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

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 12/31/2010

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;
- [ ] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEDCO ENTERPRISES, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MEDCO ENTERPRISES, INC.

3530 WAYNE AVENUE
BRONX, NY 10467

2b Employer Identification Number (EIN) 13-2838238

2c Sponsor's telephone number 718-655-1700

2d Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2011	BENJAMIN FELDMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2011	BENJAMIN FELDMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MEDCO ENTERPRISES, INC.

3530 WAYNE AVENUE
BRONX, NY 10467

3b Administrator's EIN
13-2838238

3c Administrator's telephone number
718-655-1700

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**	232
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**	199
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	25
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	224
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	224
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	62
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 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4B

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MEDCO ENTERPRISES, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
MEDCO ENTERPRISES, INC.

D Employer Identification Number (EIN)
13-2838238

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	PH8287	70	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
6091	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WALNUT STREET SECURITIES
300 DAVIDSON AVE, 3RD FL
SOMERSET, NJ 08873

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6091			6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	454785
5	Current value of plan's interest under this contract in separate accounts at year end	5	1182665

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION ANNUITY

b	Balance at the end of the previous year			7b	436980
c	Additions: (1) Contributions deposited during the year	7c(1)	172020		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	13321		
	(4) Transferred from separate account	7c(4)	159935		
	(5) Other (specify below)	7c(5)	3715		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	348991
d	Total of balance and additions (add **b** and **c(6)**)			7d	785971
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	201206		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	121480		
	(4) Other (specify below)	7e(4)	8500		
	▶ LOAN DISBURSEMENT				
	(5) Total deductions			7e(5)	331186
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	454785

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider 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). ▶ **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 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
MEDCO ENTERPRISES, INC. RETIREMENT PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
MEDCO ENTERPRISES, INC.	13-2838238	

Part I Service Provider Information (see instructions)

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

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

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

ING LIFE INSURANCE AND ANNUITY CO

PO BOX 990067
HARTFORD, CT 06199-0067

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 66	SERVICE PROVIDER		Yes [X] No [ ]	Yes [X] No [ ]	17653	Yes [ ] No [X]

(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
ING LIFE INSURANCE AND ANNUITY CO	60 66	2452

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY VIP CONTRAFUND 04-3247643	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	2237

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY VIP EQUITY-INC 04-2940581	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	2602

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY VIP GROWTH 04-2940579	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

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
ING LIFE INSURANCE AND ANNUITY CO	60 66	2055

(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.
ING OPPENHEIMER GLOBAL 75-3023503	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1068

(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.
ING TEMPLETON FOREIGN EQUITY 20-3606522	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	64	2439

(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.
ING FIXED ACCOUNT 71-0294708	RECORD-KEEPING FEES

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
ING LIFE INSURANCE AND ANNUITY CO	60 66	2033

(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.
ING INTERMEDIATE BOND 06-0891902	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1449

(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.
ING LEGG MASON CLEARBRIDGE AGG GR 06-1496052	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MEDCO ENTERPRISES, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MEDCO ENTERPRISES, INC.

D Employer Identification Number (EIN)
13-2838238

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ING MONEY MARKET

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

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)
71-0294708-000	P	51506

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INTERMEDIATE BOND

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

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)
71-0294708-000	P	182325

a Name of MTIA, CCT, PSA, or 103-12 IE: ING FIXED ACCOUNT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

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)
71-0294708-000	P	454784

a Name of MTIA, CCT, PSA, or 103-12 IE: ING STRATEGIC ALLOC GROWTH

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

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)
71-0294708-000	P	30817

a Name of MTIA, CCT, PSA, or 103-12 IE: ING STRATEGIC ALLOC MOD

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

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)
71-0294708-000	P	35392

a Name of MTIA, CCT, PSA, or 103-12 IE: ING STRATEGIC ALLOC CONSV

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

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)
71-0294708-000	P	23401

a Name of MTIA, CCT, PSA, or 103-12 IE: ING LEGG MASON CLRBRDG AGG GR

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

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)
71-0294708-000	P	110301

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY-INC PORT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172096

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170149

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND PORT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188394

a Name of MTIA, CCT, PSA, or 103-12 IE: ING OPPENHEIMER GLOBAL PORT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149182

a Name of MTIA, CCT, PSA, or 103-12 IE: ING TEMPLETON FOREIGN EQ PORT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69092

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MEDCO ENTERPRISES, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDCO ENTERPRISES, INC.

D Employer Identification Number (EIN)
13-2838238

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)		
(2) Participant contributions	1b(2)	2845	3014
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	50637	51507
(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)	52739	12687
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1018171	1131148
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	436980	454785
(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	1561372	1653141
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	45236	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	45236	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1516136	1653141

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)		
	(B) Participants	2a(1)(B)	172189	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		172189
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	399	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		399
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)	165623	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		165623
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		338211
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	201206	
(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)		201206
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(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		201206
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		137005
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: MBAF-ERE CPAS, LLC (2) EIN: 13-3842744

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		265000
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:**

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)

MBAF-ERE
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

MBAF-ERE CPAs, LLC
440 Park Avenue South
New York, NY 10016-8012
Tel: 212.576.1400
Fax: 212.576.1414
www.mbafcpa.com

An Independent Member of Baker Tilly International

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Medco Enterprises, Inc. Retirement Plan

We were engaged to audit the statements of net assets available for benefits of the Medco Enterprises, Inc. Retirement Plan (the "Plan") as of December 31, 2010 and 2009 and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements 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 The ING Life Insurance and Annuity Company, the trustee of the Plan at December 31, 2010 and 2009, except for comparing such information with the related information included in the financial statements and supplementary information. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying December 31, 2010 and 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

MBAF-ERE CPAs, LLC

New York, NY
September 21, 2011

MEDCO ENTERPRISES, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	2010	2009
Assets:		
Investments, at fair value:		
Fixed income fund	$ 454,785	$ 436,980
Bond mutual fund	182,325	83,333
Equity mutual funds	1,000,330	985,475
	1,637,440	1,505,788
Receivables:		
Employee contribution receivable	3,014	2,845
Notes receivable from participants	12,687	52,739
Total assets	1,653,141	1,561,372
Liabilities: Accrued distribution of loans in default	-	45,236
Net assets available for benefits	**$ 1,653,141**	**$ 1,516,136**

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

MEDCO ENTERPRISES, INC. RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2010

Additions to net assets attributable to:	
Investment Income:	
Net appreciation in fair value of investments	$ 165,623
Interest income on notes receivable from participants	399
Contributions:	
Employee contributions	172,189
Total additions	338,211
Deductions from net assets attributable to:	
Benefits paid to participants	201,206
Total deductions	201,206
Net increase in net assets available for benefits	137,005
Net assets available for benefits - beginning of year	1,516,136
Net assets available for benefits - end of year	**$ 1,653,141**

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

1. DESCRIPTION OF PLAN:

The following description of the Medco Enterprises, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Effective January 1, 1996, Medco Enterprises, Inc. (the "Company" or the "Employer") established the Plan. The Plan is a defined contribution retirement plan covering all eligible employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was also amended to adopt provisions of the Pension Protection Act of 2006, the Heroes Earning Assistance and Relief Tax Act of 2008 (HEART), and the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA).

Eligibility

Employees of the Company, who are age twenty-one or older and have completed one year of service, as defined, or, if earlier, ninety continual days of service, are eligible to participate in the Plan. Employees subject to a collective bargaining agreement, leased employees and non-resident aliens are not eligible to participate in the Plan. Employees, who are age twenty-one or older and have completed twelve months of service, including at least 1,000 hours in that year, are eligible to share in the employer matching contribution, qualified matching contribution or non-elective contributions, as hereinafter defined.

Contributions

Employee Deferrals

The Plan allows each participant to contribute from 1% to 50% of his or her compensation, as defined, up to the maximum annual amount allowed by law. These deferrals may be made in whole percentages or in specific dollar amounts as designated by the participant. Participants may also elect to defer up to 100% of eligible compensation for one or more pay periods, subject to the maximum annual amounts noted above. In addition, participants may defer 100% of bonus and severance compensation, subject to certain limitations.

Rollovers

Any employee, regardless of whether the Plan's eligibility requirements have been met, may make a rollover contribution into the Plan.

Employer Contributions

The Employer may, at its discretion, make a matching contribution to the Plan in any specific dollar amount or any percentage of elective deferrals.

The Employer may make, at its discretion, a non-elective contribution to all participants based on their compensation, as defined, to total compensation of all participants. The Employer may elect to treat up to 100% of the non-elective contribution as a cash or deferred contribution. In such event, each eligible participant will have the right to elect to receive in cash up to such maximum percentage of the participants proportionate share of the cash or deferred contribution as the Employer determines for that Plan year. Any amount a participant elects not to receive in cash will be treated as a deferral and will be allocated to the participants elective deferral account.

The Employer may make a qualified matching contribution to the Plan in such amount as the Employer, at its sole discretion, determines. The Employer may also elect to treat all or any portion of a matching contribution as a qualified matching contribution.

The Employer may make a qualified non-elective contribution to the Plan in such amounts as the Employer determines. The Employer may elect to treat all or any portion of a non-elective contribution as a qualified non-elective contribution.

Participant Accounts

The Plan is a participant-directed account plan. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants' accounts are credited with participant contributions, an allocation of Employer contributions and rollovers. Plan earnings are allocated based on a participant's account balance in proportion to the balances of all participants' accounts.

Vesting

A participant will be fully vested in their entire account upon reaching normal retirement age, as defined. Participants are at all times 100% vested in elective deferrals, qualified matching contributions and qualified non-elective contributions. Employer matching contributions and non-elective contributions vest 0% in the first year and 20% each year thereafter.

Forfeitures

Forfeitures may be used for several purposes such as to pay Plan expenses. Remaining forfeitures may be used to reduce matching contributions and then may be allocated to participants' accounts. There were no forfeited amounts in 2010 and 2009, and there was no balance in the forfeiture account at December 31, 2010 and 2009.

Investment Options

Contributions are invested by the ING Life Insurance and Annuity Company (the "Trustee") according to the options elected by the participants. All participant and Employer contributions are directed by the participant among the available investment options. Investment earnings are automatically reinvested into the fund or portfolio from which they were derived. At December 31, 2010, the Plan offers investment options consisting of 10 publicly traded mutual funds, one fixed income fund (a group annuity contract) and one money market mutual fund.

Notes Receivable from Participants
Participants are permitted to borrow from their participant accounts at a minimum of $1,000 not to exceed a maximum of $50,000, or 50% of the participant's account balance, whichever is less. The notes are secured by the participant's vested funds and, except for funds used to acquire a principal residence, must have a repayment period of no greater than five years. The interest rates for loans outstanding as of December 31, 2010 were 4.25% - 6.0%. Interest rates are commensurate with local prevailing rates at the time of borrowing as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions not less frequently than quarterly. Repayment of the entire balance is permitted at any time.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, participants may withdraw up to 100% of their account balances as a hardship distribution.

Administrative Expenses
The Company has elected to pay all administrative expenses incurred by the Plan except for certain transaction fees such as loan and distribution requests, which are paid by the Plan. Indirect compensation/commissions and investment management fees paid to outside third party advisors totaled $21,589 for the year ended December 31, 2010. In addition, indirect compensation totaling $9,199 was paid by the Plan to the various managers of the investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting
The accompanying financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefits are recorded when paid.

Investment Valuation and Income Recognition

Investments in mutual funds and the fixed income fund are held in separate investment accounts that invest in publicly traded mutual funds and are stated at fair value as reported by the fund managers. Fair value is determined based upon quoted market prices, which represent net asset value per share. Fund transactions are accounted for on the trade date (date the securities are purchased and sold). Interest income is accounted for on the accrual basis. Dividend income is accounted for on the ex-dividend date. The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation/depreciation in the fair value of its investments, which consists of realized gains and losses and the unrealized appreciation/depreciation of investments bought and sold as well as held during the year.

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures* defines fair value as 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.

The accounting pronouncement establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring the most observable units be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumption about inputs market participants would use at the measurement date. The fair value hierarchy is categorized into three levels based on inputs as follows:

Level 1- Valuation based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2- Valuation based on quoted prices for similar assets or liabilities in active markets; for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3- Valuation based on inputs that are unobservable and significant to the overall fair value measurement.

Level 3 assets and liabilities are measured at fair value based on one or more of the three following approaches noted in accounting pronouncements. The three approaches are as follows:

• Market approach - Uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;

• Cost approach - Based on the amount that currently would be required to replace the service capacity of an asset (i.e. current replacement cost); and

• Income approach - Uses valuation techniques to convert future amounts to a single present discounted amount based on market expectations about those future amounts (including present value techniques, option-pricing models, and lattice models).

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Investment Management Fees and Operating Expenses
Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair value of investments.

Adoption of Accounting Pronouncements

Fair Value Measurements
In September 2009, the Financial Accounting Standards Board ("FASB") issued an accounting standard update which amends existing guidance on fair value measurements and disclosures. The update allows an entity to measure the fair value of an investment that has no readily determinable fair market value, on the basis of the net asset value per share as provided by the investee. The update was effective for annual and interim periods ending after December 15, 2009. The adoption of this update did not have a material impact on the Plan's financial statements.

In January 2010, the FASB issued an accounting standard update on fair value measurements and disclosures. The update requires more robust disclosures about (1) the different classes of assets and liabilities measured at fair value, (2) the valuation techniques and inputs used, (3) the activity in Level 3 fair value measurements, and (4) the transfers between Levels 1, 2, and 3. The Plan's adoption of the new disclosures and clarifications of existing disclosures that were effective for interim and annual reporting periods beginning after December 15, 2009 did not have an effect on the Plan's financial statements. The disclosures about purchases, sales, issuances, and settlements in the roll forward of activity in Level 3 fair value measurements are effective for fiscal years beginning after December 15, 2010, and for interim periods within those fiscal years. The adoption of the Level 3 disclosures is not expected to have an effect on the Plan's financial statements.

Notes Receivable from Participants
In 2010, the Plan adopted an accounting standard update which clarified how loans to participants should be classified and measured by defined contribution benefit plans. The standard requires that participant loans be segregated from plan investments and presented as notes receivables from participants and measured at their unpaid principal balance plus any accrued but unpaid interest. As a result, the Plan has reclassified participant loans for 2010 and 2009 from investments to notes receivable from participants.

Recent Accounting Pronouncements

Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS

In May 2011, the FASB issued an accounting standard update which works to achieve common fair value measurement and disclosure requirements in US GAAP and International Financial Reporting Standards. The update both clarifies the FASB's intent about the application of existing fair value guidance, and also changes certain principles regarding measurement and disclosure. The update is effective prospectively and is effective for annual periods beginning after December 15, 2011. Early application is permitted for interim periods beginning after December 15, 2011. The Plan is currently evaluating the effect the update will have on its financial statements.

Subsequent Events

The Plan has evaluated subsequent events through September 21, 2011 which is the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED):

The ING Life Insurance and Annuity Company ("ING"), the trustee of the Plan at December 31, 2010 and 2009, certified as to the completeness and accuracy of the investment assets, transactions, income and schedules of the investment assets at December 31, 2010 and 2009.

The ING Fixed Account is considered non-benefit responsive. At December 31, 2010 and 2009, the fair value approximated contract value. The interest rate credited to the account, guaranteed not to be below 3%, was 3% for each of the years 2010 and 2009.

The following information, included in the accompanying financial statements and supplementary information at December 31, 2010 and 2009, was obtained from data that has been prepared and certified by ING:

	December 31, 2010	December 31, 2009
Investments, at fair value:		
Fixed income fund	$ 454,785	$ 436,980
Bond mutual fund	182,325	83,333
Equity mutual funds	1,000,330	985,475
Total investments, at fair value	1,637,440	1,505,788
Notes receivable from participants	12,687	52,739
Employee contributions receivable	3,014	2,845
Total	$ 1,653,141	$ 1,561,372

	Year Ended December 31, 2010
Investment income:	
Net appreciation in fair value of investments	$ 165,623
Interest income on notes receivable from participants	399
Total	$ 166,022

Investments which represent 5% or more of net assets are as follows:

	2010	2009
ING Fixed Account	$ 454,785	$ 436,980
ING Legg Mason Partners Aggressive Growth Portfolio	110,301	112,686
Fidelity VIP Equity-Income Portfolio	172,096	142,097
Fidelity VIP Growth Portfolio	170,149	215,142
Fidelity VIP Contrafund Portfolio	188,394	159,641
ING Oppenheimer Global Portfolio	149,182	74,817
ING Intermediate Bond Portfolio	182,835	83,333
ING Templeton Foreign Equity Portfolio *	-	156,291

* Does not represent 5% or more of net assets at December 31, 2010.

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $165,623 as follows:

Fixed income fund	$ 13,321
Bond mutual fund	12,794
Equity mutual funds	139,508
Total:	$ 165,623

4. FAIR VALUE MEASUREMENTS:

The following table presents by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2010. In accordance with ASC 820, *Fair Value Measurements and Disclosures*, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement. There have been no changes to the valuation methodologies used at December 31, 2010 and 2009.

Total Plan investment assets at fair value classified within Level 3 were $454,785 as of December 31, 2010, which consists of the fixed income fund. Such amount was approximately 28% of total investment assets in the Plan's statements of net assets available for benefits at fair value as of December 31, 2010.

	Total	Quoted Market Prices in Active Markets Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds:				
ING Money Market Portfolio	$ 51,506	$ 51,506	$ -	$ -
ING Intermediate Bond Portfolio	182,325	182,325	-	-
ING Fixed Account	454,785	-	-	454,785
ING Strategic Allocation Growth Portfolio	30,817	30,817	-	-
ING Strategic Allocation Moderate Portfolio	35,392	35,392	-	-
ING Strategic Allocation Conservative Portfolio	23,401	23,401	-	-
ING Legg Mason Partners Aggressive Growth Portfolio	110,301	110,301	-	-
Fidelity VIP Equity-Income Portfolio	172,096	172,096	-	-
Fidelity VIP Growth Portfolio	170,149	170,149	-	-
Fidelity VIP Contrafund Portfolio	188,394	188,394	-	-
ING Templeton Foreign Equity Portfolio-Initial Class	69,092	69,092	-	-
ING Oppenheimer Global Portfolio	149,182	149,182	-	-
	$1,637,440	$1,182,655	$ -	$ 454,785

Level 1 inputs to the valuation methodology include quoted market prices in active markets. Mutual funds are valued at the net asset value of shares held by the Plan at year end.

In addition to quoted market prices in active markets, valuation techniques for Level 3 inputs included:

- The fixed income fund is valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

Level 3 Gains and Losses

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

Fair Value Measurements Using Significant Unobservable Inputs-Level 3

	Fixed Income Fund
Beginning Balance	$436,980
Net realized/unrealized gains included in earnings	13,321
Purchases and issuances	54,255
Settlements	(49,771)
Ending Balance	$454,785
The amount of total investment gains or losses for the period included in earnings attributable to the change in unrealized gains or losses relating to assets still held at December 31, 2010	$13,321

5. RISKS AND UNCERTAINTIES:

The Plan provides for various investment options in separate investment accounts that invest in publicly traded mutual funds and a group annuity contract. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

6. RELATED PARTIES/PARTIES-IN-INTEREST: Certain Plan investments are shares in mutual funds managed by the trustee of the Plan, which qualify as party-in-interest transactions.

7. TAX STATUS: The volume submitter plan adopted by the Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the volume submitter plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The volume submitter plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

8. PLAN TERMINATION: Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants become 100% vested in their account balances and will receive a distribution of their balance in a lump sum.

9. NOTES RECEIVABLE IN DEFAULT: At December 31, 2009 there were notes receivable from five participants. Four notes, totaling $45,236, were in default at December 31, 2009. The distribution of these notes was accrued and recorded as a deemed distribution as of December 31, 2009 and distributed during the year end December 31, 2010. There were no notes in default at December 31, 2010.

MEDCO ENTERPRISES, INC. RETIREMENT PLAN

SUPPLEMENTARY INFORMATION

For the year ended December 31, 2010

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 13-2838238
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(e) Current Value
*	ING Fixed Account	Group Annuity Contract	$ 454,785
*	ING Money Market Portfolio	Mutual Fund	51,506
*	ING Intermediate Bond Portfolio	Mutual Fund	182,325
*	ING Strategic Allocation Growth Portfolio	Mutual Fund	30,817
*	ING Strategic Allocation Moderate Portfolio	Mutual Fund	35,392
*	ING Strategic Allocation Conservative Portfolio	Mutual Fund	23,401
*	ING Legg Mason Partners Aggressive Growth Portfolio	Mutual Fund	110,301
	Fidelity VIP Equity-Income Portfolio	Mutual Fund	172,096
	Fidelity VIP Growth Portfolio	Mutual Fund	170,149
	Fidelity VIP Contrafund Portfolio	Mutual Fund	188,394
*	ING Templeton Foreign Equity Portfolio- Initial Class	Mutual Fund	69,092
*	ING Oppenheimer Global Portfolio	Mutual Fund	149,182
			1,637,440
	Notes receivable from participants	Earning interest at rates ranging from 4.25% to 6.0%, 5 year maturities, collateralized by participant account balances	12,687
			$ 1,650,127

* Issuer is party-in-interest.

See auditors' report.

MEDCO ENTERPRISES, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	2010	2009
Assets:		
Investments, at fair value:		
Fixed income fund	$ 454,785	$ 436,980
Bond mutual fund	182,325	83,333
Equity mutual funds	1,000,330	985,475
	1,637,440	1,505,788
Receivables:		
Employee contribution receivable	3,014	2,845
Notes receivable from participants	12,687	52,739
Total assets	1,653,141	1,561,372
Liabilities: Accrued distribution of loans in default	-	45,236
Net assets available for benefits	**$ 1,653,141**	**$ 1,516,136**

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

MEDCO ENTERPRISES, INC. RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2010

Additions to net assets attributable to:	
Investment Income:	
Net appreciation in fair value of investments	$ 165,623
Interest income on notes receivable from participants	399
Contributions:	
Employee contributions	172,189
Total additions	338,211
Deductions from net assets attributable to:	
Benefits paid to participants	201,206
Total deductions	201,206
Net increase in net assets available for benefits	137,005
Net assets available for benefits - beginning of year	1,516,136
Net assets available for benefits - end of year	**$ 1,653,141**

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

1. DESCRIPTION OF PLAN:

The following description of the Medco Enterprises, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Effective January 1, 1996, Medco Enterprises, Inc. (the "Company" or the "Employer") established the Plan. The Plan is a defined contribution retirement plan covering all eligible employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was also amended to adopt provisions of the Pension Protection Act of 2006, the Heroes Earning Assistance and Relief Tax Act of 2008 (HEART), and the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA).

Eligibility

Employees of the Company, who are age twenty-one or older and have completed one year of service, as defined, or, if earlier, ninety continual days of service, are eligible to participate in the Plan. Employees subject to a collective bargaining agreement, leased employees and non-resident aliens are not eligible to participate in the Plan. Employees, who are age twenty-one or older and have completed twelve months of service, including at least 1,000 hours in that year, are eligible to share in the employer matching contribution, qualified matching contribution or non-elective contributions, as hereinafter defined.

Contributions

Employee Deferrals

The Plan allows each participant to contribute from 1% to 50% of his or her compensation, as defined, up to the maximum annual amount allowed by law. These deferrals may be made in whole percentages or in specific dollar amounts as designated by the participant. Participants may also elect to defer up to 100% of eligible compensation for one or more pay periods, subject to the maximum annual amounts noted above. In addition, participants may defer 100% of bonus and severance compensation, subject to certain limitations.

Rollovers

Any employee, regardless of whether the Plan's eligibility requirements have been met, may make a rollover contribution into the Plan.

Employer Contributions

The Employer may, at its discretion, make a matching contribution to the Plan in any specific dollar amount or any percentage of elective deferrals.

The Employer may make, at its discretion, a non-elective contribution to all participants based on their compensation, as defined, to total compensation of all participants. The Employer may elect to treat up to 100% of the non-elective contribution as a cash or deferred contribution. In such event, each eligible participant will have the right to elect to receive in cash up to such maximum percentage of the participants proportionate share of the cash or deferred contribution as the Employer determines for that Plan year. Any amount a participant elects not to receive in cash will be treated as a deferral and will be allocated to the participants elective deferral account.

The Employer may make a qualified matching contribution to the Plan in such amount as the Employer, at its sole discretion, determines. The Employer may also elect to treat all or any portion of a matching contribution as a qualified matching contribution.

The Employer may make a qualified non-elective contribution to the Plan in such amounts as the Employer determines. The Employer may elect to treat all or any portion of a non-elective contribution as a qualified non-elective contribution.

Participant Accounts

The Plan is a participant-directed account plan. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants' accounts are credited with participant contributions, an allocation of Employer contributions and rollovers. Plan earnings are allocated based on a participant's account balance in proportion to the balances of all participants' accounts.

Vesting

A participant will be fully vested in their entire account upon reaching normal retirement age, as defined. Participants are at all times 100% vested in elective deferrals, qualified matching contributions and qualified non-elective contributions. Employer matching contributions and non-elective contributions vest 0% in the first year and 20% each year thereafter.

Forfeitures

Forfeitures may be used for several purposes such as to pay Plan expenses. Remaining forfeitures may be used to reduce matching contributions and then may be allocated to participants' accounts. There were no forfeited amounts in 2010 and 2009, and there was no balance in the forfeiture account at December 31, 2010 and 2009.

Investment Options

Contributions are invested by the ING Life Insurance and Annuity Company (the "Trustee") according to the options elected by the participants. All participant and Employer contributions are directed by the participant among the available investment options. Investment earnings are automatically reinvested into the fund or portfolio from which they were derived. At December 31, 2010, the Plan offers investment options consisting of 10 publicly traded mutual funds, one fixed income fund (a group annuity contract) and one money market mutual fund.

Notes Receivable from Participants
Participants are permitted to borrow from their participant accounts at a minimum of $1,000 not to exceed a maximum of $50,000, or 50% of the participant's account balance, whichever is less. The notes are secured by the participant's vested funds and, except for funds used to acquire a principal residence, must have a repayment period of no greater than five years. The interest rates for loans outstanding as of December 31, 2010 were 4.25% - 6.0%. Interest rates are commensurate with local prevailing rates at the time of borrowing as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions not less frequently than quarterly. Repayment of the entire balance is permitted at any time.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, participants may withdraw up to 100% of their account balances as a hardship distribution.

Administrative Expenses
The Company has elected to pay all administrative expenses incurred by the Plan except for certain transaction fees such as loan and distribution requests, which are paid by the Plan. Indirect compensation/commissions and investment management fees paid to outside third party advisors totaled $21,589 for the year ended December 31, 2010. In addition, indirect compensation totaling $9,199 was paid by the Plan to the various managers of the investments.

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The accompanying financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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

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Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

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Benefits are recorded when paid.

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Investments in mutual funds and the fixed income fund are held in separate investment accounts that invest in publicly traded mutual funds and are stated at fair value as reported by the fund managers. Fair value is determined based upon quoted market prices, which represent net asset value per share. Fund transactions are accounted for on the trade date (date the securities are purchased and sold). Interest income is accounted for on the accrual basis. Dividend income is accounted for on the ex-dividend date. The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation/depreciation in the fair value of its investments, which consists of realized gains and losses and the unrealized appreciation/depreciation of investments bought and sold as well as held during the year.

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The accounting pronouncement establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring the most observable units be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumption about inputs market participants would use at the measurement date. The fair value hierarchy is categorized into three levels based on inputs as follows:

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Fidelity VIP Growth Portfolio	170,149	215,142
Fidelity VIP Contrafund Portfolio	188,394	159,641
ING Oppenheimer Global Portfolio	149,182	74,817
ING Intermediate Bond Portfolio	182,835	83,333
ING Templeton Foreign Equity Portfolio *	-	156,291

* Does not represent 5% or more of net assets at December 31, 2010.

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $165,623 as follows:

Fixed income fund	$ 13,321
Bond mutual fund	12,794
Equity mutual funds	139,508
Total:	$ 165,623

4. FAIR VALUE MEASUREMENTS:

The following table presents by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2010. In accordance with ASC 820, *Fair Value Measurements and Disclosures*, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement. There have been no changes to the valuation methodologies used at December 31, 2010 and 2009.

Total Plan investment assets at fair value classified within Level 3 were $454,785 as of December 31, 2010, which consists of the fixed income fund. Such amount was approximately 28% of total investment assets in the Plan's statements of net assets available for benefits at fair value as of December 31, 2010.

	Total	Quoted Market Prices in Active Markets Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds:				
ING Money Market Portfolio	$ 51,506	$ 51,506	$ -	$ -
ING Intermediate Bond Portfolio	182,325	182,325	-	-
ING Fixed Account	454,785	-	-	454,785
ING Strategic Allocation Growth Portfolio	30,817	30,817	-	-
ING Strategic Allocation Moderate Portfolio	35,392	35,392	-	-
ING Strategic Allocation Conservative Portfolio	23,401	23,401	-	-
ING Legg Mason Partners Aggressive Growth Portfolio	110,301	110,301	-	-
Fidelity VIP Equity-Income Portfolio	172,096	172,096	-	-
Fidelity VIP Growth Portfolio	170,149	170,149	-	-
Fidelity VIP Contrafund Portfolio	188,394	188,394	-	-
ING Templeton Foreign Equity Portfolio-Initial Class	69,092	69,092	-	-
ING Oppenheimer Global Portfolio	149,182	149,182	-	-
	$1,637,440	$1,182,655	$ -	$ 454,785

Level 1 inputs to the valuation methodology include quoted market prices in active markets. Mutual funds are valued at the net asset value of shares held by the Plan at year end.

In addition to quoted market prices in active markets, valuation techniques for Level 3 inputs included:

- The fixed income fund is valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

Level 3 Gains and Losses

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

Fair Value Measurements Using Significant Unobservable Inputs-Level 3

	Fixed Income Fund
Beginning Balance	$436,980
Net realized/unrealized gains included in earnings	13,321
Purchases and issuances	54,255
Settlements	(49,771)
Ending Balance	$454,785
The amount of total investment gains or losses for the period included in earnings attributable to the change in unrealized gains or losses relating to assets still held at December 31, 2010	$13,321

5. RISKS AND UNCERTAINTIES:

The Plan provides for various investment options in separate investment accounts that invest in publicly traded mutual funds and a group annuity contract. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

6. RELATED PARTIES/PARTIES-IN-INTEREST: Certain Plan investments are shares in mutual funds managed by the trustee of the Plan, which qualify as party-in-interest transactions.

7. TAX STATUS: The volume submitter plan adopted by the Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the volume submitter plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The volume submitter plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

8. PLAN TERMINATION: Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants become 100% vested in their account balances and will receive a distribution of their balance in a lump sum.

9. NOTES RECEIVABLE IN DEFAULT: At December 31, 2009 there were notes receivable from five participants. Four notes, totaling $45,236, were in default at December 31, 2009. The distribution of these notes was accrued and recorded as a deemed distribution as of December 31, 2009 and distributed during the year end December 31, 2010. There were no notes in default at December 31, 2010.

MEDCO ENTERPRISES, INC. RETIREMENT PLAN

SUPPLEMENTARY INFORMATION

For the year ended December 31, 2010

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 13-2838238
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(e) Current Value
*	ING Fixed Account	Group Annuity Contract	$ 454,785
*	ING Money Market Portfolio	Mutual Fund	51,506
*	ING Intermediate Bond Portfolio	Mutual Fund	182,325
*	ING Strategic Allocation Growth Portfolio	Mutual Fund	30,817
*	ING Strategic Allocation Moderate Portfolio	Mutual Fund	35,392
*	ING Strategic Allocation Conservative Portfolio	Mutual Fund	23,401
*	ING Legg Mason Partners Aggressive Growth Portfolio	Mutual Fund	110,301
	Fidelity VIP Equity-Income Portfolio	Mutual Fund	172,096
	Fidelity VIP Growth Portfolio	Mutual Fund	170,149
	Fidelity VIP Contrafund Portfolio	Mutual Fund	188,394
*	ING Templeton Foreign Equity Portfolio- Initial Class	Mutual Fund	69,092
*	ING Oppenheimer Global Portfolio	Mutual Fund	149,182
			1,637,440
	Notes receivable from participants	Earning interest at rates ranging from 4.25% to 6.0%, 5 year maturities, collateralized by participant account balances	12,687
			$ 1,650,127

* Issuer is party-in-interest.

See auditors' report.