

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan THE FREDERICK C. SMITH CLINIC, INC. PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 015
	1c Effective date of plan 02/01/1983
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE FREDERICK C. SMITH CLINIC, INC. 1040 DELAWARE AVENUE MARION AVENUE, OH 43302-0000	2b Employer Identification Number (EIN) 31-1098079 2c Sponsor's telephone number 740-383-8046 2d Business code (see instructions) 621112

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.	11/11/2010	MARK D FREYHOF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE FINANCE SUBCOMMITTEE THE FREDERICK C. SMITH CLINIC, INC. 1040 DELAWARE AVENUE MARION, OH 43302-0000	3b Administrator's EIN 34-1504176 3c Administrator's telephone number 740-383-8046
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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	
5 Total number of participants at the beginning of the plan year	5	742
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	641
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	119
d Subtotal. Add lines 6a , 6b , and 6c	6d	760
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	765
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	695
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2R

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 02/01/2009 and ending 01/31/2010	
A Name of plan THE FREDERICK C. SMITH CLINIC, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 THE FREDERICK C. SMITH CLINIC, INC.	D Employer Identification Number (EIN) 31-1098079

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
BANK OF AMERICA
94-1687665

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

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

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 71 52 56 59 60 62 63 72	RECORD KEEPER	22078	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 ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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
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(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:

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

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010		
A Name of plan THE FREDERICK C. SMITH CLINIC, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	015
C Plan sponsor's name as shown on line 2a of Form 5500 THE FREDERICK C. SMITH CLINIC, INC.		
D Employer Identification Number (EIN) 31-1098079		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	425	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6581	727
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	734862	780293
(9) Value of interest in common/collective trusts.....	1c(9)	1955725	2128207
(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)	11791941	17349034
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	24703699	32043739

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	39193233	52302000

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	39193233	52302000
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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)	2467495	
(B) Participants	2a(1)(B)	2085213	
(C) Others (including rollovers)	2a(1)(C)	193902	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4746610

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	56	
(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)	47749	
(F) Other	2b(1)(F)	11485	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		59290

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	17044	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	248937	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		265981

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	961964	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	961984	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-20

		(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)		213738
(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)		4012751
c Other income.....	2c		7132606
d Total income. Add all income amounts in column (b) and enter total.....	2d		16430956

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3167511	
(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)		3167511
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		126113
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)	14101	
(4) Other	2i(4)	14464	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28565
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3322189

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13108767
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: HOLBROOK & MANTER CPAS

(2) EIN: 31-0998651

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 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 02/01/2009 and ending 01/31/2010

A Name of plan <u>THE FREDERICK C. SMITH CLINIC, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>015</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE FREDERICK C. SMITH CLINIC, INC.</u>	D Employer Identification Number (EIN) <u>31-1098079</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-3513863</u> <u>94-1687665</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE FREDERICK C. SMITH CLINIC, INC.
PROFIT SHARING PLAN AND TRUST
FINANCIAL STATEMENTS AND SCHEDULE
JANUARY 31, 2010 AND 2009

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INDEPENDENT AUDITORS' REPORT

The Frederick C. Smith Clinic, Inc.
Profit Sharing Plan and Trust
Marion, Ohio

We were engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of the The Frederick C. Smith Clinic, Inc. Profit Sharing Plan and Trust as of January 31, 2010, and the related statement of changes in net assets available for benefits (modified cash basis) and the supplemental schedule as of and for the year ended January 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Merrill Lynch Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended January 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

As described in Note 1, these financial statements and supplemental schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

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

The financial statements of The Frederick C. Smith Clinic, Inc. Profit Sharing Plan and Trust as of and for the year ended January 31, 2009 were audited by other auditors whose report dated July 24, 2009, expressed a disclaimer of opinion on those statements.

Holbrook & Manter

Certified Public Accountants

Marion, Ohio
November 8, 2010

**THE FREDERICK C. SMITH CLINIC
PROFIT SHARING PLAN AND TRUST**
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 31, 2010 AND 2009 (MODIFIED CASH BASIS)

ASSETS

	<u>2010</u>	<u>2009</u>
ASSETS - PARTICIPANT DIRECTED INVESTMENTS:		
Money market fund	\$ 727	\$ 7,006
Mutual funds	17,349,034	11,791,944
Common collective trust funds	2,128,207	1,955,725
Self-directed brokerage account investments	32,043,739	24,703,699
Participant loans	<u>780,293</u>	<u>734,862</u>
 Total investments	 52,302,000	 39,193,236
ADJUSTMENTS FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS		
	<u>126,250</u>	<u>313,098</u>
 Total net assets available for benefits	 <u>\$ 52,428,250</u>	 <u>\$ 39,506,334</u>

See Accompanying Notes to Financial Statements.

THE FREDERICK C. SMITH CLINIC
PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
YEAR ENDED JANUARY 31, 2010

	<u>2010</u>
ADDITIONS:-	
Contributions:-	
Employer cash contributions	\$ 2,467,495
Employee cash contributions	2,085,213
Rollovers	<u>193,902</u>
Total contributions	4,746,610
Investments income:-	
Interest bearing cash	56
Interest on participant loans	47,749
Other interest	11,485
Dividends - common stock	17,044
Dividends - registered investment company shares	248,937
Realized and unrealized gains on participant directed investments	4,012,751
Net gain (loss) on sale of assets	(20)
Net investments gain (loss) from common/collective trusts	213,738
Net investments gain on self directed brokerage account investments	<u>6,945,755</u>
Total investment income	11,497,495
Total additions	16,244,105
DEDUCTIONS:-	
Benefits paid directly to participants or beneficiaries	3,167,511
Deemed distributions of participant loans	126,113
Investments advisory and management fees	14,101
Administrative expenses	<u>14,464</u>
Total deductions	<u>3,322,189</u>
Net increase	12,921,916
Net assets available for benefits - beginning of year	<u>39,506,334</u>
Net assets available for benefits - end of year	<u><u>\$ 52,428,250</u></u>

See Accompanying Notes to Financial Statements.

THE FREDERICK C. SMITH CLINIC, INC.
PROFIT SHARING PLAN AND TRUST
MARION, OHIO
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2010

NOTE 1 - DESCRIPTION OF THE PLAN:-

General - The Plan is a defined contribution profit-sharing plan covering those employees who elect to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Frederick C. Smith Clinic (the "Clinic" and the "Plan Sponsor") may contribute a discretionary amount up to 15 percent of the annual compensation, as defined in the plan agreement, of all participants. The Plan includes 401 (k) provisions allowing employees to make contributions. Under the 401 (k) plan's provisions, the Clinic will match 100 percent of an employee's contribution up to 4 percent of an individual's annual compensation. The Clinic may also make discretionary profit contributions, which are to be allocated based on compensation and employee classes.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of the Clinic's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting - Payments to participants are based upon their vested contributions. Employees' contributions and earnings thereon are 100 percent vested. The employer's contributions become 100 percent vested at the end of two years.

Participant Loans - A participant may apply for a loan from the Plan (subject to certain defined limitations). Loans granted by the Plan bear interest at a rate determined by the plan administrator and are secured by an assignment of the participant's right to his or her accounts in the Plan. Repayment of the principal and payment of the interest are effected through payroll withholdings, with the term of the loan not exceeding five years.

Benefit Payments - Participants in the Plan may withdraw their vested account balances from the Plan upon termination of employment, the attainment of age 59^{1/2}, demonstration of a financial hardship, total and permanent disability, or death.

Forfeitures - If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions. At January 31, 2010 and 2009, the forfeited account balance equaled \$23,165 and \$5,111, respectively.

Termination - While it has not expressed an intent to do so, the Clinic has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the labor agreement and the Employee Retirement Income Security Act of 1974 (ERISA). Upon termination, participants become 100 percent vested in their account balances.

Party-in interest Transactions - Certain plan assets are in investment funds managed by Merrill Lynch Bank, Stifel Nicolas & Company and Trust Co. and Smith Barney, a Division of Citigroup Global Markets, Inc., the trustees, at January 1, 2010 and 2009; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

THE FREDERICK C. SMITH CLINIC, INC.
PROFIT SHARING PLAN AND TRUST
MARION, OHIO
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2010

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES:-

The Frederick C. Smith Clinic, Inc. is the plan sponsor and administrator of the The Frederick C. Smith Clinic, Inc. Profit Sharing Plan and Trust (the Plan). The accompanying financial statements and supplemental schedules of the Plan have been prepared on the modified cash basis and present assets available for benefits and changes in those assets. The Plan commenced on February 1, 1983. The significant accounting policies that comprise this basis are:

Valuation of Investments - Investments are stated at fair market value as of January 31, 2010 and 2009. Investments in money market and mutual funds are obtained from various market value quotations. Investments in common collective trust funds are based on the underlying assets held in the funds. The self-directed investments are invested in U.S. government securities, money market funds, corporate bonds, common stock, and mutual funds and are stated at fair value based on quoted market prices. Participants' loans are carried at their outstanding balances, which approximate fair value.

Basis of Accounting - The Financial Accounting Standards Board Staff Position AAG INV-I and SOP 94-4-1, Reporting of Fully Benefit-responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-contribution Health and Welfare and Pension Plans, requires the statement of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. The related activity is presented at contract value in the statement of changes in net assets available for benefits.

Administrative Expenses - Administrative expenses are paid by the Plan Sponsor.

Estimates - The preparation of financial statements in conformity with the modified cash basis of accounting may require the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties - The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE 3 - INCOME TAX STATUS:-

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

THE FREDERICK C. SMITH CLINIC, INC.
PROFIT SHARING PLAN AND TRUST
MARION, OHIO
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2010

NOTE 4 - UNAUDITED INVESTMENT INFORMATION:-

The Plan's trustee, Merrill Lynch Bank and Trust Co. (Merrill Lynch), holds certain plan investments and executes certain investment transactions. The related investment balances and investment income information included in the accompanying financial statements and supplemental schedule is based solely on information provided by Merrill Lynch Bank and Trust Co. Self-directed brokerage accounts totaling \$1,258,676 and \$884,419 at January 31, 2010 and 2009, respectively, and related investment activity resulting in a gain of \$406,531 for the year ended January 31, 2010, are not certified by Merrill Lynch. Significant investments included in end of the year net assets are as follows:

	<u>2010</u>		<u>2009</u>
Mutual funds:			
Mainstay Large Cap Growth Fund	\$ 3,693,765	\$	2,584,217
Common collective trust fund - ML RET Preservation Trust	1,816,831		2,076,972

NOTE 5 - FAIR VALUE:-

In a previous year, the Plan adopted the Accounting Standards Codification (ASC) No. 820, Fair Value Measurements. ASC No. 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC No. 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

THE FREDERICK C. SMITH CLINIC, INC.
PROFIT SHARING PLAN AND TRUST
MARION, OHIO
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2010

NOTE 5 - FAIR VALUE:- (continued)

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 January 31, 2010.

Shares of Registered Investment Companies: Valued at the net asset value ("NAV") of shares held by the plan at year end.

Interest Bearing Cash: Valued at the net asset value ("NAV") of shares held by the plan at year end.

Participant Loans: Valued at amortized cost, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2010:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at January 31, 2010
ASSETS:-				
Self-directed brokerage account investments	\$ 32,043,739	\$ 0	\$ 0	\$ 32,043,739
Mutual funds	17,349,034	0	0	17,349,034
Money market fund	727	0	0	727
Common collective trust funds	0	2,128,207	0	2,128,207
Participant loans	0	0	780,293	780,293

The following table sets forth a summary of the changes in the fair value of the Plan's Level 3 investment assets for the year ended January 31, 2010.

	Participant Loans
Balance at January 31, 2009	\$ 734,862
Additions to participant loans -Net	45,431
Balance at January 31, 2010	\$ 780,293

THE FREDERICK C. SMITH CLINIC, INC.
PROFIT SHARING PLAN AND TRUST
MARION, OHIO
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2010

NOTE 6 - RECONCILIATION TO FORM 5500:-

The net assets on the financial statements differ from the net assets on Form 5500 due to a common collective trust fund being recorded at contract value on the financial statements and at fair value on Form 5500. The net assets on the financial statements were higher than those on Form 5500 at January 31, 2010 by \$126,250. Additionally, the net increase in net assets on Form 5500 for the year ended January 31, 2010 is less than that on the financial statements by \$186,851.

NOTE 7 - SUBSEQUENT EVENTS:-

The Plan evaluated subsequent events through November 8, 2010, the date which the financial statements were available to be issued.

THE FREDERICK C. SMITH CLINIC, INC.
PROFIT SHARING PLAN AND TRUST
MARION, OHIO
FORM 5500 – SCHEDULE H, PART IV, 4I
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF PLAN YEAR
JANUARY 31, 2010

Column (a) Party-in-interest, if any Identified by **	Column (b) & (c) DESCRIPTION	Column (d) COST	Column (e) CURRENT VALUE
--	-------------------------------------	------------------------	------------------------------------

Merrill Lynch Bank and Trust
Co. USB

Mutual Funds:

	Mainstay Large Cap Growth Fd A	*	\$ 3,693,765
	Oppenheimer Global Oppor A	*	2,076,945
	Columbia Acorn Fund-A	*	1,792,002
	Blackrock LG Cap Value A	*	1,553,774
	Loomis Sayles Strategic INCM A	*	1,343,124
	JPMorgan Core Bond Fund A GM	*	779,165
	Victory Specl Val Fund Class A	*	730,384
	Thornburg Inter Value FD A GM	*	718,104
	Blackrock LG Cap Value A GM	*	713,337
	JPMorgan Government Bond	*	699,407
	JPMorgan Government Bond GM	*	694,302
	Mainstay Large Cap Grth A GM	*	507,509
	Thornburg Inter Value FD A	*	437,414
	Blackrock Global Alloc A	*	425,506
	Victory Specl Val A-GM	*	391,785
	Lazard Emergin Markets Open	*	197,483
	JPMorgan Core Bond Fund A	*	174,625
	DWS Dreman Small Cap Value A	*	170,633
	DWS Dreman Small Cap Value GM	*	139,068
	Columbia Acorn A GM	*	85,282
	Neuberg Ber Partner FD ADV CL	*	25,359
	Federated FD for US Govt Secs	*	61
**	Self-directed brokerage account investments	*	32,043,739
**	Money market fund	*	727
	Common collective trust funds:		
**	ML RET Preservation Trust	*	1,715,088
**	ML RET Pres Trust GM	*	413,119
	Total investments		51,521,707
	Participant loans (4.25% - 9.25%)	0	780,293
	Total investments and trust accounts	\$ 0	\$ 52,302,000

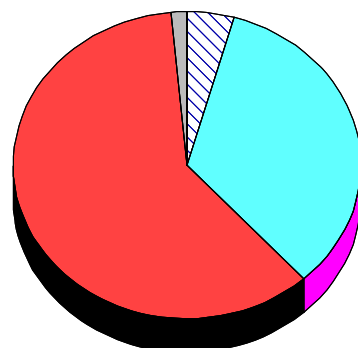
* Cost information not required

See Independent Auditors' Report.

STATEMENT OF ASSETS
FOR THE PERIOD 02/01/2009 - 01/31/2010

THE FREDERICK C. SMITH CLINIC,
INC PROFIT SHARING PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



4.41% COMMON / COLLECTIVE TRUSTS	33.90% MUTUAL FUNDS
60.16% OTHER ASSETS	1.52% LOANS
0.00% PENDING SETTLEMENT FUNDS	0.00% ACCRUED INCOME
0.00% CASH	

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON / COLLECTIVE TRUSTS</u>					
ML RET PRESERVATION TRUST	1,816,830.9200	1.000	1,816,830.92	1,816,830.92	3.55%
ML RET PRES TRUST GM	437,626.4599	1.000	437,626.45	437,626.46	0.86%
TOTAL COMMON / COLLECTIVE TRUSTS			2,254,457.37	2,254,457.38	4.41%
<u>MUTUAL FUNDS</u>					
LAZARD EMERGING MARKETS OPEN	11,239.7733	17.570	206,712.78	197,482.82	0.39%
JPMORGAN GOVERNMENT BOND	65,426.3143	10.690	692,778.52	699,407.30	1.37%
JPMORGAN GOVERNMENT BOND GM	64,948.7139	10.690	680,646.72	694,301.75	1.36%
JPMORGAN CORE BOND FUND A	15,549.9093	11.230	170,853.38	174,625.48	0.34%
JPMORGAN CORE BOND FUND A GM	69,382.4183	11.230	753,427.19	779,164.56	1.52%
BLACKROCK LG CAP VALUE A	120,634.6314	12.880	2,041,807.78	1,553,774.05	3.04%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 02/01/2009 - 01/31/2010

THE FREDERICK C. SMITH CLINIC,
INC PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
BLACKROCK LG CAP VALUE A GM	55,383.2870	12.880	763,994.95	713,336.74	1.39%
COLUMBIA ACORN FUND-A	78,321.7765	22.880	2,132,186.63	1,792,002.25	3.50%
COLUMBIA ACORN A GM	3,727.3582	22.880	83,598.51	85,281.96	0.17%
NEUBERG BER PARTNER FD ADV CL	1,648.8604	15.380	31,694.75	25,359.47	0.05%
MAINSTAY LARGE CAP GROWTH FD A	648,028.9816	5.700	4,041,828.99	3,693,765.20	7.22%
MAINSTAY LARGE CAP GRTH A GM	89,036.7163	5.700	497,207.99	507,509.28	0.99%
BLACKROCK GLOBAL ALLOC A	24,398.3076	17.440	433,007.54	425,506.48	0.83%
LOOMIS SAYLES STRATEGIC INCM A	96,906.5093	13.860	1,328,285.63	1,343,124.22	2.62%
DWS DREMAN SMALL CAP VALUE A	5,689.6652	29.990	182,262.36	170,633.06	0.33%
DWS DREMAN SMALL CAP VALUE GM	4,637.1395	29.990	136,197.69	139,067.81	0.27%
THORNBURG INTER VALUE FD A	18,464.0937	23.690	449,915.43	437,414.38	0.85%
THORNBURG INTER VALUE FD A GM	30,312.5212	23.690	732,386.02	718,103.63	1.40%
VICTORY SPECL VAL FD C-A	55,968.1108	13.050	892,873.65	730,383.85	1.43%
VICTORY SPECL VAL A-GM	30,021.7462	13.050	395,990.59	391,783.79	0.77%
OPPENHEIMER GLOBAL OPPOR A	80,098.1473	25.930	2,523,717.08	2,076,944.96	4.06%
FED FD FOR US GOVT SECS GM	7.8633	7.810	60.25	61.41	0.00%
TOTAL MUTUAL FUNDS			19,171,434.43	17,349,034.45	33.90%
<u>OTHER ASSETS</u>					
SELF-DIRECT ACCT	30,785,063.4487	1.000	30,785,063.45	30,785,063.45	60.16%
<u>LOANS</u>					
LOAN FUND	780,292.6500	1.000	780,292.65	780,292.65	1.52%

Balances include the effect of pending trades



STATEMENT OF ASSETS
FOR THE PERIOD 02/01/2009 - 01/31/2010

THE FREDERICK C. SMITH CLINIC,
INC PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	175.0000	1.000	175.00	175.00	0.00%
INVESTMENT TOTAL			52,991,422.90	51,169,022.93	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			466.64	466.64	0.00%
CASH			85.26	85.26	0.00%
TOTAL ASSETS			52,991,974.80	51,169,574.83	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades