Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 06/11/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [ ] an amended return/report;
- [X] 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
COLONY PHARMACY INC DBA THE PHARMACY COUNTER 401K

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1988

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
COLONY PHARMACY INC DBA THE PHARMACY COUNTER

3131 DOUGLAS ROAD
TOLEDO, OH 43606

2b Employer Identification Number (EIN) 34-0945608

2c Sponsor's telephone number 419-473-1493

2d Business code (see instructions) 446110

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.	07/06/2011	BRENDA L. WEISS
	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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COLONY PHARMACY INC DBA THE PHARMACY COUNTER 3131 DOUGLAS ROAD TOLEDO, OH 43606	**3b** Administrator's EIN 34-0945608 **3c** Administrator's telephone number 419-473-1493

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:		**4b** EIN
a Sponsor's name		**4c** PN
5 Total number of participants at the beginning of the plan year	**5**	131
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**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 3D

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

9a Plan funding arrangement (check all that apply)			**9b** Plan benefit arrangement (check all that apply)		
(1)	☐	Insurance	**(1)**	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts	**(2)**	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust	**(3)**	☒	Trust
(4)	☐	General assets of the sponsor	**(4)**	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules			**b General Schedules**			
(1)	☒	**R** (Retirement Plan Information)	**(1)**	☒		**H** (Financial Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	☐		**I** (Financial Information – Small Plan)
			(3)	☐	0	**A** (Insurance Information)
			(4)	☐		**C** (Service Provider Information)
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	☐		**D** (DFE/Participating Plan Information)
			(6)	☐		**G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 06/11/2010

A Name of plan
COLONY PHARMACY INC DBA THE PHARMACY COUNTER 401K

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COLONY PHARMACY INC DBA THE PHARMACY COUNTER

D Employer Identification Number (EIN)
34-0945608

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	6846	0
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		0
(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)	7795	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1157937	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	1172578	0
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1172578	0

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	87	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		87
(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)	2784	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2784
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-17926
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-15055

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1152961	
(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)		1152961
f Corrective distributions (see instructions)	2f		4562
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1157523

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-1172578
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: SPILMAN, HILLS & HEIDEBRINK, LTD. **(2)** EIN: 34-1833111

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i		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.)	4j		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?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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:** 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 06/11/2010

A Name of plan
COLONY PHARMACY INC DBA THE PHARMACY COUNTER 401K

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COLONY PHARMACY INC DBA THE PHARMACY COUNTER

D Employer Identification Number (EIN)
34-0945608

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** 0

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): 75-3182674 _____

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COLONY PHARMACY, INC., DBA
THE PHARMACY COUNTER
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
FOR THE PERIOD FROM JANUARY 1, 2010
THROUGH JUNE 11, 2010 (LIQUIDATION BASIS) AND
THE YEAR ENDED DECEMBER 31, 2009

See Independent Auditors' Report

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SPILMAN
SPILMAN HILLS + HEIDEBRINK

Independent Auditors' Report

Plan Administrator
Colony Pharmacy, Inc., dba The Pharmacy Counter
401(k) Profit Sharing Plan
Toledo, Ohio

We were engaged to audit the accompanying statements of assets available for benefits of Colony Pharmacy, Inc., dba The Pharmacy Counter 401(k) Profit Sharing Plan (the Plan) as of June 11, 2010 and December 31, 2009, the related statements of changes in assets available for benefits for the period from January 1, 2010 through June 11, 2010 and the year ended December 31, 2009, and the supplemental schedule, as listed in the table of contents, as of December 31, 2009. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MG Trust Company, LLC, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 June 11, 2010 and for the period from January 1, 2010 through June 11, 2010 and as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

As discussed in Note 1 to the financial statements, on March 29, 2010, the Board of Directors of Colony Pharmacy, Inc. dba The Pharmacy Counter, the Plan sponsor, approved the termination of the Plan. In accordance with accounting principles generally accepted in the United States of America and as disclosed in Note 2, the Plan has changed the basis of accounting used to prepare its financial statements from the ongoing plan accrual basis used in preparing the 2009 financial statements to the liquidation basis for the 2010 financial statements.

Because of an inability to access records for the years prior to 2009 due to the sale of the plan sponsor's operations to new owners, we were not able to perform sufficient auditing procedures with respect to the participants' individual account balances accumulated from inception of the plan and, therefore, are unable to form an opinion regarding the balances at December 31, 2008.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.

We have compiled the accompanying statement of assets available for benefits as of December 31, 2008, in accordance with statements on standards for accounting and review services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of assets available for benefits as of December 31, 2008, and, accordingly, do not express an opinion or any other form of assurance on it.

Spilman, Hills & Heidebrink, Ltd.

June 13, 2011

SPILMAN, HILLS & HEIDEBRINK, LTD. CERTIFIED PUBLIC ACCOUNTANTS
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COLONY PHARMACY, INC., DBA THE PHARMACY COUNTER 401(k) PROFIT SHARING PLAN
STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
JUNE 11, 2010 (LIQUIDATION BASIS), DECEMBER 31, 2009, AND DECEMBER 31, 2008

	2010	2009	(Compiled) 2008
Participant-Directed Investments, at Fair Value (Note 3)			
Mutual funds	$ -	$ 1,157,937	$ 815,702
Receivables			
Participant loans	-	7,795	4,859
Participant contributions	-	6,846	-
Total Receivables	-	14,641	4,859
Assets Available for Benefits	$ -	$ 1,172,578	$ 820,561

See Independent Auditors' Report
and Accompanying Notes

COLONY PHARMACY, INC., DBA THE PHARMACY COUNTER 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
FOR THE PERIOD FROM JANUARY 1, 2010 THROUGH JUNE 11, 2010 (LIQUIDATION BASIS)
AND FOR THE YEAR ENDED DECEMBER 31, 2009

	2010	2009
Additions to Assets Attributable to		
Investment income (loss) (Note 3)		
Net realized and unrealized gains (losses), mutual funds	$ (17,926)	$ 158,649
Dividends, mutual funds	2,784	13,365
Total Investment Income (Loss)	(15,142)	172,014
Interest income, participant loans	87	292
Participant contributions	-	180,118
Total Additions	(15,055)	352,424
Deductions from Assets Attributable to		
Benefit payments	1,152,961	407
Corrective distributions of excess contributions	4,562	-
Total Deductions	1,157,523	407
Change in Assets Available for Benefits	(1,172,578)	352,017
Assets Available for Benefits at Beginning of Year	1,172,578	820,561
Assets Available for Benefits at End of Year	$ -	$ 1,172,578

See Independent Auditors' Report
and Accompanying Notes

COLONY PHARMACY, INC., DBA THE PHARMACY COUNTER
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE PERIOD FROM JANUARY 1, 2010 THROUGH JUNE 11, 2010 (LIQUIDATION BASIS)
AND THE YEAR ENDED DECEMBER 31, 2009

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Colony Pharmacy, Inc., dba The Pharmacy Counter 401(k) Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General - The Plan was a defined contribution retirement plan which was established for the benefit of eligible employees of Colony Pharmacy, Inc., dba The Pharmacy Counter (the Company). Employees, who are at least 18 years old, became eligible to participate in the Plan on the first day of the month coinciding with or following the date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On December 31, 2009, the Company's operations were sold to new owners and this sale subsequently resulted in the termination of the Plan on June 11, 2010.

Contributions - The Company had a 401(k) arrangement under the Plan whereby participants could make salary deferral contributions to the Plan on a pre-tax basis limited to the lesser of 100% of eligible compensation for the portion of the Plan year in which the employee was eligible to participate in the Plan or dollar amounts permissible under the Internal Revenue Code (the IRC). Employees over the age of 50 were also allowed to make catch-up contributions. Employee rollovers from other qualified plans were allowed.

The Company could make discretionary matching contributions based on a percentage of the participants' deferrals into the Plan. In addition, the Company could elect to make discretionary profit-sharing contributions to the Plan. An employee must have had at least 1,000 hours of service during the Plan year and been employed with the Company on the last day of the Plan year (except for participants terminating employment due to death, disability or normal retirement) to be eligible for the discretionary profit-sharing contributions. These contributions were allocated to participants based on the ratio each participant's eligible compensation to the total of all participants' eligible compensation. No discretionary matching or profit-sharing contributions were made to the Plan in 2010 or 2009.

Participant Accounts - Each participant's account was credited with the participant's compensation deferrals, Company matching contributions, an allocation of the Company's discretionary profit-sharing contributions and earnings based upon the performance of the investment options selected by the participant.

Participants could direct contributions into their accounts among the investment options available and could change their selection and transfer invested balances at any time at their discretion.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Vesting - Participants were immediately vested in their contributions and related earnings at all times. Prior to the termination of the Plan, participants began vesting in Company matching and discretionary profit-sharing contributions after one year of service, becoming fully vested after four years of service, death or disability. Participants were fully vested in Company contributions if they were employed on or after their normal retirement date. Upon termination of the Plan, all participant account balances became 100% vested as of January 1, 2010.

Benefit Payments - The Plan provided that upon retirement, death, disability or termination, payment of benefits would be made in a lump-sum distribution. If the participant's account balance was $5,000 or less, payment was made in a lump-sum without the participant's consent. Normal retirement age was age 65. Early retirement age was the later of age 55 or the sixth anniversary of the first day which the participant became eligible for the Plan; however, active participants were not eligible to withdraw elective deferrals and matching contributions until reaching age 59½. Participants could elect at any time to distribute all or any portion of their account balances which they had rolled into the Plan.

Participant Loans - Participants could borrow from their vested account balance amounts ranging from a minimum of $1,000 to the lesser of $50,000 or 50% of their vested account balance. The $50,000 maximum loan amount was to be reduced by the highest loan balance during the past 12 months less the loan balance on the date the new loan was made. Participants could have a maximum of two loans outstanding at any time. The term of a loan generally could not exceed five years, unless used for the purchase of a principal residence. Participant loans were secured by the balance in the participant's account. Interest was charged at a rate fixed by the plan administrator, taking into consideration interest rates being charged on similar commercial loans at the loan inception.

Party-In-Interest Transactions - Generally, the Company has paid certain administrative expenses of the Plan, including professional services.

Participants initiating a loan against their vested account balance are charged a transaction fee. Fees are also charged to participants upon payment of benefits.

Plan Trustees - Dennis Newsom and Jack W. Ficks were the trustees of the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accounts of the Plan were maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

As a result of the Company's decision to terminate the Plan, the basis of accounting used to prepare the Plan's financial statements was changed from the ongoing plan accrual basis used to prepare the 2009 financial statements to the liquidation basis for the 2010 financial statements. The adoption of the liquidation basis of accounting did not have any impact on the Plan's financial statements because the Plan's assets available for benefits were already carried at fair value.

Contributions - Participant contributions were recorded in the year in which they were withheld from their earnings. Employer contributions were accrued in the period in which they became obligations of the Company.

Benefit Payments - Benefits payments to participants were recorded when paid.

Valuation of Investments and Income Recognition - The Plan utilized fair value measurements to record fair value adjustments to its mutual fund investments and to determine fair value disclosures. Mutual funds were recorded at fair value on a recurring basis. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for more information regarding the fair value of the Plan's investments.

The Plan classifies its investments at fair value in three levels based on the markets in which the investments are traded and the reliability of the assumptions used to determine fair value. Level 1 refers to securities valued using quoted prices in active markets for identical assets. Level 2 refers to securities not traded in an active market but for which observable market inputs are readily available. Level 3 refers to securities valued based on significant unobservable inputs.

Purchases and sales of investments were recorded on a trade-date basis. Dividend income was recorded on the ex-dividend date. Capital gain distributions were included in dividends. Net realized and unrealized gains (losses) include the Plan's gains and losses on mutual funds bought, sold and held during the year.

Income Tax Status - The Plan was a prototype plan. This prototype plan received a favorable opinion letter from the Internal Revenue Service dated March 31, 2008, stating that plans which follow the prototype plan in operation are qualified under Section 401(a) of the IRC and, therefore, are exempt from taxation. The Plan had been amended since receiving the opinion letter; however, the plan administrator believes that the Plan was designed and operated in compliance with the applicable requirements of the IRC and that the Plan was qualified and the related trust was tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Tax Status (Continued)
GAAP requires plan management to evaluate income tax positions taken by the Plan and recognize an income tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the income tax positions taken by the Plan, and has concluded that as of June 11, 2010, there are no uncertain income tax positions taken or expected to be taken that would require recognition of an income tax liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Subsequent Events - The plan administrator has evaluated subsequent events related to the Plan for recognition or disclosure in the financial statements through June 13, 2011, the date the financial statements were available to be issued.

Estimates and Assumptions - The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the recorded amounts of assets available for benefits at the date of the financial statements and recorded changes in assets available for benefits during the reporting period. Accordingly, actual results could differ from those estimates.

NOTE 3 - PARTICIPANT-DIRECTED INVESTMENTS

The following summary of the Plan's participant-directed investments and the information included in Schedule H, Line 4i - Schedule of Assets (Held at End of Year), was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by MG Trust Company, LLC, custodian of the Plan, in accordance with Section 2520.103-5 of ERISA. The information was not audited by independent auditors.

Participant-directed investments, at fair value, that represent 5% or more of the Plan's assets available for benefits are as follows at December 31:

	2009	Compiled 2008
Mutual Funds		
American Funds Money Market R3	$ 289,721	$ -
American Funds Bond Fund of America R3	83,257	63,171
American Funds EuroPacific Growth Fund R3	105,482	64,904
American Funds Growth Fund of America R3	120,253	77,333
American Funds US Government Securities Fund R3	58,359	49,210
American Funds Washington Mutual Investors Fund R3	79,856	57,650
MainStay S&P 500 Index Fund A	190,324	147,552
American Funds Cash Management Trust R3	-	220,075
Other mutual funds	230,685	135,807
Total Participant-Directed Investments	$ 1,157,937	$ 815,702

NOTE 3 - PARTICIPANT-DIRECTED INVESTMENTS (Continued)

The Plan's investment income (loss) was as follows for the period from January 1, 2010 through June 11, 2010 and for the year ended December 31, 2009:

	2010	2009
Net realized and unrealized gains (losses), mutual funds (fair value measured by quoted prices in an active market)	$ (17,926)	$ 158,649
Dividends, mutual funds	2,784	13,365
Total Investment Income (Loss)	$ (15,142)	$ 172,014

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan has classified its participant-directed investments in the fair value hierarchy as follows:

Level 1 Fair Value Measurements: The fair values of mutual funds are based on their quoted net asset values at the close of business on the last business day of the year.

The table below presents, by level within the fair value hierarchy, the recorded amount of the Plan's participant-directed investments measured at fair value on a recurring basis.

	December 31, 2009			
	Fair Value	Level 1	Level 2	Level 3
Mutual funds				
Growth funds	$ 364,063	$ 364,063	$ -	$ -
Growth and income funds	320,734	320,734	-	-
Money market fund	289,721	289,721	-	-
Bond funds	141,616	141,616	-	-
Balanced fund	41,803	41,803	-	-
Total Investments at Fair Value	$ 1,157,937	$ 1,157,937	$ -	$ -

SUPPLEMENTAL SCHEDULE

COLONY PHARMACY, INC., DBA THE PHARMACY COUNTER 401(k) PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NO. 34-0945608
PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment (Shares)	(d) Cost	(e) Fair Value
	American Funds Money Market R3	289,721	*	$ 289,721
	AllianceBernstein Global Real Estate Investment R	1,671	*	17,078
	AllianceBernstein Small Cap Value R3	2,764	*	38,305
	American Funds American Balanced Fund R3	2,588	*	41,803
	American Funds Bond Fund of America R3	7,056	*	83,257
	American Funds EuroPacific Growth Fund R3	2,799	*	105,482
	American Funds Growth Fund of America R3	4,465	*	120,253
	American Funds Small Cap World Fund R3	1,859	*	57,470
	American Funds US Government Securities Fund R3	4,174	*	58,359
	American Funds Washington Mutual Investors Fund R3	3,258	*	79,856
	Franklin Small Cap Value Fund R	957	*	33,476
	MainStay S&P 500 Index Fund A	7,470	*	190,324
	Thornburg Core Growth Fund R3	2,999	*	42,553
	Participant loans receivable	Interest at rates ranging from 4% - 6% due through March 2014	-	7,795
				$ 1,165,732

* Cost information not required for these participant-directed investments.