

<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 AVETA INC. SAVINGS AND PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 01/01/1989
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) AVETA, INC. 173 BRIDGE PLAZA NORTH, 5TH FLOOR FORT LEE, NJ 07024
2b	Employer Identification Number (EIN) 20-4057813
2c	Sponsor's telephone number 201-969-2300
2d	Business code (see instructions) 621111

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	CLAUDE CHEVANCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	CLAUDE CHEVANCE
	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") AVETA, INC. 173 BRIDGE PLAZA NORTH, 5TH FLOOR FORT LEE, NJ 07024	3b Administrator's EIN 20-4057813 3c Administrator's telephone number 201-969-2300
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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	1504
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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	514
b Retired or separated participants receiving benefits.....	6b	32
c Other retired or separated participants entitled to future benefits.....	6c	911
d Subtotal. Add lines 6a , 6b , and 6c	6d	1457
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1457
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1429
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	40

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 2R 2T

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 AVETA INC. SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 AVETA, INC.	D Employer Identification Number (EIN) 20-4057813	

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
CHARLES SCHWAB TRUST COMPANY
42-1558009

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
CHARLES SCHWAB INVESTMENT MANAGEMEN
94-3106735

(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

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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)

NEWPORT RETIREMENT SERVICES, INC.

62-1868111

(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?
12 19 65 99 50 16 70 15	NONE	20523	Yes ☒ No ☐	Yes ☐ No ☒	121567	Yes ☐ No ☒

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

GREGG M. GOTTLIEB

15-8581539

(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?
33 55 71 50	NONE	24164	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

KPMG LLP

13-5565207

(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?
10 50	NONE	31000	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

WALLER, LANSDEN, DORTCH & DAVIS, PL

62-0479474

(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?
29 50	NONE	33926	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
19 33 63 65	NONE	0	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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
CHARLES SCHWAB & CO., INC.	33 63 19 65	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 FUNDS 33-0457728	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63 19 65	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.	
AMERICAN FUNDS 95-1411037	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63 19 65	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.	
ARTISAN 39-1811840	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF	

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
CHARLES SCHWAB & CO., INC.	19 33 63 65	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.	
HARBOR 04-2679462	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 33 63 65	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.	
IVY FUNDS 04-6006759	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 33 63 65	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 43-1804048	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF 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
CHARLES SCHWAB & CO., INC.	19 33 63 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE 52-2343049	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 33 63 65	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.	
ARTISAN 39-1811840	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) IN SELF DIRECTED BROKERAGE ACCOUNTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 33 63 65	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.	
BARON CAPITAL GROUP 13-3122938	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) IN SELF DIRECTED BROKERAGE ACCOUNTS	

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
CHARLES SCHWAB & CO., INC.	19 33 63 65	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.	
INVESCO AIM 76-0528004	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) IN SELF DIRECTED BROKERAGE ACCOUNTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 33 63 65	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 43-1804048	RATE OF 0.33% OF AVERAGE DAILY BALANCE OF ASSET(S) IN SELF DIRECTED BROKERAGE ACCOUNTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 33 63 65	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.	
MANNING & NAPIER 16-0995736	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) IN SELF DIRECTED BROKERAGE ACCOUNTS	

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
CHARLES SCHWAB & CO., INC.	19 33 63 65	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.	
MARSICO INVESTMENT FUND 84-1434992	RATE OF 0.50% OF AVERAGE DAILY BALANCE OF ASSET(S) IN SELF DIRECTED BROKERAGE ACCOUNTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 33 63 65	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.	
RS FUNDS 94-3321067	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) IN SELF DIRECTED BROKERAGE ACCOUNTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 33 63 65	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.	
SCHWAB FUNDS 94-3106735	RANGE OF 0.10 - 0.25% OF AVERAGE DAILY BALANCE OF ASSETS IN SELF DIRECTED BROKERAGE ACCOUNTS	

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</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
<div>A Name of plan AVETA INC. SAVINGS AND PROFIT SHARING PLAN</div>	<div>B Three-digit plan number (PN) ►</div>	333
<div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AVETA, INC.</div>	<div>D Employer Identification Number (EIN) 20-4057813</div>	

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: SCHWAB STABLE VALUE FUND			
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY			
c EIN-PN 81-0625180-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5768320	
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INST LARGE CAP VALUE TRUST			
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY			
c EIN-PN 81-0625170-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3468624	
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)**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
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AVETA INC. SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 AVETA, INC.	D Employer Identification Number (EIN) 20-4057813	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	504106	498336
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	529097	604881
(2) Participant contributions	1b(2)	20325	200
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	781008	780078
(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)	93399	264407
(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)	927783	1149484
(9) Value of interest in common/collective trusts.....	1c(9)	7751183	9214120
(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)	24049717	30310949
(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	34656618	42822455

Liabilities

g Benefit claims payable	1g	546081	543202
h Operating payables	1h	970	30348
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	547051	573550

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	34109567	42248905
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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)	1504426	
(B) Participants	2a(1)(B)	1357847	
(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)		2862273

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)	49428	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49428

(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)	593412	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		593412

(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)		977601
(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)		6709287
c Other income.....	2c		87947
d Total income. Add all income amounts in column (b) and enter total.....	2d		11279948

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2931113	
(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)		2931113
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		70127
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)	139370	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		139370
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3140610

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8139338
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: KPMG, LLP

(2) EIN: 13-5565207

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		40324
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		2000000
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)

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>AVETA INC. SAVINGS AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AVETA, INC.</u>	D Employer Identification Number (EIN) <u>20-4057813</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	
----------	--

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): 94-3149038

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	
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): _____



KPMG LLP
Suite 200
1305 Walt Whitman Road
Melville, NY 11747-4302

Independent Auditors' Report

The Board of Directors of Aveta Inc.
Aveta, Inc. Savings and Profit Sharing Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Aveta, Inc. Savings and Profit Sharing Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental Schedule H, Line 4i – schedule of assets (held at end of year) as of December 31, 2009 and Schedule H, line 4a – schedule of delinquent participant contributions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3 which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan administrator by the trustee is complete and accurate.

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

KPMG LLP

October 15, 2010



AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Financial Statements and Supplemental Schedules

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

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* Schedules required for Form 5500, which are not applicable have not been included.



KPMG LLP
Suite 200
1305 Walt Whitman Road
Melville, NY 11747-4302

Independent Auditors' Report

The Board of Directors of Aveta Inc.
Aveta, Inc. Savings and Profit Sharing Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Aveta, Inc. Savings and Profit Sharing Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental Schedule H, Line 4i – schedule of assets (held at end of year) as of December 31, 2009 and Schedule H, line 4a –schedule of delinquent participant contributions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3 which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan administrator by the trustee is complete and accurate.

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

KPMG LLP

October 15, 2010

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments, at fair value (as certified by the trustee note 3)		
Mutual funds	\$ 30,310,949	24,049,717
Collective investment trust funds	9,214,120	7,751,183
Money market funds	780,078	781,008
Common stocks	264,407	93,399
Loans to participants	<u>1,149,484</u>	<u>927,783</u>
Total investments	41,719,038	33,603,090
Cash (as certified by the trustee note 3)	<u>498,336</u>	<u>504,106</u>
Total assets held by trustee	<u>42,217,374</u>	<u>34,107,196</u>
Contributions receivable:		
Employees	200	20,325
Employer	<u>604,881</u>	<u>529,097</u>
Total contributions receivable	<u>605,081</u>	<u>549,422</u>
Total assets	<u>42,822,455</u>	<u>34,656,618</u>
Liabilities:		
Other payables	<u>30,348</u>	<u>970</u>
Total liabilities	<u>30,348</u>	<u>970</u>
Net assets available for benefits before adjustment	42,792,107	34,655,648
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(39,942)</u>	<u>231,310</u>
Net assets available for benefits	<u><u>\$ 42,752,165</u></u>	<u><u>34,886,958</u></u>

See accompanying notes to financial statements.

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to:		
Contributions:		
Employees	\$ 1,357,847	1,432,046
Employer	<u>1,504,426</u>	<u>1,261,486</u>
Total contributions	<u>2,862,273</u>	<u>2,693,532</u>
Investment income (loss) (note 3):		
Net realized and unrealized appreciation (depreciation) of investments	7,415,636	(12,556,787)
Interest	49,428	92,834
Dividends	<u>593,412</u>	<u>2,527</u>
Net investment income (loss)	8,058,476	(12,461,426)
Other income	<u>87,948</u>	<u>369,389</u>
Total additions (reductions)	<u>11,008,697</u>	<u>(9,398,505)</u>
Deductions from net assets attributed to:		
Benefit payments	3,004,120	3,001,623
Administrative expenses	<u>139,370</u>	<u>138,644</u>
Total deductions	<u>3,143,490</u>	<u>3,140,267</u>
Changes in net assets available for benefits	7,865,207	(12,538,772)
Net assets available for benefits – beginning of year	<u>34,886,958</u>	<u>47,425,730</u>
Net assets available for benefits – end of year	\$ <u><u>42,752,165</u></u>	<u><u>34,886,958</u></u>

See accompanying notes to financial statements.

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of the Plan

The following description of the Aveta, Inc. Savings and Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan’s provisions.

(a) General

The Plan is a defined contribution retirement income plan covering most full-time employees and certain part-time employees of Aveta, Inc. (the “Sponsor”) or its subsidiaries. Effective January 1, 2009 the Plan was amended and restated. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

(b) Eligibility

Eligible employees may become a participant for purposes of making salary deferral contributions on the Plan entry date following three months of the date of hire. Eligible employees become eligible for employer contributions on the Plan entry date following one year of service.

(c) Plan Administration

The Charles Schwab Trust Company is the Plan Trustee (the “Trustee”) and The Newport Group of North Carolina Inc., as Record Keeper (the “Record Keeper”), maintains the individual participant accounts. Contributions are paid to a Trustee by the Sponsor.

The Plan provides that all necessary expenses of the Plan may be paid by the Sponsor or out of the assets of the Plan. As allowed by the Plan, such expenses reduced the investment income allocated to the respective investment accounts.

(d) Contributions

Participants are allowed to make pre-tax contributions subject to limitations set forth in the Internal Revenue Code (“IRC”). Participants who are at least age 50 are allowed to make an additional catch-up contribution subject to IRC limitations. All participant contributions are 100% vested and nonforfeitable. Participants direct the investment of their contributions into various investment options offered by the Plan.

Effective January 1, 2010, the Plan has added Roth 401(k) contribution accounts. Participants will be able to make after-tax salary deferral contributions to a Roth 401(k) contribution account. The Sponsor’s matching contributions for the Roth 401(k) contribution accounts will be made into a tax deferred investment account in the Plan.

The Sponsor makes a contribution of 3% of compensation for all employees eligible to participate in the Plan at any time during the year. This contribution, referred to as a nonelective contribution, is 100% vested and nonforfeitable.

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

Additionally, the Sponsor may make discretionary profit sharing contributions that are allocated to active participants on the basis of a participant's total compensation. The Company paid discretionary profit sharing contributions to the Plan of approximately \$656,700 and \$582,000 for the years ended December 31, 2009 and 2008, respectively. The Sponsor may also make supplemental profit sharing contributions that are allocated based on a participant's compensation in excess of the FICA taxable wage base in proportion to the total of such compensation for all participants limited to the lesser of 10% of the excess compensation or the maximum permitted under the IRC. An additional supplemental profit sharing contribution may be made that is allocated to any participant who has attained age 41 based on the participant's compensation in excess of the FICA taxable base in proportion to the total of such compensation, limited to the maximum permitted under the IRC. No supplemental profit sharing contributions were made for the plan years 2009 and 2008. The maximum of all contributions on behalf of any participant is the lesser of \$49,000 for 2009 and \$46,000 for 2008, or 100% of the participant's compensation. Profit sharing contributions and supplemental contributions, along with related investment income, are subject to the following vesting schedule:

	<u>Vesting percentage</u>
Years of service:	
Less than 2 years	—%
2	20
3	40
4	60
5	80
6	100

In the event of retirement after age 65, death, or disability, a participant becomes 100% vested in all amounts credited to the participant's account.

Effective January 1, 2010, the Sponsor will make a matching contribution that equals 100% of a participant's salary deferral contributions that do not exceed 3% of the participant's considered compensation and the Sponsor will make a matching contribution of 50% of the participant's salary deferral contributions that exceed 3% but, do not exceed 5% of the participant's considered compensation. A supplemental matching contribution maybe made at the sole discretion of the Sponsor. The supplemental matching contribution is up to 100% of a participant's salary deferral contributions that do not exceed 2% of the participant's considered compensation.

(e) Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of Plan earnings daily. Allocations are based on participant's 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.

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(f) *Benefit Payments and Withdrawals*

Withdrawals may be made for qualified emergencies, as defined in the IRC. Depending upon the type of withdrawal and the status of the contribution, penalties upon withdrawal may apply. Participants may also begin to make withdrawals without penalty at age 59 ½, subject to certain limitations as defined by the Plan.

Upon termination of employment for reasons other than retirement after age 65, death, or disability, participants are entitled to receive the vested balance of their account as of the day preceding the distribution.

If the participant's vested benefit exceeds \$5,000 and he or she has not elected to take an earlier distribution following termination of employment, the distribution of benefit payments normally begins within 60 days following the close of the plan year in which the participant retires after attaining age 65 or, if later, normal retirement age. The participant may also elect to delay distributions until age 70½. The participant may elect to receive benefits in the form of a lump sum distribution, or monthly installments over a period not to exceed the participant's remaining life expectancy.

(g) *Loans to Participants*

Participants may borrow from their account an amount equal to the lesser of \$50,000 or 50% of their vested account balance. The minimum loan is \$1,000. Loan transactions are treated as a transfer between the individual investment funds and the participant loan fund. The period of the loan cannot exceed five years, unless the loan is used to acquire a dwelling unit that is the principal residence of the participant, in which this event repayment shall be made within a reasonable period of time, that may be greater than five years. The loans are secured by the balance in the participant's account and shall bear interest at the then currently prevalent interest rates for similar loans from commercial institutions. At December 31, 2009 and 2008, loans bear interest at rates that range from 5% to 10%. Principal and interest are paid ratably through payroll deductions.

(h) *Forfeitures*

At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$25,672 and \$86,921, respectively. These accounts will be used to reduce future employer contributions or plan expenses. During 2009 and 2008, employer contributions were reduced by \$127,170 and \$186,530 and expenses were offset by \$0 and \$55,074, respectively, from forfeited nonvested accounts.

(2) *Summary of Significant Accounting Policies*

(a) *Basis of Presentation*

The accompanying financial statements have been prepared on the accrual basis of accounting.

In June 2009, the Financial Accounting Standards Board ("FASB") issued the FASB Accounting Standards Codifications (the "ASC"). The ASC has become the single source of non-governmental GAAP recognized by the FASB and supersedes all existing non-SEC accounting and reporting standards. All ASC contents carry the same authority and anything outside of the ASC is non-

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

authoritative. The Plan adopted this standard for the year ended December 31, 2009. This standard only changed the way the Plan references accounting standards in the financial statement disclosures.

(b) *Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value. The collective investment funds are stated at fair value as determined by the fund manager based upon the quoted marked price of the underlying assets held in the fund. Mutual funds are valued at quoted market prices. The fair value of marketable equity securities is based upon quotations obtained from national securities exchanges. If investments are not listed on an exchange, quotations are obtained from brokerage firms. Loans to participants are shown at their amortized cost which approximates fair value using a discounted cash flow model. Purchases and sales of investment securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The average cost method is used in determining the cost of investments sold.

As of December 31, 2009 and 2008, \$5,751,140 and \$4,999,775, respectively, was invested in Schwab Stable Value Fund Advisor, a fully benefit-responsive investment. The portfolio of investments is diversified among stable assets which include, but are not limited to, units of collective unit trust funds, guaranteed investment contracts, bank investment contracts, alternative and separate account investment contracts, as well as short-term money market instruments. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals.

Accounting principles generally accepted in the United States of America ("GAAP") requires investment contracts held by a defined-contribution plan to be reported at fair value as with an adjustment from fair value to contract value for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by GAAP, the Statements of Net Assets Available for Benefits are prepared on a contract value basis for the stable value fund. The 2009 net assets available for benefits was decreased by \$39,942 to reflect contract value of the fully benefit-responsive contract held by the stable value fund. The 2008 net assets available for benefits was increased by \$231,310 to reflect contract value of the fully benefit-responsive contract held by the stable value fund.

(c) *Use of Estimates*

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

(d) *Payment of Benefits*

Benefits are recorded when paid.

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(e) *Recent Accounting Pronouncements*

In May 2009, the FASB issued an accounting standard establishing general standards of accounting for disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued, for subsequent events. The standard is based on the same principles that currently exist in the U.S. auditing standards. The Plan is required to disclose the date through which subsequent events have been evaluated and for certain nonrecognized subsequent events, the nature of the event and an estimate of its financial effect or statement that such an estimate cannot be made. The Plan adopted this standard for the year ended December 31, 2009.

In September 2009, the FASB issued a new standard that provides guidance in estimating the fair value of an entity's investments in certain investments when the investment does not have a readily determinable fair value. This standard permits the use of the investment's net asset value as a practical expedient to determine fair value. This standard also requires additional disclosure of the attributes of these investments such as: (i) the nature of any restrictions on the reporting entity's ability to redeem its investment; (ii) unfunded commitments; and (iii) investment strategies of the investees. This guidance is effective for periods ending after December 15, 2009. The adoption of this standard did not have a material effect on the amounts reported in the Statements of Net Assets Available for Benefits or the Statements of Changes in Net Assets Available for Benefits or the notes thereto.

In January 2010, the FASB issued an amendment to the accounting standards related to the disclosures about an entity's use of fair value measurements. The amended standards will require entities to provide enhanced disclosures about transfers into and out of the Level 1 (fair value determined based on quoted prices in active markets for identical assets and liabilities) and Level 2 (fair value determined based on significant other observable inputs) classifications, provide separate disclosures about purchases, sales, issuances and settlements relating to the tabular reconciliation of beginning and ending balances of the Level 3 (fair value determined based on significant unobservable inputs) classification and provide greater disaggregation for each class of assets and liabilities that use fair value measurements. Except for the detailed Level 3 roll-forward disclosures, the amendment is effective for the Plan for reporting periods beginning after December 15, 2009. The requirement to provide detailed disclosures about the purchases, sales, issuances and settlements in the roll-forward activity for Level 3 fair value measurements is effective for the Plan for reporting periods beginning after December 15, 2010. The Plan does not expect that the adoption of this new standard will have a material effect on its disclosures.

In September 2010, the FASB issued an accounting standard update requiring participant loans to be classified as notes receivable from participants which are segregated from the plan investments and measured at the unpaid principal balance plus any accrued but unpaid interest. This accounting standard update is effective for the Plan for years subsequent to December 31, 2009 with early adoption permitted. The Plan does not expect that the adoption of this new standard will have a material effect on its financial statements.

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(3) Financial Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Trust Company certified to the completeness and accuracy of all investments and cash, reflected on the accompanying statements of net assets available for benefits as of December 31, 2009 and 2008, the supplemental schedule -Schedule H, line 4i-schedule of assets (held at end of year) as of December 31, 2009, and related net investment income (loss), reflected in the statements of changes in assets available for benefits for the years ended December 31, 2009 and 2008.

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

	<u>2009</u>	<u>2008</u>
Schwab Stable Value Fund Advisor CL	\$ 5,751,140	\$ 4,999,775
Pimco Total Return Administrative	4,774,629	4,291,086
Schwab S&P 500 Index Fund	4,458,044	3,464,580
Harbor International FD Investor	3,868,538	3,015,244
Perkins Mid Cap Value Fund	3,776,991	—
Europacific Growth Fund	3,705,697	2,912,770
Schwab Institutional LG Cap Val C	3,462,980	2,751,408
Growth Fund of America	3,028,539	2,269,754
Pimco Real Return Bond Admin CL	2,743,057	2,336,952
Janus Mid Cap Value Inv Shares	—	3,069,229

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$7,415,636 and (\$12,556,787), respectively, as follows:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 6,518,942	\$ (11,371,742)
Common stocks	190,345	(444,754)
Collective trusts	706,349	(740,291)
Net realized and unrealized appreciation (depreciation) of investments	<u>\$ 7,415,636</u>	<u>\$ (12,556,787)</u>

(4) Fair Value Measurements

In 2008, the Plan adopted the accounting standard for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. This accounting standard establishes 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

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability and significant to the fair value measurement.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

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

Money market funds and common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the quoted market prices.

Collective trust funds: Valued at their unit value at the valuation date.

Participant loans: Valued at their amortized cost, which approximates fair value using a discounted cash flow model.

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

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

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

		Investments at fair value		
	Investments at fair value as determined by quoted prices in active markets (Level 1)	Valuation techniques based on observable market data (Level 2)	Valuation techniques incorporating information other than observable market data (Level 3)	Total
Mutual funds	\$ 30,310,949	—	—	\$ 30,310,949
Collective investment trust funds	—	9,214,120	—	9,214,120
Money market funds	780,078	—	—	780,078
Common stock	264,407	—	—	264,407
Participant loans	—	—	1,149,484	1,149,484
Total investments	\$ 31,355,434	9,214,120	1,149,484	\$ 41,719,038

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

		Investments at fair value		
	Investments at fair value as determined by quoted prices in active markets (Level 1)	Valuation techniques based on observable market data (Level 2)	Valuation techniques incorporating information other than observable market data (Level 3)	Total
Mutual funds	\$ 24,049,717	—	—	\$ 24,049,717
Collective investment trust funds	—	7,751,183	—	7,751,183
Money market funds	781,008	—	—	781,008
Common stock	93,399	—	—	93,399
Participant loans	—	—	927,783	927,783
Total investments	\$ 24,924,124	7,751,183	927,783	\$ 33,603,090

The information above is derived from the information certified by the Trustee.

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

Level 3 Reconciliation

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, 2009 and 2008.

	Level 3 assets	
	Participant Loans	
	2009	2008
Balance, beginning of year	\$ 927,783	\$ 723,945
Purchase, sales, issuances and settlements (net)	221,701	203,838
Balance, end of year	<u>\$ 1,149,484</u>	<u>\$ 927,783</u>

(5) Delinquent Participant Contributions

In 2009, there was an unintentional delay in submitting employee deferrals to the Plan's trust in the total amount of \$40,507. These amounts were withheld from participants and submitted to the trust within 2009 however, the submission was delayed. The Company intends on reimbursing participant account balances for lost income, in the amount of approximately \$35 during the 2010 calendar year.

(6) Self-Directed Investments

The Plan permits participants to self-direct the investment of their accounts rather than investing in the funds offered by the Plan. The investment assets held in segregated accounts totaled \$505,429 and \$298,455 at December 31, 2009 and 2008, respectively. Such accounts are credited only with their respective investment earnings or losses and do not share in the investment earnings or losses of other assets of the Plan.

(7) Party-in-Interest Transactions

Certain plan investments are shares of mutual funds or collective investment trusts managed by Charles Schwab Trust Company. Charles Schwab Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$64,118 and \$65,022 for the years ended December 31, 2009 and 2008, respectively.

(8) 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 statement of net assets available for benefits.

(9) Termination

Although it has not expressed any intent to do so, the Sponsor 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 that

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

the Sponsor terminates the Plan, all participants' account balances at the time of the Plan's termination become fully vested.

(10) Federal Income Taxes

The Plan obtained its latest determination letter on November 4, 2003, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. In January of 2009, the Plan filed a form 5300 application for a determination for employee benefit plans with the IRS, the Plan is still waiting for a response from the IRS. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC except that the plan sponsor has found that certain amendments may not have been timely signed. The Plan used appropriate IRS Employee Plans Compliance Resolution System correction method to correct the issue during 2010. Therefore, no provision for income taxes has been included in the accompanying financial statements.

(11) Subsequent Events

The Company evaluated subsequent events for recognition and disclosure through October 15, 2010, the date on which the financial statements were available to be issued.

In August 2010, the Plan removed the Ivy Small Cap Growth Fund and replaced it with the Perimeter Small Cap Growth Fund.

(12) Reconciliation of Financial Statements to Form 5500

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

Net assets available for benefits per the financial statements	\$ 42,752,165
Amounts allocated to withdrawing participants at December 31, 2009	(543,202)
Plus adjustment from contract value to fair value	<u>39,942</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 42,248,905</u></u>

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

Benefits paid to participants per the financial statements	\$ 3,004,120
Net change in amounts allocated to withdrawing participants for the year ended December 31, 2009	<u>(2,880)</u>
Benefits paid to participants per Form 5500	<u><u>\$ 3,001,240</u></u>

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

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

The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2009 to Form 5500:

Increase in net assets available for benefits per the financial statement	\$ 7,865,207
Plus adjustment from contract value to fair value	271,252
Net change in amounts allocated to withdrawing participants at December 31, 2009	<u>2,880</u>
Increase in net assets available for benefits for the Form 5500	<u><u>\$ 8,139,339</u></u>

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

Net assets available for benefits per the financial statements	\$ 34,886,958
Amounts allocated to withdrawing participants at December 31, 2008	(546,081)
Less adjustment from contract value to fair value	<u>(231,310)</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 34,109,567</u></u>

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2008 to Form 5500:

Benefits paid to participants per the financial statements	\$ 3,001,623
Less amounts allocated to withdrawing participants for the year ended December 31, 2008	<u>546,081</u>
Benefits paid to participants per Form 5500	<u><u>\$ 3,547,704</u></u>

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

The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2008 to Form 5500:

Decrease in net assets available for benefits per the financial statement	\$ 12,538,772
Plus adjustment from contract value to fair value	231,310
Plus amounts allocated to withdrawing participants at December 31, 2008	<u>546,081</u>
Decrease in net assets available for benefits for the Form 5500	<u><u>\$ 13,316,163</u></u>

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN
Schedule I

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2009

Participant contributions transferred late to the plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
April 7, 2009 (i)	\$ -	-	21,794	-
May 7, 2009 (ii)	-	-	530	-
June 30, 2009 (iii)	-	-	100	-
August 8, 2009 (iv)	-	-	17,700	-
September 30, 2009 (v)	-	-	130	-
May 28, 2010 (vi)	-	-	53	-
October 29, 2010 (vii)	-	-	200	-
\$	-	-	40,507	-

- (i) In 2009, there was an unintentional delay in submitting certain employees' deferrals to the Plan's trust in the amount of \$21,794. These amounts due to the plan were withheld in 2009 and submitted to the trust in April 2009. The Company reimbursed the participants for the amount of lost income of \$10 on this delayed contribution in October 2010.
- (ii) In 2009, there was an unintentional delay in submitting certain employees' deferrals to the Plan's trust in the amount of \$530. These amounts due to the plan were withheld in 2009 and submitted to the trust in May 2009. The Company reimbursed the participants for the amount of lost income of \$1 on this delayed contribution in October 2010.
- (iii) In 2009, there was an unintentional delay in submitting certain employees' deferrals to the Plan's trust in the amount of \$100. These amounts due to the plan were withheld in 2009 and submitted to the trust in June 2009. The Company reimbursed the participants for the amount of lost income of \$1 on this delayed contribution in October 2010.
- (iv) In 2009, there was an unintentional delay in submitting certain employees' deferrals to the Plan's trust in the amount of \$17,700. These amounts due to the plan were withheld in 2009 and submitted to the trust in August 2009. The Company reimbursed the participants for the amount of lost income of \$12 on this delayed contribution in October 2010.
- (v) In 2009, there was an unintentional delay in submitting certain employees' deferrals to the Plan's trust in the amount of \$130. These amounts due to the plan were withheld in 2009 and submitted to the trust in September 2009. The Company reimbursed the participants for the amount of lost income of \$1 on this delayed contribution in October 2010.
- (vi) In 2009, there was an unintentional delay in submitting certain employees' deferrals to the Plan's trust in the amount of \$53. These amounts due to the plan were withheld in 2009 and submitted to the trust in September 2009. The Company reimbursed the participants for the amount of lost income of \$2 on this delayed contribution in October 2010.
- (vi) In 2009, there was an unintentional delay in submitting certain employees' deferrals to the Plan's trust in the amount of \$200. These amounts due to the plan were withheld in 2009 and submitted to the trust in October 2010. The Company reimbursed the participants for the amount of lost income of \$10 on this delayed contribution in October 2010.

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Schedule II

Schedule H, Line 4i – Schedule of Assets (Held at Year End)

December 31, 2009

(a)	(b) Identify of issue, borrower, lessor or similar party	(c) Description of investment including maturity-date rate of interest, collateral, or maturity date	(e) Current value
		Money market funds:	
*	Charles Schwab	Schwab Value Advantage Money Fund, 666,042.200 shares	\$ 666,042
		Mutual funds:	
	Artisan Funds	Artisan Midcap FD, 59,458.484710.426 shares	1,519,759
	American Funds	Balanced Fund R4 American Funds, 8,508.529 shares	137,754
	American Funds	Europacific Growth Fund R4, 98,242.230 shares	3,705,697
	American Funds	Growth Fund of America R4, 111,712.971 shares	3,028,539
	American Funds	Harbor International FD Investor CL, 71,125.898 shares	3,868,538
	American Funds	IVY Small Cap Growth CL Y, 91,692.170 shares	1,066,380
	Janus Funds	Perkins Mid Cap Value Fund Shares, 190,757.187 shares	3,776,991
	Pimco Funds	Pimco Real Return Bond Admin CL, 254,222.182 shares	2,743,057
	Pimco Funds	Pimco Total Return Administrative, 442,095.266 shares	4,774,629
	Royce Funds	Royce Low Priced Stock FD, 78,617.689 shares	1,104,578
*	Charles Schwab	Schwab S&P 500 Index Fund – Select, 257,095.956 shares	4,458,044
			<u>30,183,966</u>
		Collective investment trusts:	
*	Charles Schwab	Schwab Institutional LG Cap Val C 1, 212,452.743 units	3,462,980
*	Charles Schwab	Schwab Stable Value Fund Advisor CL, 312,142.947 units	5,751,140
			<u>9,214,120</u>
		Self-directed investments:	
		Money market funds:	
*	Charles Schwab	Schwab Money Market Fund, 114,036 shares	<u>114,036</u>
		Common stock:	
	Adriana Res Inc	Adriana Res Inc, 344,520.000 shares	183,008
	Advanced Micro Devices	Advanced Micro Devices, 100.000 shares	968
	Altria Group Inc	Altria Group Inc, 15.778 shares	310
	American Intl Group Inc	American Intl Group Inc, 10.000 shares	300
	Amgen Incorporated	Amgen Incorporated, 40.000 shares	2,263
	Berkshire Hathaway CL B	Berkshire Hathaway CL B, 1.000 shares	3,286
	Citadel Broadcasting Cp	Citadel Broadcasting Cp, 3.000 shares	—
	Conexant Systems Inc	Conexant Systems Inc, 23.000 shares	53
	Disney Walt HLDG Co	Disney Walt HLDG Co, 53.646 shares	1,730
	Euromax Resources Ltd	Euromax Res LTD, 193,440.000 shares	54,434
	Exxon Mobil Corporation	Exxon Mobil Corporation, 5.912 shares	403
	Harley Davidson	Harley Davidson, 6.107 shares	154
	Hormel Foods Corp	Hormel Foods Corp, 56.869 shares	2,187

AVETA, INC. SAVINGS AND PROFIT SHARING PLAN

Schedule H, Line 4i – Schedule of Assets (Held at Year End)

December 31, 2009

(a)	(b) Identify of issue, borrower, lessor or similar party	(c) Description of investment including maturity-date rate of interest, collateral, or maturity date	(e) Current value
	Kraft Foods	Kraft Foods Inc, 9.000 shares	\$ 245
	Markel Corp Holdings Company	Markel Corp Holdings Company, 15.000 shares	5,100
	Marvel Entertainment Inc	Marvel Entertainment Inc, 5.000 shares	270
	Merck & Co Inc	Merck & Co Inc, 3.874 shares	142
	Microsoft Corp	Microsoft Corp, 140.912 shares	4,295
	Mindspeed Technology Inc	Mindspeed Technology Inc, 15.000 shares	70
	National Instrs Corp	National Instrs Corp, 3.382 shares	100
	Philip Morris Intl Inc	Philip Morris Intl Inc, 10.000 shares	482
	Procter & Gamble Co	Procter & Gamble Co, 24.294 shares	1,473
	Qualcomm Inc	Qualcomm Inc, 11.411 shares	528
	Skyworks Solutions Inc	Skyworks Solutions Inc, 80.000 shares	1,135
	She's Got Network	She's Got Network Inc., 10.000 shares	200
	Unitedhealth Group Inc	Unitedhealth Group Inc, 4.754 shares	145
	Verizon Communications	Verizon Communications, 34.000 shares	1,126
			<hr/> 264,407 <hr/>
		Mutual funds:	
	Invesco Aim Funds	Aim Technology Fund, 156.461 shares	4,196
	Artisan Funds	Artisan International Fund, 194.425 shares	4,017
	Baron Funds	Baron Asset Fund, 334.703 shares	15,467
	Baron Funds	Baron Small Cap Fund, 530.521 shares	10,218
	Blackrock Funds	Blackrock EHNCD Div Incm, 6.216 shares	55
	Blackrock Funds	Blackrock Global Opportunities, 64.140 shares	1,212
	Dodge & Cox	Dodge & Cox Income FD, 494.421 shares	6,408
	Fidelity Investments	Fidelity Intl Real Estate Fund, 1.819 shares	15
	Janus Funds	Janus Balanced Fund, 145.710 shares	3,576
	Janus Funds	Janus Contrarian Fund, 360.346 shares	4,753
	Janus Funds	Janus Fund, 29.150 shares	765
	Janus Funds	Janus Orion Fund, 2,143.517 shares	21,414
	Janus Funds	Janus Research Fund, 690.163 shares	16,861
	Janus Funds	Janus Twenty Fund, 294.498 shares	18,138
	Manning & Napier	Manning & Napier World Oppty Fund, 391.511 shares	3,179
	Marsico	Marsico Focus Fund, 640.641 shares	9,795
	Marsico	Marsico Growth Fund, 58.064 shares	944
	Plum Creek Timber Co	Plum Creek Timber Co, 1.606 shares	60
	RS Emerging Growth Fund	RS Emerging Growth Fund, 106.370 shares	3,471
*	Charles Schwab	Schwab 1000 Index Fund – Investor Shares, 73.961 shares	2,439
			<hr/> 126,983 <hr/>
*	Plan Participants	294 Participant loans – interest rate 5% – 10%, maturity through December 2014.	\$ 1,149,484
		Total investments	<hr/> \$ 41,719,038 <hr/>
*	Party-in-interest		

See accompanying independent auditors' report.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Aveta Inc. Savings and Profit Sharing Plan

EIN: 20-4057813

Plan Sponsor's Name Aveta, Inc.

PN: 333

(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.	(d) Cost	(e) Current value
	SCHWAB STABLE VALUE	COMMON COLLECTIVE TRUST		5,768,320
	SCHWAB INSTL LARGE CAP VALUE	COMMON COLLECTIVE TRUST		3,468,624
	SCHWAB INSTL SELECT S & P 500	REG. INV. CO.		4,468,540
	ARTISAN MID CAP INV	REG. INV. CO.		1,523,200
	PERKINS MID CAP VALUE FUND	REG. INV. CO.		3,782,517
	IVY SMALL CAP VALUE	REG. INV. CO.		1,067,740
	ROYCE LOW PRICED STOCK	REG. INV. CO.		1,105,705

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Aveta Inc. Savings and Profit Sharing Plan

EIN: 20-4057813

Plan Sponsor's Name Aveta, Inc.

PN: 333

(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.	(d) Cost	(e) Current value
	HARBOR INTERNATIONAL	REG. INV. CO.		3,875,692
	PIMCO TOTAL RETURN FUND	REG. INV. CO.		4,785,246
	PIMCO REAL RETURN	REG. INV. CO.		2,750,967
	GROWTH FUND OF AMERICA	REG. INV. CO.		3,034,453
	AMERICAN EUROPACIFIC GROWTH	REG. INV. CO.		3,713,301
	BROKERAGE ACCOUNT	EMPLOYEE SELF DIRECTED		505,173
	LOAN FUND	PARTICIPANT LOANS		1,149,484

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Sponsor's Name	Aveta, Inc.
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PN: 333

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