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
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/15/2004

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

411 MAIN STREET
SULPHUR SPRINGS, TX 75482

2b Employer Identification Number (EIN) 75-2047264

2c Sponsor's telephone number 903-885-0821

2d Business code (see instructions) 446110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2011	DOUGLAS MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2011	DOUGLAS MOORE
	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")
SAV-MORE DRUG, INC

411 MAIN STREET
SULPHUR SPRINGS, TX 75482

3b Administrator's EIN
75-2047264

3c Administrator's telephone number
903-885-0821

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**	398
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**	377
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	407
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	407
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	223
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)	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)	X	**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
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

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
JOHN HANCOCK LIFE INSURANCE 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
01-0233346	65838	30941	257	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
24455	4832

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
MORGAN STANLEY DW
821 ESE LOOP 323
SUITE 100
TYLER, TX 75701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24455	488	OTHER ALLOWANCES	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TRAVIS WOLFF
15950 N. DALLAS PARKWAY
SUITE 600
DALLAS, TX 75248

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4312	TPA COMPENSATION & FEES	5

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

VANGUARD GROUP, INC.

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

(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	204387
5	Current value of plan's interest under this contract in separate accounts at year end	5	5454684

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 ▶ GUARANTEED INTEREST

b	Balance at the end of the previous year			7b	105696
c	Additions: (1) Contributions deposited during the year	7c(1)	65499		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4453		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	31270		
	▶ LOAN REPAYMENTS - $1,245 TRANS FROM OTHER ER PLAN - $30,025				
	(6) Total additions			7c(6)	101222
d	Total of balance and additions (add **b** and **c(6)**)			7d	206918
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	1140		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	1391		
	▶ PARTICIPANT LOANS				
	(5) Total deductions			7e(5)	2531
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	204387

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
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

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).. . . . . [X] 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

JOHN HANCOCK USA
P. O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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

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

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67	RECORDKEEPER	1197	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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

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: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	8245

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	1484

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	18637

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	2386

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	6463

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	15415

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	5135

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16920

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53696

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40652

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 347

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66261

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97299

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5835

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9234

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4314

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47772

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18784

a Name of MTIA, CCT, PSA, or 103-12 IE: INV SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 333

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37671

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149491

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11937

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 422924

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1055954

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188065

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1366425

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310924

a Name of MTIA, CCT, PSA, or 103-12 IE: LM WESTRN ASSET GLB HIGH YIELD			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62737
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19347
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20893
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	46706
a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45336
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20526
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32976
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	88904
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56925
a Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12716

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29155

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39035

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171731

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13602

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18057

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264510

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97312

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101596

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9398

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2040			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30861
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2045			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19165
a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30372
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11647
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6047
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23341
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3433
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7200
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15569
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17056

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11968

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9645

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15193

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4113

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84625

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10157

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40133

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

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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

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
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

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	11	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	26648	0
(2) Participant contributions	1b(2)	18138	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	150756	149386
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3690192	5454684
(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)	105696	204387
(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	3991441	5808457
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3991441	5808457

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)	425618	
(B) Participants	2a(1)(B)	781187	
(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)		1206805
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)	6769	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6769
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		647089
(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		4453
d Total income. Add all **income** amounts in column (b) and enter total	2d		1865116
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	413284	
(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)		413284
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)	1830	
(2) Contract administrator fees	2i(2)	31551	
(3) Investment advisory and management fees	2i(3)	32	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		33413
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		446697
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1418419
l Transfers of assets:			
(1) To this plan	2l(1)		398597
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KNAPP & COMPANY, P.C. (2) EIN: 75-2713030

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		300000
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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

SAV-MORE DRUG, INC.
401(k) PROFIT SHARING PLAN
EIN 75-2047264

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

AS OF
December 31, 2010 and 2009

KNAPP & Company, P.C.
(CERTIFIED PUBLIC ACCOUNTANTS)

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN

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KNAPP & COMPANY, P.C.
P.O. BOX 820669
DALLAS, TEXAS 75382
(214) 343-3777 // (214) 343-8233 FAX // RICK_KNAPP@SBCGLOBAL.NET

INDEPENDENT AUDITOR'S REPORT

September 27, 2011

To the Administrative Committee of
Sav-More Drug, Inc. 401(k) Profit Sharing Plan (EIN 75-2047264)
Sulphur Springs, Texas

We were engaged to audit the financial statements of Sav-More Drug, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010. And the supplementary schedules as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by John Hancock Life Insurance Company, Retirement Services, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Knapp & Company, P.C.
Dallas, Texas

SAV-MORE DRUG, INC. 401(k)
PROFIT SHARING PLAN
EIN 75-2047264
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments	$ 5,659,071	$ 3,795,888
Noninterest -bearing cash	-	11
Employer contributions receivable	-	26,648
Participant contributions receivable	-	18,138
Participant Loans	149,386	150,756
TOTAL ASSETS	5,808,457	3,991,441
LIABILITIES		
None	-	-
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,808,457	$ 3,991,441

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

SAV-MORE DRUG, INC. 401(k)
PROFIT SHARING PLAN
EIN 75-2047264
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS:	
INCOME (Loss)	
Interest on Participant Loans	$ 6,769
Investment income (losses)	651,542
CONTRIBUTIONS:	
Participant	781,187
Participant roll over	
Transfers from other sponsor plan	398,597
Employer	425,618
TOTAL ADDITIONS	2,263,713
DEDUCTIONS	
Benefits paid to Participants	413,284
Administrative and other expenses	33,413
TOTAL DEDUCTIONS	446,697
NET INCREASE	1,817,016
NET ASSETS AVAILABLE FOR BENEFITS	
BEGINNING OF YEAR	3,991,441
END OF YEAR	$ 5,808,457

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

NOTES TO FINANCIAL STATEMENTS

NOTE 1: *DESCRIPTION OF PLAN*

The following description of the Sav-More Drug, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions, which is available by request at the Company's offices located at 411 Main Street, Sulphur Springs, Texas 75482.

General. The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute up to the statutory limit of pretax annual compensation, as defined by the Internal Revenue Tax Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers seventy-three mutual fund investment options for participants. The Company matches employee contributions at a rate of 100% of the first 3% of compensation and 50% of the next 2% of compensation for a maximum contribution of 4% of compensation. Profit sharing amounts may be contributed at the option of the Company's board of directors and are distributed to participating employees on a prorated basis and invested in accordance with each employee's respective investment elections. Contributions are subject to certain limitations. The Plan sponsor directly pays most administration costs.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution (if any) and, (b) Plan earnings. The Company has historically paid all administrative expenses of the plan, however, the plan earnings are charged with an allocation of administrative expenses if incurred by the plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after one year of credited service.

Participant Loans. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. Participant accounts are secured by accrued participant benefits and therefore present no significant risk to the plan as a whole. The carrying value of the uncollected loans are estimated to approximate Level III fair value assets.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may receive a lump-sum distribution.

NOTES TO FINANCIAL STATEMENTS

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeited Accounts. If a contribution is forfeited, the amount will be reallocated to participants in the same manner as employer contributions.

Estimates The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurement - Starting in 2010, it is the Plan's policy to disclose the source of fair value information used in the preparation of the financial statements using the fair value hierarchy, Level I through III, as defined in the FASB ACS (Financial Accounting Standards Board Accounting Standards Codification). Level I valuation is given the highest priority to observable inputs which are based on quoted prices in active markets for identical assets or liabilities. Level II valuation is based upon quoted prices of similar assets and liabilities in active markets or derived from or corroborated by observable market data. Level III valuation is based in part or whole upon unobservable inputs for valuation of assets and liabilities. Unobservable inputs are developed based on the best information available in the circumstances. The estimates of fair value and assumptions that affect the reported amounts of assets and liabilities could and will differ from actual amounts realized in the future. Plan investment are valued and reported at fair value. Valuation sources of Common and collective investments are considered Level I. Participant loan values are considered Level III.

Investment Valuation and Income Recognition The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

IRS Determination Status The Plan is an IRS approved prototype plan which is amended from time to time to comply with changes in law relative to contribution limits, withdrawal provisions, and/or other administrative features.

Subsequent Events Review ï Management has reviewed and considered the effect of subsequent events through the date of the audit report.

NOTE 3: INVESTMENTS

In accordance with DOL rule 29 CFR 2520.103-5 (c) the plan administrator certified the accuracy and completeness of information relative to plan investments which was not subjected to audit. The following presents investments certified at December 31, 2010 and 2009:

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INVESTMENTS - continued

As of December 31, 2010:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
Investments 5% or > of plan assets:					
Lifestyle Growth	1,138,547	227,878	-	1,366,425	Level I
Lifestyle Balanced	880,450	175,504	-	1,055,954	Level I
Lifestyle Aggressive	351,107	71,817	-	422,924	Level I
Lifestyle Moderate	255,796	55,128	-	310,924	Level I
Investments < 5% of plan assets:			-		
Lifecycle 2020	172,234	92,276	-	264,510	Level I
10 Yr Comp	204,387	-	-	204,387	Level II
Lifestyle Conservative	165,393	22,672	-	188,065	Level I
PIMCO Total Return	160,307	11,424	-	171,731	Level I
John Hancock Stable Val	144,168	5,323	-	149,491	Level I
Lifecycle 2030	69,756	31,840	-	101,596	Level I
Lifecycle 2025	64,694	32,618	-	97,312	Level I
EuroPacific Growth Fund	88,188	9,111	-	97,299	Level I
Oppenheimer Development Ml	63,455	25,449	-	88,904	Level I
The Growth Fund of America	74,404	10,221	-	84,625	Level I
Energy	59,018	7,243	-	66,261	Level I
LM Partners Glb High Yield	52,788	9,949	-	62,737	Level I
Oppenheimer Global	47,681	9,244	-	56,925	Level I
Davis New York Venture	46,173	7,523	-	53,696	Level I
Intl Equity Index Fund	40,589	7,183	-	47,772	Level I
Mid Cap Stock Fund	40,291	6,415	-	46,706	Level I
VS Mid Val	36,913	8,423	-	45,336	Level I
US Small Cap	28,415	12,237	-	40,652	Level I
Washington Mutual Investors	35,570	4,563	-	40,133	Level I
PIMCO Global Bond	32,075	6,960	-	39,035	Level I
Investment Company of Ameri	34,160	3,511	-	37,671	Level I
Mutual Discovery	28,499	4,477	-	32,976	Level I
Lifecycle 2040	26,397	4,464	-	30,861	Level I
Royce Opportunity	22,483	7,889	-	30,372	Level I
PIMCO All Asset	25,511	3,644	-	29,155	Level I
Small Cap Index Fund	17,715	5,626	-	23,341	Level I
Mid Cap Index Fund	13,351	7,542	-	20,893	Level I
Mutual Beacon	19,328	1,198	-	20,526	Level I
MFS Utilities	15,005	4,342	-	19,347	Level I
Lifecycle 2045	16,526	2,639	-	19,165	Level I
Intl Small Cap Fund	12,340	6,444	-	18,784	Level I
American Balanced Fund	16,244	2,393	-	18,637	Level I
Lifecycle 2015	15,522	2,535	-	18,057	Level I
TRP EQ Inc.	12,509	4,547	-	17,056	Level I
Columbia Value & Restructurir	14,523	2,397	-	16,920	Level I
VS Str Inc	14,510	1,059	-	15,569	Level I
VS Blu Chip	13,166	2,249	-	15,415	Level I

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INVESTMENTS - continued

As of December 31, 2010:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
T. Rowe Price Spectrum Inc	13,065	2,128	-	15,193	Level I
Real Estate Securities fund	10,408	3,194	-	13,602	Level I
Optimized Value Fund	11,034	1,682	-	12,716	Level I
T. Rowe Price Health Sci	9,811	2,157	-	11,968	Level I
Lord Abbett Mid Cap Value (JF	9,875	2,062	-	11,937	Level I
VS SC Tec	9,052	2,595	-	11,647	Level I
Total Stock Market Index Fund	7,830	2,327	-	10,157	Level I
Sci Tech	7,903	1,742	-	9,645	Level I
Lifecycle 2035	8,042	1,356	-	9,398	Level I
VS Financial	8,778	456	-	9,234	Level I
500 Index Fund	7,303	942	-	8,245	Level I
VS Small Val	6,022	1,178	-	7,200	Level I
BlackRock Large Value	5,665	798	-	6,463	Level I
Small Cap Growth Index	4,343	1,704	-	6,047	Level I
Explorer	4,204	1,631	-	5,835	Level I
VS Cap App	4,807	328	-	5,135	Level I
International Value Fund	4,224	90	-	4,314	Level I
Templeton World	3,953	160	-	4,113	Level I
Small Cap Opportunities Fund	2,318	1,115	-	3,433	Level I
BRGLEBALL	2,246	140	-	2,386	Level I
VS ALLCPVL	1,327	157	-	1,484	Level I
Domini Social Equity	356	(9)	-	347	Level I
Small Growth	286	47	-	333	Level I
Vista	56	-	-	56	Level I
Lifecycle 2010	35	3	-	38	Level I
	$ 4,713,131	$ 945,940	$ -	$ 5,659,071	

As of December 31, 2009:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
Investments 5% or > of plan assets:					
Lifestyle Growth	856,933	64,304	-	921,237	Level I
Lifestyle Balanced	799,607	71,779	-	871,386	Level I
Lifestyle Aggressive	343,985	22,633	-	366,618	Level I
Lifestyle Moderate	249,725	28,430	-	278,155	Level I

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INVESTMENTS - continued

As of December 31, 2009:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
Investments <5% of plan assets:					
Lifecycle 2020	108,512	43,210	-	151,722	Level I
John Hancock Stable Val	101,061	2,660	-	103,721	Level I
Lifestyle Conservative	86,606	10,490	-	97,096	Level I
PIMCO Total Return	63,659	8,008	-	71,667	Level I
Lifecycle 2030	51,257	19,027	-	70,284	Level I
The Growth Fund of America	57,002	1,624	-	58,626	Level I
John Hancock Strategic Inc	40,936	7,829	-	48,765	Level I
EuroPacific Growth Fund	42,524	687	-	43,211	Level I
Energy	39,877	258	-	40,135	Level I
Oppenheimer Global	35,602	1,878	-	37,480	Level I
Davis New York Venture	30,630	2,184	-	32,814	Level I
Intl Equity Index Fund	29,568	2,710	-	32,278	Level I
PIMCO Global Bond	25,523	3,982	-	29,505	Level I
Mid Cap Stock Fund	30,981	-	1,703	29,278	Level I
Oppenheimer Development Mkt	20,841	6,670	-	27,511	Level I
Washington Mutual Inverstors	24,003	331	-	24,334	Level I
Investment Company of America	21,929	95	-	22,024	Level I
Mutual Global Discovery	19,858	1,878	-	21,736	Level I
Mutual Beacon	20,919	-	935	19,984	Level I
PIMCO All Asset	18,689	709	-	19,398	Level I
DFA US Small Cap	13,824	4,075	-	17,899	Level I
Royce Opportunity	16,320	1,195	-	17,515	Level I
LM Partners Glb High Yield	13,636	3,067	-	16,703	Level I
Small Cap Index Fund	14,183	1,333	-	15,516	Level I
Mid Cap Index Fund	10,588	3,491	-	14,079	Level I
T R Price Equity Inc.	10,590	3,295	-	13,885	Level I
Columbia Value & Restructuring	13,056	-	225	12,831	Level I
MFS Utilities	8,804	2,034	-	10,838	Level I
JPM MidCap Value fund	10,551	160	-	10,711	Level I
American Balanced Fund	9,999	595	-	10,594	Level I
Intl Small Cap Fund	6,895	3,178	-	10,073	Level I
Lifecycle 2025	6,931	2,717	-	9,648	Level I
Real Est. Securities Fund	8,459	465	-	8,924	Level I
Optimized Value Fund	8,425	323	-	8,748	Level I
T R Price Science & Tech	6,642	1,885	-	8,527	Level I
T. Rowe Price Spectrum Inc	7,257	1,239	-	8,496	Level I
Total Stock Market Index Fund	7,277	861	-	8,138	Level I
Blue Chip Growth Fund	7,116	282	-	7,398	Level I
Lifecycle 2015	6,249	860	-	7,109	Level I
Lifecycle 2040	5,876	1,124	-	7,000	Level I
Science & Technology Fund	8,184	-	1,290	6,894	Level I
Mid Value Fund	4,589	2,285	-	6,874	Level I

NOTE 3 - INVESTMENTS - continued

As of December 31, 2009:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
T. Rowe Price Health Sci	4,493	875	-	5,368	Level I
BlackRock Large Value	3,061	366	-	3,427	Level I
Templeton World	3,341	-	156	3,185	Level I
Small Cap Growth Index	2,216	837	-	3,053	Level I
International Value Fund	3,248	-	250	2,998	Level I
Davis Financial	1,999	512	-	2,511	Level I
Explorer	1,827	594	-	2,421	Level I
All Cap Growth Fund	1,991	318	-	2,309	Level I
Lifecycle 2010	1,964	42	-	2,006	Level I
Lifecycle 2035	1,353	524	-	1,877	Level I
Small Cap Opportunities Fund	1,292	420	-	1,712	Level I
Lifecycle 2045	1,136	70	-	1,206	Level I
500 Index Fund	672	37	-	709	Level I
Jennison Growth	376	72	-	448	Level I
Domini Social Equity	358	-	50	308	Level I
10 Yr Comp - Insurance contract	104,985	-	-	104,985	Level II
Total investments	$ 3,459,990	$ 340,507	$ 4,609	$ 3,795,888	

NOTE 4: UNREALIZED GAINS AND LOSSES ON INVESTMENTS

In accordance with DOL rule 29 CFR 2520.103-5 (c) the plan administrator certified the accuracy and completeness of information relative to plan investments which was not subjected to audit. During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased in value as follows:

NOTE 4: UNREALIZED GAINS AND LOSSES ON INVESTMENTS – continued

Common/ Collective Funds	Recognized Gains (Losses)
Lifecycle 2010	(2)
Lifecycle 2015	1,574
Lifecycle 2020	30,166
Lifecycle 2025	11,639
Lifecycle 2030	12,432
Lifecycle 2035	(2,050)
Lifecycle 2040	2,569
Lifecycle 2045	1,432
Lifestyle Conservative	12,331
Lifestyle Moderate	30,581
Lifestyle Balanced	118,058
Lifestyle Growth	168,762
Lifestyle Aggressive	61,499
John Hancock Stable Val	1,872
PIMCO Total Return	5,093
PIMCO Global Bond	3,381
T. Rowe Price Spectrum Inc	1,638
John Hancock Strategic Inc	3,571
LM Partners Glb High Yield	6,591
PIMCO All Asset	2,796
American Balanced Fund	1,749
Washington Mutual Investors	4,067
Investment Company of America	3,036
Davis New York Venture	5,014
Mutual Beacon	1,775
TRP EQ Inc.	2,066
Mutual Discovery	2,641
Lord Abbett Mid Cap Value (JPM M	2,348
MFS Utilities	1,727
Domini Social Equity	40
BlackRock Large Value	515
Columbia Value & Restructuring	2,435
The Growth Fund of America	8,239
Jenn Growth	33
Templeton World	279
Oppenheimer Global	7,005
EuroPacific Growth Fund	7,667
Davis Financial	362

NOTES TO FINANCIAL STATEMENTS

NOTE 4: UNREALIZED GAINS AND LOSSES ON INVESTMENTS – continued

Common/ Collective Funds	Recognized Gains (Losses)
Energy	7,109
Small Cap Growth Index	1,183
US Small Cap	7,706
Sci Tech	1,575
Royce Opportunity	6,864
Explorer	1,021
T. Rowe Price Health Sci	1,277
Oppenheimer Development Mkt	19,282
Optimized Value Fund	1,279
500 Index Fund	517
Small Cap Opportunities Fund	686
VS Small Val	646
Real Est. Securities Fund	2,845
Total Stock Market Index Fund	1,424
VS Blu Chip	1,433
Mid Cap Index Fund	3,984
VS Mid Val	6,252
International Value Fund	319
Intl Equity Index Fund	4,605
Intl Small Cap Fund	3,199
VS SC Tec	2,197
VS Financial	369
All Cap Growth Fund	233
VS ALLCPVL	154
VS Cap App	153
Small Growth	46
VS Str Inc	1,144
BRGLEBALL	114
Mid Cap Stock Fund	7,878
Small Cap Index Fund	4,402
10 yr Comp	3,313
Net realized gains	618,140
Transaction fees	33,402
Gross recognized gains	$ 651,542

NOTE 5: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts with respect to Company contributions. It is management's intention to continue the Plan.

NOTE 6: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

There were no reconciling items.

NOTE 7: RISKS AND UNCERTAINTIES

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

See Note 3 for concentrations of plan investment securities.

NOTE 8: TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated October 29, 2001, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS HELD FOR INVESTMETNS
AS OF DECEMBER 31, 2010

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Lifecycle 2010	Common/Collective fund	35	38
	Lifecycle 2015	Common/Collective fund	15,522	18,057
	Lifecycle 2020	Common/Collective fund	172,234	264,510
	Lifecycle 2025	Common/Collective fund	64,694	97,312
	Lifecycle 2030	Common/Collective fund	69,756	101,596
	Lifecycle 2035	Common/Collective fund	8,042	9,398
	Lifecycle 2040	Common/Collective fund	26,397	30,861
	Lifecycle 2045	Common/Collective fund	16,526	19,165
	Lifestyle Conservative	Common/Collective fund	165,393	188,065
	Lifestyle Moderate	Common/Collective fund	255,796	310,924
	Lifestyle Balanced	Common/Collective fund	880,450	1,055,954
	Lifestyle Growth	Common/Collective fund	1,138,547	1,366,425
	Lifestyle Aggressive	Common/Collective fund	351,107	422,924
	John Hancock Stable Val	Common/Collective fund	144,168	149,491
	PIMCO Total Return	Common/Collective fund	160,307	171,731
	PIMCO Global Bond	Common/Collective fund	32,075	39,035
	T. Rowe Price Spectrum Inc	Common/Collective fund	13,065	15,193
	LM Partners Glb High Yield	Common/Collective fund	52,788	62,737
	PIMCO All Asset	Common/Collective fund	25,511	29,155
	American Balanced Fund	Common/Collective fund	16,244	18,637
	Washington Mutual Investors	Common/Collective fund	35,570	40,133
	Investment Company of America	Common/Collective fund	34,160	37,671
	Davis New York Venture	Common/Collective fund	46,173	53,696
	Mutual Beacon	Common/Collective fund	19,328	20,526
	TRP EQ Inc.	Common/Collective fund	12,509	17,056
	Mutual Discovery	Common/Collective fund	28,499	32,976
	Lord Abbett Mid Cap Value (JPM Mc	Common/Collective fund	9,875	11,937
	MFS Utilities	Common/Collective fund	15,005	19,347
	Domini Social Equity	Common/Collective fund	356	347
	BlackRock Large Value	Common/Collective fund	5,665	6,463
	Columbia Value & Restructuring	Common/Collective fund	14,523	16,920
	The Growth Fund of America	Common/Collective fund	74,404	84,625
	Templeton World	Common/Collective fund	3,953	4,113
	Oppenheimer Global	Common/Collective fund	47,681	56,925
	EuroPacific Growth Fund	Common/Collective fund	88,188	97,299
	Energy	Common/Collective fund	59,018	66,261
	Small Cap Growth Index	Common/Collective fund	4,343	6,047
	US Small Cap	Common/Collective fund	28,415	40,652

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS HELD FOR INVESTMETNS
AS OF DECEMBER 31, 2010

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Sci Tech	Common/Collective fund	7,903	9,645
	Royce Opportunity	Common/Collective fund	22,483	30,372
	Explorer	Common/Collective fund	4,204	5,835
	T. Rowe Price Health Sci	Common/Collective fund	9,811	11,968
	Oppenheimer Development Mkt	Common/Collective fund	63,455	88,904
	Optimized Value Fund	Common/Collective fund	11,034	12,716
	500 Index Fund	Common/Collective fund	7,303	8,245
	Small Cap Opportunities Fund	Common/Collective fund	2,318	3,433
	VS Small Val	Common/Collective fund	6,022	7,200
	Real Est. Securities Fund	Common/Collective fund	10,408	13,602
	Total Stock Market Index Fund	Common/Collective fund	7,830	10,157
	VS Blu Chip	Common/Collective fund	13,166	15,415
	Mid Cap Index Fund	Common/Collective fund	13,351	20,893
	VS Mid Val	Common/Collective fund	36,913	45,336
	International Value Fund	Common/Collective fund	4,224	4,314
	Intl Equity Index Fund	Common/Collective fund	40,589	47,772
	Intl Small Cap Fund	Common/Collective fund	12,340	18,784
	VS SC Tec	Common/Collective fund	9,052	11,647
	VS Financial	Common/Collective fund	8,778	9,234
	VS ALLCPVL	Common/Collective fund	1,327	1,484
	VS Cap App	Common/Collective fund	4,807	5,135
	Small Growth	Common/Collective fund	286	333
	Vista	Common/Collective fund	56	56
	VS Str Inc	Common/Collective fund	14,510	15,569
	BRGLEBALL	Common/Collective fund	2,246	2,386
	Mid Cap Stock Fund	Common/Collective fund	40,291	46,706
	Small Cap Index Fund	Common/Collective fund	17,715	23,341
	10 Yr Comp	Common/Collective fund	204,388	204,387
	Save-More Drug Inc. 401(k) plan loans secured by participant accrued benefits	Participant loans, 4.25 --8.25, bi monthly payments from payroll dedection	149,386	149,386
	Total		$ 4,862,518	$ 5,808,457

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2010

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
Lifecycle 2010	$ 660	$ 2,645
Lifecycle 2015	10,661	-
Lifecycle 2020	112,398	-
Lifecycle 2025	87,605	-
Lifecycle 2030	30,587	-
Lifecycle 2035	65,857	58,413
Lifecycle 2040	23,573	-
Lifecycle 2045	17,918	-
Lifestyle Conservative	95,879	6,423
Lifestyle Moderate	77,193	46,529
Lifestyle Balanced	305,127	129,120
Lifestyle Growth	515,859	82,594
Lifestyle Aggressive	173,527	122,244
John Hancock Stable Val	58,334	14,407
PIMCO Total Return	98,751	-
PIMCO Global Bond	13,062	3,860
T. Rowe Price Spectrum Inc	26,927	20,414
John Hancock Strategic Inc	18,765	67,962
LM Partners Glb High Yield	45,899	-
PIMCO All Asset	9,567	-
American Balanced Fund	7,751	-
Washington Mutual Investors	16,314	852
Investment Company of America	15,321	-
Davis New York Venture	23,135	2,596
Mutual Beacon	13,551	13,395
TRP EQ Inc.	6,474	3,437
Mutual Discovery	22,436	11,452
Lord Abbett Mid Cap Value (JPM Mcvalu)	6,410	5,395
MFS Utilities	15,719	7,297
Domini Social Equity	40	-
BlackRock Large Value	4,531	1,597

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2010

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
Columbia Value & Restructuring	7,354	3,431
The Growth Fund of America	29,762	4,349
Jenn Growth	172	661
Templeton World	899	-
Oppenheimer Global	19,019	-
EuroPacific Growth Fund	55,457	1,822
Davis Financial	1,183	3,781
Energy	40,954	15,392
Small Cap Growth Index	3,870	1,017
US Small Cap	22,556	-
Sci Tech	2,748	-
Royce Opportunity	14,767	2,069
Explorer	3,298	-
T. Rowe Price Health Sci	7,303	903
Oppenheimer Development Mkt	63,450	2,298
Optimized Value Fund	5,719	1,950
500 Index Fund	7,523	-
Small Cap Opportunities Fund	1,651	-
VS Small Val	7,200	-
Real Est. Securities Fund	4,844	169
Total Stock Market Index Fund	1,845	-
VS Blu Chip	14,570	6,595
Mid Cap Index Fund	6,565	-
VS Mid Val	38,426	-
International Value Fund	1,376	-
Intl Equity Index Fund	18,476	3,582
Intl Small Cap Fund	8,521	-
VS SC Tec	3,109	-
VS Financial	9,234	-
All Cap Growth Fund	868	3,264
VS ALLCPVL	1,484	-
VS Cap App	5,935	800
Small Growth	333	-
Vista	56	-
VS Str Inc	15,569	-
BRGLEBALL	2,386	-
Mid Cap Stock Fund	18,020	976
Small Cap Index Fund	9,802	2,167
10 Yr Comp	98,269	146
Save-More Drug Inc. 401(k) Plan Participant loans secured by participant accrued benefits	97,254	- 98,624
Total	$ 2,571,658	$ 754,628

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS HELD FOR INVESTMETNS
AS OF DECEMBER 31, 2010

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Sci Tech	Common/Collective fund	7,903	9,645
	Royce Opportunity	Common/Collective fund	22,483	30,372
	Explorer	Common/Collective fund	4,204	5,835
	T. Rowe Price Health Sci	Common/Collective fund	9,811	11,968
	Oppenheimer Development Mkt	Common/Collective fund	63,455	88,904
	Optimized Value Fund	Common/Collective fund	11,034	12,716
	500 Index Fund	Common/Collective fund	7,303	8,245
	Small Cap Opportunities Fund	Common/Collective fund	2,318	3,433
	VS Small Val	Common/Collective fund	6,022	7,200
	Real Est. Securities Fund	Common/Collective fund	10,408	13,602
	Total Stock Market Index Fund	Common/Collective fund	7,830	10,157
	VS Blu Chip	Common/Collective fund	13,166	15,415
	Mid Cap Index Fund	Common/Collective fund	13,351	20,893
	VS Mid Val	Common/Collective fund	36,913	45,336
	International Value Fund	Common/Collective fund	4,224	4,314
	Intl Equity Index Fund	Common/Collective fund	40,589	47,772
	Intl Small Cap Fund	Common/Collective fund	12,340	18,784
	VS SC Tec	Common/Collective fund	9,052	11,647
	VS Financial	Common/Collective fund	8,778	9,234
	VS ALLCPVL	Common/Collective fund	1,327	1,484
	VS Cap App	Common/Collective fund	4,807	5,135
	Small Growth	Common/Collective fund	286	333
	Vista	Common/Collective fund	56	56
	VS Str Inc	Common/Collective fund	14,510	15,569
	BRGLEBALL	Common/Collective fund	2,246	2,386
	Mid Cap Stock Fund	Common/Collective fund	40,291	46,706
	Small Cap Index Fund	Common/Collective fund	17,715	23,341
	10 Yr Comp	Common/Collective fund	204,388	204,387
	Save-More Drug Inc. 401(k) plan loans secured by participant accrued benefits	Participant loans, 4.25 --8.25, bi monthly payments from payroll dedection	149,386	149,386
	Total		$ 4,862,518	$ 5,808,457

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2010

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
Lifecycle 2010	$ 660	$ 2,645
Lifecycle 2015	10,661	-
Lifecycle 2020	112,398	-
Lifecycle 2025	87,605	-
Lifecycle 2030	30,587	-
Lifecycle 2035	65,857	58,413
Lifecycle 2040	23,573	-
Lifecycle 2045	17,918	-
Lifestyle Conservative	95,879	6,423
Lifestyle Moderate	77,193	46,529
Lifestyle Balanced	305,127	129,120
Lifestyle Growth	515,859	82,594
Lifestyle Aggressive	173,527	122,244
John Hancock Stable Val	58,334	14,407
PIMCO Total Return	98,751	-
PIMCO Global Bond	13,062	3,860
T. Rowe Price Spectrum Inc	26,927	20,414
John Hancock Strategic Inc	18,765	67,962
LM Partners Glb High Yield	45,899	-
PIMCO All Asset	9,567	-
American Balanced Fund	7,751	-
Washington Mutual Investors	16,314	852
Investment Company of America	15,321	-
Davis New York Venture	23,135	2,596
Mutual Beacon	13,551	13,395
TRP EQ Inc.	6,474	3,437
Mutual Discovery	22,436	11,452
Lord Abbett Mid Cap Value (JPM Mcvalu)	6,410	5,395
MFS Utilities	15,719	7,297
Domini Social Equity	40	-
BlackRock Large Value	4,531	1,597

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2010

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
Columbia Value & Restructuring	7,354	3,431
The Growth Fund of America	29,762	4,349
Jenn Growth	172	661
Templeton World	899	-
Oppenheimer Global	19,019	-
EuroPacific Growth Fund	55,457	1,822
Davis Financial	1,183	3,781
Energy	40,954	15,392
Small Cap Growth Index	3,870	1,017
US Small Cap	22,556	-
Sci Tech	2,748	-
Royce Opportunity	14,767	2,069
Explorer	3,298	-
T. Rowe Price Health Sci	7,303	903
Oppenheimer Development Mkt	63,450	2,298
Optimized Value Fund	5,719	1,950
500 Index Fund	7,523	-
Small Cap Opportunities Fund	1,651	-
VS Small Val	7,200	-
Real Est. Securities Fund	4,844	169
Total Stock Market Index Fund	1,845	-
VS Blu Chip	14,570	6,595
Mid Cap Index Fund	6,565	-
VS Mid Val	38,426	-
International Value Fund	1,376	-
Intl Equity Index Fund	18,476	3,582
Intl Small Cap Fund	8,521	-
VS SC Tec	3,109	-
VS Financial	9,234	-
All Cap Growth Fund	868	3,264
VS ALLCPVL	1,484	-
VS Cap App	5,935	800
Small Growth	333	-
Vista	56	-
VS Str Inc	15,569	-
BRGLEBALL	2,386	-
Mid Cap Stock Fund	18,020	976
Small Cap Index Fund	9,802	2,167
10 Yr Comp	98,269	146
Save-More Drug Inc. 401(k) Plan Participant loans secured by participant accrued benefits	97,254	- 98,624
Total	$ 2,571,658	$ 754,628