemental Information

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	12
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- * The supplemental schedule included is presented for purposes of additional analysis and is not a required part of the basic financial statements but is required by the Employee Retirement Income Security Act of 1974 ("ERISA"). Other schedules required by section 2520.103-10 of the Department of Labor Rules and Regulations for reporting and disclosure under ERISA have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator
Research Pharmaceutical Services, Inc.
401(k) Profit Sharing Plan
Fort Washington, Pennsylvania

We were engaged to audit the financial statements of the Research Pharmaceutical Services, Incorporated 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008, and for the years then ended and the supplemental schedule as of December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule 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 3, which was certified by ING Institutional Plan Services, LLC, the recordkeeper of the Plan, as agent for the trustee of the Plan, Reliance Trust Company, and its predecessor Citigroup Institutional Trust Company, except for comparing such information with the related information included in the financial statements and supplemental schedule. Effective July 1, 2008, ING purchased CitiStreet LLC which was jointly owned by State Street Bank and Trust Company and Citigroup, Inc. Following the acquisition by ING Americas, CitiStreet LLC's name was changed to ING Institutional Plan Services, LLC. 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 agent on behalf of the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the agent for the trustee is complete and accurate.

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



July 16, 2010

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
As of December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments at Fair Value	\$ 21,561,091	\$ 12,514,164
Receivables:		
Participant Contributions	186,841	187,000
Employer Contributions	<u>0</u>	<u>130,254</u>
Total Receivables	186,841	317,254
 Total Assets	 <u>21,747,932</u>	 <u>12,831,418</u>
 Net Assets Available For Benefits	 <u>\$ 21,747,932</u>	 <u>\$ 12,831,418</u>

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

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Investment Income (Loss):		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 4,090,065	\$ (5,856,894)
Interest and Dividend Income	277,344	469,648
Investment Income (Loss)	<u>4,367,409</u>	<u>(5,387,246)</u>
Participant Contributions	5,489,861	5,593,299
Employer Contributions	<u>0</u>	<u>130,890</u>
Total Contributions	<u>5,489,861</u>	<u>5,724,189</u>
 Total Additions	 <u>9,857,270</u>	 <u>336,943</u>
Deductions from net assets attributed to:		
Benefits Paid Directly to Participants	937,006	928,525
Administrative Expenses	<u>3,750</u>	<u>2,200</u>
Total Deductions	<u>940,756</u>	<u>930,725</u>
 Net Increase (Decrease)	 8,916,514	 (593,782)
Net Assets Available for Benefits		
Beginning of Year	<u>12,831,418</u>	<u>13,425,200</u>
End of Year	<u><u>\$ 21,747,932</u></u>	<u><u>\$ 12,831,418</u></u>

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

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Notes to Financial Statements
As of and For the Years Ended December 31, 2009 and 2008

1. Description of Plan

The following description of the Research Pharmaceutical Services, Incorporated 401(k) Profit Sharing Plan (“the Plan”) provides only general information. Participants should refer to the Summary Plan Description and the Plan Document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of Research Pharmaceutical Services, Inc. (the “Company”) who have at least one month of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions

Each year, participants may elect to defer up to 92% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers twenty-four mutual funds and one money market fund as investment options for participants. Additional discretionary matching and/or discretionary profit sharing amounts may be contributed at the option of the Company’s Board of Directors. Participants must be employed at the end of the Plan year and have completed at least 500 hours of service to be eligible to participate in discretionary matching contributions and at least 1000 hours for profit sharing contributions. During the year ended December 31, 2009, the Company elected not to make any discretionary matching or profit sharing contributions. During the year ended December 31, 2008 the Company made a discretionary matching contribution of 3.0% of the participant contribution.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of the Company’s discretionary contributions and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants’ nonvested accounts are used to reduce future Company contributions. 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 discretionary matching or profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are vested in their discretionary matching or profit sharing contributions based on their years of service in accordance with the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
1 year, but less than 2	33%
2 years but less than 3	66%
3 years, or more	100%

A year of service for vesting purposes is 1,000 hours of service.

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Notes to Financial Statements
As of and For the Years Ended December 31, 2009 and 2008

Forfeited Accounts

When certain terminations of participants in the Plan occur, the non-vested portion of the participant's employer contribution account represents forfeitures. Total unallocated forfeitures, which will be used to reduce future employer contributions, were \$3,707 and \$1,924 at December 31, 2009 and 2008, respectively. No forfeitures were used to offset employer contributions during the years ended December 31, 2009 and 2008.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount that is equal to the lesser of \$50,000 or 50 percent of their vested account balance. Loan terms may not exceed 5 years unless the purpose of the loan is for the purchase of a primary residence. The loans are secured by the balance in the participant's account. The loans bear interest at a rate as determined by reviewing interest rates charged for similar types of loans by other lenders. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Benefits under the Plan are payable to the participants, their beneficiaries or their estates upon severance of employment, normal retirement or death. In-service and hardship distributions are also permitted. On termination of service, a participant with vested plan benefits exceeding \$5,000 may elect to receive a distribution in a single lump-sum payment in cash or as an annuity. If the participant's balance is more than \$1,000 but not more than \$5,000, and the participant does not make an election, the balance will be rolled over into an individual retirement account selected by the plan administrator.

Plan Termination

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Notes to Financial Statements
As of and For the Years Ended December 31, 2009 and 2008

that affect the reported amounts in the financial statements and accompanying notes. Actual results may differ from those estimates.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Trustee expenses are paid by the Plan. Certain professional fees for the years ended December 31, 2009 and 2008 were paid by the Plan Sponsor.

Subsequent Events

The Plan has evaluated subsequent events through July 16, 2010, the date the financial statements were available to be issued.

Recently Issued Accounting Pronouncements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") was approved by the FASB as the single source of authoritative accounting principles generally accepted in the United States of America for interim and annual periods ending after September 15, 2009. Financial statements issued after September 15, 2009 are required to conform references within the financial statements to the relevant FASB ASC references. Additionally, new guidance issued is now referred to as FASB Accounting Standards Updates ("ASU").

FASB ASC 855, *Subsequent Events*, became effective for interim and annual periods after June 15, 2009 and establishes general standards of accounting for and disclosure of subsequent events (see above).

In April 2009, the FASB issued FASB Staff Position ("FSP") FAS 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*. FSP FAS 157-4 is codified in FASB ASC 820, *Fair Value Measurements and Disclosures*. This FSP provides additional guidance for estimating fair value when the volume and level of activity for the asset or liability have significantly decreased. This FSP also includes guidance on identifying circumstances that indicate a transaction is not orderly. In addition, FSP 157-4 states that certain fair value measurement information must be disclosed by major category of assets and liabilities. For equity and debt securities, major category should be defined as major security type as described in FASB ASC 320, *Investments – Debt and Equity Securities*. This FSP is effective for interim and annual reporting periods ending after June 15, 2009, and should be applied prospectively. This FSP does not require disclosures for earlier periods presented for comparative purposes at initial adoption. In periods after initial adoption, this FSP requires comparative disclosures only for periods ending after initial adoption. The Plan has adopted FSP 157-4, see Note 4.

Future Adoption of Accounting Guidance

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements* (ASU No. 2010-06), which primarily requires new disclosures related to the levels within the fair value hierarchy. An entity will be required to disclose transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separately present information related to purchases, sales, issuances and settlements in the reconciliation of fair value measurements classified as Level 3. ASU No. 2010-06 is effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Notes to Financial Statements
As of and For the Years Ended December 31, 2009 and 2008

related to purchases, sales, issuances and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The Plan will include the disclosures as required by ASU No. 2010-06 in the notes to the Plan's financial statements effective January 1, 2010, except for the disclosures related to the rollforward of activity in Level 3 fair value measurements, which will be included in the notes to the Plan's financial statements effective January 1, 2011.

3. Unaudited Information Certified by the Plan Trustee

All investment information disclosed in the accompanying financial statements and schedules including investments held at December 31, 2009 and 2008, net appreciation (depreciation) in fair value of investments and interest and dividend income for the years ended December 31, 2009 and 2008, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by ING Institutional Plan Services, LLC, the recordkeeper of the Plan as agent for the trustee of the Plan, Reliance Trust Company, and its predecessor, Citigroup Institutional Trust Company. Effective July 1, 2008, ING purchased CitiStreet LLC which was jointly owned by State Street Bank and Trust Company and Citigroup, Inc. Following the acquisition by ING Americas, CitiStreet LLC's name was changed to ING Institutional Plan Services, LLC.

During the years ended December 31, 2009 and 2008, the Plan's investments (including investments purchased, sold, as well as held during the year) in registered investment companies appreciated (depreciated) in fair value by \$4,090,065 and \$(5,856,894), respectively.

Investments of the Plan that exceed 5 percent of net assets available for benefits at December 31, 2009 are summarized as follows:

	Fair Value 2009
American Funds - American Balanced R3	\$ 1,344,366
American Funds - Europacific Growth R3	1,532,702
American Funds - Growth Fund of America R3	2,782,423
Legg Mason ClearBridge - Aggressive Growth A	2,298,625
Legg Mason ClearBridge – Capital A	1,305,927
Legg Mason Batterymarch – S&P 500 Index A	1,253,197
Legg Mason Western Asset – Core Plus Bond A	1,571,753
Legg Mason ClearBridge – Investors Value A	1,131,084
Legg Mason ClearBridge – Small Cap Growth A	1,265,755
Western Asset Money Market A	1,301,539

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Notes to Financial Statements
As of and For the Years Ended December 31, 2009 and 2008

Investments of the Plan that exceed 5 percent of net assets available for benefits at December 31, 2008 are summarized as follows:

	Fair Value 2008
American Funds – American Balanced R3	\$ 681,536
American Funds – Europacific Growth R3	788,380
American Funds – Growth Fund of America R3	1,553,508
Legg Mason – Aggressive Growth	1,352,882
Legg Mason – Core Plus Bond	1,117,001
Legg Mason – Fundamental Value	684,441
Legg Mason – S&P 500 Index	769,090
Legg Mason Partners – Capital	753,756
Legg Mason Partners – Investors Value	793,503
Legg Mason Partners – Small Cap Growth	685,559
Western Asset Money Market A	1,044,008

4. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Notes to Financial Statements
As of and For the Years Ended December 31, 2009 and 2008

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

<i>Registered investment companies and Money market fund:</i>	Valued at the net asset value ("NAV") of shares held by the Plan at year-end.
<i>Participant loans:</i>	Valued at amortized cost, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies:				
Balanced funds	\$ 2,849,190	\$ -	\$ -	\$ 2,849,190
International stock funds	2,378,168	-	-	2,378,168
Money market funds	1,301,539	-	-	1,301,539
Taxable bond funds	2,214,054	-	-	2,214,054
US stock funds	12,360,378	-	-	12,360,378
Total registered investment companies	<u>\$21,103,329</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 21,103,329</u>
Participant loans	-	-	457,762	457,762
Total assets at fair value	<u>\$21,103,329</u>	<u>\$ -</u>	<u>\$ 457,762</u>	<u>\$ 21,561,091</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2008:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies:				
Balanced funds	\$ 1,449,380	\$ -	\$ -	\$ 1,449,380
International stock funds	1,090,363	-	-	1,090,363
Money market funds	1,044,008	-	-	1,044,008
Taxable bond funds	1,510,262	-	-	1,510,262
US stock funds	7,192,295	-	-	7,192,295
Total registered investment companies	<u>\$12,286,308</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,286,308</u>
Participant loans	-	-	227,856	227,856
Total assets at fair value	<u>\$12,286,308</u>	<u>\$ -</u>	<u>\$ 227,856</u>	<u>\$ 12,514,164</u>

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Notes to Financial Statements
As of and For the Years Ended December 31, 2009 and 2008

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2008 and December 31, 2009:

	<u>Participant Loans</u>
Balance, beginning of year 2008	\$ 190,192
Realized gains/(losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances and settlements (net)	<u>37,664</u>
Balance, end of year 2008	<u>\$ 227,856</u>
Realized gains/(losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances and settlements (net)	<u>229,906</u>
Balance, end of year 2009	<u><u>\$ 457,762</u></u>

5. Income Tax Status

The Plan had received a determination letter from the Internal Revenue Service dated October 31, 2003, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code"). Effective January 1, 2009, the Plan was amended and restated to adopt the ING Life Insurance and Annuity Company Non-Standardized 401(k) Profit Sharing Plan. The Internal Revenue Service issued a non-standardized profit sharing plan with cash or deferral arrangement prototype opinion letter dated March 31, 2008, stating that the prototype plan document was designed in accordance with applicable Code requirements as of that date.

Although the Company has not subsequently applied for a determination letter for the Plan, and the Plan has subsequently been amended, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes the Plan, as amended, is qualified and the related trust is tax-exempt as of December 31, 2009. Therefore, no provision for income taxes has been included in the Plan's financial statements.

6. Risks and Uncertainties

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

7. Related Party Transactions

Certain Plan investments are shares of mutual funds and money market funds managed by ING Institutional Plan Services, LLC. ING Institutional Plan Services, LLC is the recordkeeper of the Plan, and therefore, these transactions qualify as party-in-interest transactions. ING Institutional Plan

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Notes to Financial Statements
As of and For the Years Ended December 31, 2009 and 2008

Services is also an agent to the trustee of the Plan, Reliance Trust Company, and its predecessor Citigroup Institutional Trust Company. Effective July 1, 2008, ING purchased CitiStreet LLC which was jointly owned by State Street Bank and Trust Company and Citigroup, Inc.

8. Plan Amendments

During 2008, among other things, the Plan's definition of compensation for allocations has been amended to conform to final regulation under Internal Revenue Code Section 415.

Effective January 1, 2009, the Plan was amended and restated to adopt the ING Life Insurance and Annuity Company Non-Standardized 401(k) Profit Sharing Plan.

SUPPLEMENTAL SCHEDULE

Research Pharmaceutical Services, Incorporated
401(k) Profit Sharing Plan
Schedule H, Item 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2009

EIN: 20-4322769 Plan #: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
*	Western Asset Money Market A	Money Market Fund	\$ 1,301,539
*	AllianceBernstein 2015 Retirement Str A	Shares of Registered Investment Companies	386,918
*	AllianceBernstein 2025 Retirement Str A	Shares of Registered Investment Companies	413,071
*	AllianceBernstein 2035 Retirement Str A	Shares of Registered Investment Companies	152,993
*	AllianceBernstein 2045 Retirement Str A	Shares of Registered Investment Companies	43,889
*	Allianz CCM Mid Cap A	Shares of Registered Investment Companies	52,875
*	American Funds Europacific Gr R3	Shares of Registered Investment Companies	1,532,702
*	American Funds Growth Fund of Amer R3	Shares of Registered Investment Companies	2,782,423
*	American Funds Invmt Co of Amer R3	Shares of Registered Investment Companies	1,080,299
*	American Funds American Balanced R3	Shares of Registered Investment Companies	1,344,366
*	Franklin Mutual Global Discovery R	Shares of Registered Investment Companies	46,551
*	Legg Mason Batterymarch Emerging Mkts Trust C	Shares of Registered Investment Companies	192,194
*	Legg Mason Batterymarch S&P 500 Index A	Shares of Registered Investment Companies	1,253,197
*	Legg Mason ClearBridge Aggressive Growth A	Shares of Registered Investment Companies	2,298,625
*	Legg Mason ClearBridge Capital A	Shares of Registered Investment Companies	1,305,927
*	Legg Mason ClearBridge Fundamental Value A	Shares of Registered Investment Companies	1,059,510
*	Legg Mason ClearBridge Investors Value A	Shares of Registered Investment Companies	1,131,084
*	Legg Mason ClearBridge Small Cap Growth A	Shares of Registered Investment Companies	1,265,755
*	Legg Mason ClearBridge Small Cap Value A	Shares of Registered Investment Companies	54,552
*	Legg Mason Lifestyle Income A	Shares of Registered Investment Companies	563,790
*	Legg Mason Western Asset Core Plus Bond A	Shares of Registered Investment Companies	1,571,753
*	Legg Mason Western Asset Global High Yld Bnd A	Shares of Registered Investment Companies	78,511
*	MFS Global Total Return A	Shares of Registered Investment Companies	507,953
*	Pioneer Mid-Cap Value A	Shares of Registered Investment Companies	76,131
*	Templeton Foreign R	Shares of Registered Investment Companies	606,721
			<u>21,103,329</u>
*	Participant Loans	Interest Rates from 4.25% to 9.25% with maturities through September 2018	457,762
			<u>\$21,561,091</u>

* Indicates party-in-interest to the Plan.

“Cost” is not required as all the investments are participant-directed.

The information in this schedule has been certified as to its completeness and accuracy by ING Institutional Plan Services, LLC, the recordkeeper of the Plan, as agent for Reliance Trust Company, the Trustee of the Plan.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Research Pharmaceutical

EIN # 20-4322769

Plan # 001

AS OF DECEMBER 31, 2009

a	(b) Identity of Issue	(c) Description of Issue	(d) Cost	(e) Current Value
	Alliance CCM Mid Cap	Value of Interest in Registered Investment Companies		52,875
	Mutual Discovery Fund	Value of Interest in Registered Investment Companies		46,551
	Pioneer Mid-Cap Value	Value of Interest in Registered Investment Companies		76,131
	Europacific Growth R	Value of Interest in Registered Investment Companies		1,532,702
	Growth Fund of Amer	Value of Interest in Registered Investment Companies		2,782,423
	Investment Co of Amer	Value of Interest in Registered Investment Companies		1,080,299
	American Balanced R3	Value of Interest in Registered Investment Companies		1,344,366
	LM Emerging Markets	Value of Interest in Registered Investment Companies		192,194
	Legg Mason Lifestyle	Value of Interest in Registered Investment Companies		563,790
	Legg Mason Fundmtal	Value of Interest in Registered Investment Companies		1,059,510
	Lmp Sml Cap Growth F	Value of Interest in Registered Investment Companies		1,265,755
	MFS Global Total Ret	Value of Interest in Registered Investment Companies		507,953
	Templeton Foreign R	Value of Interest in Registered Investment Companies		606,721
	Lmp Capital Fund A	Value of Interest in Registered Investment Companies		1,305,927
	Lmp Gbl High Yield	Value of Interest in Registered Investment Companies		78,511
	Legg Mason Aggressiv	Value of Interest in Registered Investment Companies		2,298,625
	Western Asst MoneyMkt	Value of Interest in Registered Investment Companies		1,301,540
	Legg Mason S&P 500 I	Value of Interest in Registered Investment Companies		1,253,197
	Legg Mason Core Plus	Value of Interest in Registered Investment Companies		1,571,753
	Leff Mason Small Cap	Value of Interest in Registered Investment Companies		54,552
	Lmp Investors Value	Value of Interest in Registered Investment Companies		1,131,084
	AllianceBernstein 20	Value of Interest in Registered Investment Companies		43,889
	AllianceBernstein 20	Value of Interest in Registered Investment Companies		386,918
	AllianceBernstein 20	Value of Interest in Registered Investment Companies		413,071
	AllianceBernstein 20	Value of Interest in Registered Investment Companies		152,993
	Participant Loans	Loans to Participants: Other		466,256

* Represents a party in interest

Column (d) is not required as the Plan's investments are totally participant directed and participant loans receivable has no cost basis.