Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] 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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
VISIBLE CHANGES, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1978

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

1303 CAMPBELL ROAD
HOUSTON, TX 77055

2b Employer Identification Number (EIN) 74-1940259

2c Sponsor's telephone number 713-984-8800

2d Business code (see instructions) 812112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2010	JOHN MCCORMACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2010	JOHN MCCORMACK
	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")
VISIBLE CHANGES, INC.

1303 CAMPBELL ROAD
HOUSTON, TX 77055

3b Administrator's EIN
74-1940259

3c Administrator's telephone number
713-984-8800

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**	1066
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**	934
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	171
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1105
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1105
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	956
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	50
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 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)		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)		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)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
VISIBLE CHANGES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1940259

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

WILMNGTON TRUST

2800 N CENTRAL AVENUE
SUITE 900
PHOENIX, AZ 85004

76-0389297

(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?
25	TRUSTEE	49924	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ ACTUARIAL & BENEFIT CONSULTANT

4615 SOUTHWEST FREEWAY
SUITE 300
HOUSTON, TX 77027

31-1582098

(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	RECORDKEEPER	338375	Yes [ ] No [X]	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

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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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
VISIBLE CHANGES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1940259

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2250000	1650000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8422	9658
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	363724	2147689
(2) U.S. Government securities	1c(2)	11995892	11699365
(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)	4906678	4322485
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1650497	1869103
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9282809	12822051
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3477370	4663464

			(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	33935392	39183815
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		146
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	146
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	33935392	39183669

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)	1650000	
	(B) Participants	2a(1)(B)		
	(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)		1650000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	385	
	(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)	115555	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		115940
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	318689	
	(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)		318689
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7207	
	(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)		7207

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5413295	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		5413295
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7505131
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1887712	
(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)		1887712
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		285380
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	33838	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	49924	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		83762
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2256854
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5248277
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: STOVALL, GRANDEY & ALLEN, LLP (2) EIN: 75-2678894

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		1000000
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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
VISIBLE CHANGES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1940259

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): 76-0389297

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):

VISIBLE CHANGES INC.,
PROFIT SHARING PLAN
HOUSTON, TEXAS

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2009 AND 2008

Form 5500 – Schedule H, Part III, Auditor's Report

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID #74-1940259 PLAN #001
AUDITED FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

The following financial information is submitted herewith:

	Page
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Supplemental Schedules	
Schedule of Assets Held for Investment Purposes at End of Year	12
Schedule of Reportable Transactions	16

SGA
Stovall Grandey & Allen LLP

500 W. 7th Street
Suite 900
Fort Worth, Texas
76102-4702

Phone 817-632-2500
Fax 817-632-2598

www.sga-cpas.com

INDEPENDENT AUDITOR'S REPORT

Investment Committee
Visible Changes Inc., Profit Sharing Plan
Houston, Texas

We were engaged to audit the financial statements and supplemental schedules of Visible Changes Inc., Profit Sharing Plan (the Plan) as of December 31, 2009 and 2008, and for the years then ended, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wilmington Trust Company, trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Stovall, Grandey & Allen, LLP

STOVALL, GRANDEY & ALLEN, LLP
Fort Worth, Texas
June 29, 2009

VISIBLE CHANGES INC., PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments at fair value:		
Money market funds	$ 2,147,689	$ 363,724
Mutual funds	12,822,051	9,282,809
U.S. Government securities	11,699,365	11,995,893
Stock - common and preferred	4,322,485	4,906,678
Precious metals	4,447,200	3,244,300
Exchange traded funds	105,264	122,070
Other investments	111,000	111,000
Participant loans	1,869,103	1,650,497
Total investments	37,524,157	31,676,971
Receivables:		
Company contributions receivable	1,650,000	2,250,000
Accounts receivable - other	9,658	8,422
Total receivables	1,659,658	2,258,422
TOTAL ASSETS	39,183,815	33,935,393
LIABILITIES		
Other liabilities:		
Other liabilities	146	-
Total other liabilities	146	-
TOTAL LIABILITIES	146	-
Net Assets Available for Benefits	$ 39,183,669	$ 33,935,393

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

VISIBLE CHANGES INC., PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions to net assets attributed to:		
Contributions:		
Employer	$ 1,650,000	$ 2,250,000
Total contributions	1,650,000	2,250,000
Investment income:		
Net appreciation (depreciation) in fair value of investments	5,420,501	(7,177,084)
Interest and dividends	434,629	888,778
Total investment income (losses)	5,855,130	(6,288,306)
Total additions (deductions)	7,505,130	(4,038,306)
Deductions from net assets attributed to:		
Benefits paid to participants	1,887,712	1,307,739
Deemed loan distributions	285,380	131,310
Service and trustee fees	83,762	102,419
Total deductions	2,256,854	1,541,468
Net increase (decrease) in net assets available for benefits	5,248,276	(5,579,774)
Net assets available for benefits:		
Beginning of Year	33,935,393	39,515,167
End of Year	$ 39,183,669	$ 33,935,393

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

Note 1 Description of Plan

The following description of the Visible Changes Inc., 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.

General

The Plan is a non-contributory defined contribution plan designed to provide retirement income to all employees of Visible Changes, Inc. and its affiliates (collectively referred to as "Company") who meet Plan eligibility requirements.

The Plan was established July 1, 1978, and was last amended effective January 1, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") and to the Job Creation and Worker Assistance Act of 2002 ("the 2002 Tax Act").

The amendment changed the vesting schedule from seven years to six years at 20% per year.

Eligibility

Employees who (a) are employed as of December 31 of the plan year or who have terminated employment during the year as a result of death, disability or attainment of normal retirement age (65) and (b) have completed 1,000 hours of service during the plan year are eligible to participate in the Plan.

Contributions

The Plan does not permit employee contributions. The Company's contribution is discretionary and is determined annually by the board of directors.

Investments

Investment determinations are made by the investment committee which is made up of eight current employees. Committee members receive training in the investment selection process. The committee meets periodically with investment advisors from the brokerage firm used by the trustee.

Participant Accounts

Each participant's account is credited with an allocation of Company contributions, plan earnings, and forfeitures of terminated participants' non-vested accounts and charged with an allocation of administrative expenses. Allocations of Company contributions are based on participant compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 Description of Plan, continued

Vesting and Forfeitures

A year of vesting service is granted upon completion of 1,000 hours of service during a plan year. A participant's interest in his account becomes vested in accordance with the following schedule:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Non-vested balances of terminated participants are considered forfeited and are allocated among participants' accounts eligible to share in discretionary contributions for the year, based on participant compensation to total compensation.

Participant Loans

Participants may borrow from their participant account a maximum of the lesser of 50% of their vested account balance or $50,000. Loans are secured by the balance in the participant's account and bear interest at the prevailing prime rate at the time of loan plus one percent. The interest rate is fixed for the term of the loan. Loans must be repaid within a five-year period, except for loans used to acquire or construct a dwelling, which is or will be used as the participant's principal residence.

Administrative Expenses

Expenses of the Plan, to the extent they are not paid by the company, may be paid out of the assets of the Plan provided that such payment is consistent with ERISA. Such expenses include, but are not limited to, expenses for bonding required by ERISA; expenses for record keeping and other administrative services, fees and expenses of the Trustee. For the years ended December 31, 2009 and 2008 fees of approximately $83,762 and $102,419 respectively, were paid by the Plan.

Plan Administration

Investments in stocks, bonds, treasury notes, mutual funds, participant loans, and other security investments are held by Wilmington Trust Company. The investment in bullion is held by UBS Financial Services, Inc. Coins are held in a safe deposit box in Chase Bank and the railroad tank cars are managed by GLNX. Wilmington Trust Company certifies only to the accuracy and completeness of assets in its custody.

CBIZ Actuarial and Benefit Consultants, Inc. performs certain plan administrative duties such as 5500 preparation, compliance testing, preparation of annual statements, and transaction processing. Certain other administrative functions are performed by officers and employees of the Company. However, such officers and employees received no compensation from the Plan.

Note 1 Description of Plan, continued

Payment of Benefits

Payment of benefits shall be as of the next valuation date following the participant's retirement, death, disability or other separation from service.

Benefits under the Plan are paid as lump sum payments, in cash, except for persons who became Plan participants prior to July 1, 1989. Pre-1989 participants may receive annuity payments unless they elect a lump sum distribution.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Stocks, U.S. government securities, precious metals, mutual funds and exchange traded funds are valued at quoted market prices. Participant loans are valued at cost which approximates fair value. Other investments are valued at estimated fair value. See Note 10 for discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

New Accounting Standards

Effective July 1, 2009, the FASB established the Codification as the source of authoritative GAAP for companies to use in the preparation of financial statements. The guidance contained in the Codification supersedes all existing non-SEC accounting and reporting standards. The Corporation adopted the Codification, as required, for the year ending December 31, 2009.

Note 3 Investments

Investments representing 5% or more of net assets available for benefits (at the beginning of the year) consist of the following as of December 31:

	2009 Fair Value	2008 Fair Value
Nonparticipant-directed investments:		
Mutual Funds		
Blackrock Energy & Resources	$ 1,698,675	$ **
Gateway	2,461,984	2,295,512
ING Diversified International C	2,019,959	**
U.S. Government Securities		
U.S. Treasury Bills	11,699,365	11,995,894

** At the end of this year this balance was not five percent of the Plan net assets.

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by approximately $5,420,501 and $(7,177,084), respectively, as follows:

	2009	2008
Mutual funds	$ 3,151,497	$ (3,837,389)
U.S. Government securities	21,728	232,407
Stock – common and preferred	1,032,696	(2,928,074)
Precious metals	1,202,900	(508,200)
Exchange traded funds	11,680	(128,828)
Other investments	-	(7,000)
	$ 5,420,501	$ (7,177,084)

Note 4 Information Certified by the Trustee

The plan administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, the plan administrator limited auditing procedures with respect to the information certified by the trustee.

A summary of the information certified by the trustee for the years ended December 31, 2009 and 2008 included the supplemental schedules and other information, as follows:

	2009	2008
Investments:		
Money market funds	$ 2,147,689	$ 363,724
Mutual funds	12,822,051	9,282,809
U. S. Government Securities	11,699,365	11,995,893
Stocks - common and preferred	4,322,485	4,906,678
Exchange traded funds	105,264	122,070
Participant loans	1,869,103	1,650,497
Total investments certified by trustee	$ 32,965,957	$ 28,321,671
Net appreciation (depreciation) in fair value of investments	$ 4,217,601	$ (6,661,884)
Interest and dividends	434,629	888,778

Note 5 Parties-In-Interest

Parties-in-interest are defined under Department of Labor regulations as any fiduciary to the Plan, any party rendering services to the Plan, the employer, and certain others. As such, transactions conducted with Visible Changes, Inc. and its affiliates, as well as Wilmington Trust Company, and CBIZ Actuarial and Benefit Consultants, Inc. qualify as exempt party-in-interest transactions.

Note 6 Risks and Uncertainties

Investment securities in which the Plan invests are subject to various risks, such as market, credit and interest rate risks. Due to the level of risk associated with such securities, it is at least reasonably possible that changes in the near term could materially affect participant's unit values and the amounts reported in the statements of net assets available for benefits.

Note 7 Forfeited Accounts

During the years ended December 31, 2009 and 2008, $76,678 and $155,163, respectively, of terminated participants' non-vested balances were allocated to eligible participants' accounts.

Note 8 Tax Status

The Plan obtained its latest determination letter on September 20, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving this favorable determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Note 9 Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 10 Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- *Level 1 Inputs* – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

- *Level 2 Inputs* – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These might include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (such as interest rates, volatilities, prepayment speeds, credit risks, etc.) or inputs that are derived principally from or corroborated by market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

- *Level 3 Inputs* – Unobservable inputs for determining the fair values of assets or liabilities that reflect an entity's own assumptions about the assumptions that market participants would use in pricing the assets or liabilities.

A description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. These valuation methodologies were applied to all of the Plan's financial assets and financial liabilities carried at fair value effective January 1, 2008.

Note 10 Fair Value Measurements, continued

In general, fair value is based upon quoted market prices, where available. If such quoted market prices are not available, fair value is based upon internally developed models that primarily use, as inputs, observable market-based parameters. Valuation adjustments may be made to ensure that financial instruments are recorded at fair value. These adjustments may include amounts to reflect counterparty credit quality and the Plan's creditworthiness, among other things, as well as unobservable parameters. Any such valuation adjustments are applied consistently over time. The Plan's valuation methodologies may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While management believes the Plan's valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Common and preferred stocks and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Precious metals: Valued at quoted price for similar asset in active market.

Exchange traded funds: Valued at the NAV of the underlying assets held by the Plan at year end.

Other investments: Values for railroad tank cars are obtained from a third party and are based on terms of lease, age and condition of rail cars and other relevant information.

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

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

The following table summarizes financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2009 and 2008, segregated by the level of the valuation inputs within the fair value hierarchy utilized to measure the fair value:

	Level 1	Level 2	Level 3	Total
December 31, 2009:				
Money market funds	$ 2,147,689	$	$	$ 2,147,689
Mutual funds	12,822,051			12,822,051
U.S. Government securities	11,699,365			11,699,365
Stock – common and preferred	4,322,485			4,322,485
Precious metals		4,447,200		4,447,200
Exchange traded funds	105,264			105,264
Other investments			111,000	111,000
Participant loans			1,869,103	1,869,103
	$ 31,096,854	$ 4,447,200	$ 1,980,103	$ 37,524,157

Note 10 Fair Value Measurements, continued

	Level 1	Level 2	Level 3	Total
December 31, 2008:				
Money market funds	$ 363,724	$ -	$ -	$ 363,724
Mutual funds	9,282,809	-	-	9,282,809
U.S. Government securities	11,995,893	-	-	11,995,893
Stock – common and preferred	4,906,678	-	-	4,906,678
Precious metals	-	3,244,300	-	3,244,300
Exchange traded funds	122,070	-	-	122,070
Other investments	-	-	111,000	111,000
Participant loans	-	-	1,650,497	1,650,497
	$ 26,671,174	$ 3,244,300	$ 1,761,497	$ 31,676,971

The following tables set forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2009 and 2008:

	Other Investments 2009	Other Investments 2008
Balance, beginning of year	$ 111,000	$ 118,000
Unrealized losses relating to instruments still held at the reporting date	-	(7,000)
Balance, end of year	$ 111,000	$ 111,000

	Participant Loans 2009	Participant Loans 2008
Balance, beginning of year	$ 1,650,497	$ 1,549,895
New loans	1,055,100	827,300
Repayments	(836,494)	(726,698)
Balance, end of year	$ 1,869,103	$ 1,650,497

Note 11 Subsequent Event

The Company has evaluated subsequent events from December 31, 2009 through June 29, 2010, the date the financial statements were available to be issued. Based on their evaluation, the following subsequent event was identified:

On March 26, 2010 the Plan sold its Rail Cars which are shown as "Other Investments" on the Statement of Net Assets Available for Benefits. The Plan received $111,000 for the Rail Cars with no gain or loss recognized.

SUPPLEMENTAL SCHEDULES

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
MONEY MARKET FUNDS				
	Corporate Services Pass-Through Account		(33,559)	(33,559)
	Fahnestock Cash		847,777	847,777
	Schwab Money Market Fund		1,333,471	1,333,471
	Total Money Market Funds		2,147,689	2,147,689
MUTUAL FUNDS				
	Advantage Government Primary Liquidity Fund	20,198.240 Shares	20,198	20,198
	Allianz NFJ Small Cap Value Fund Class C	48,523.888 Shares	1,011,002	1,080,627
	Allianz NFJ Small Cap Value I	3,762.758 Shares	75,415	91,209
	Aston Montag & Caldwell Growth Fd	3,970.808 Shares	61,543	89,462
	Baron Asset	9,299.097 Shares	537,618	429,711
	Blackrock Energy & Resources Portfoilio	71,223.254 Shares	1,763,591	1,698,675
	Blackrock Inflation Protected Bond Ins	4,916.240 Shares	49,849	53,145
	Columbia Acorn Fund C	47,805.654 Shares	1,300,943	1,062,720
	First Eagle Gold Fund C	18,697.705 Shares	308,092	487,823
	Gateway	97,504.314 Shares	2,264,762	2,461,984
	Harbor Int'l	1,454.874 Shares	88,160	79,829
	ING Diversified International C	233,251.580 Shares	2,234,577	2,019,959
	Ivy Global Natural Resource-C	70,815.121 Shares	1,086,655	1,145,789
	JPMorgan US Real Estate Fund A	6,402.920 Shares	52,853	78,180
	Money Market Obligs Tr II Prime Value Inst	3,623.380 Shares	3,623	3,623
	Morgan Stanley Ins Emg Mkt-A	1,802.104 Shares	45,200	41,611
	Oakmark Intl Small Cap I	3,676.107 Shares	40,771	43,709
	Pimco Commodity Rr Strat Ins	8,836.263 Shares	83,691	73,164
	Pimco Total Return Instl	5,013.603 Shares	52,066	54,147
	T Rowe Price Inst Large Cap Value	8,081.261 Shares	107,990	92,207
	T Rowe Price Intl Bd	5,560.167 Shares	52,687	54,879
	T Rowe Price Intl Disc	1,137.259 Shares	49,255	42,022
	Turner Emerging Growth Fd IS	2,323.382 Shares	61,713	91,448
	Xanthus Fund Value At Prior	1,525,930.740 Shares	1,391,500	1,525,930
	Total Mutual Funds		12,743,754	12,822,051
U.S. GOVERNMENT SECURITIES				
	US Treasury Bill Due 1-07-10	900,000.00	899,834	899,998
	US Treasury Bill Due 1-14-10	900,000.00	899,846	899,998
	US Treasury Bill Due 1-21-10	900,000.00	899,823	899,988
	US Treasury Bill Due 1-28-10	900,000.00	899,834	899,978
	US Treasury Bill Due 2-04-10	900,000.00	899,868	899,973
	US Treasury Bill Due 2-11-10	900,000.00	899,857	899,967

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	US Treasury Bill Due 2-18-10	900,000.00	899,857	899,972
	US Treasury Bill Due 2-25-10	900,000.00	899,915	899,945
	US Treasury Bill Due 3-04-10	900,000.00	899,868	899,934
	US Treasury Bill Due 3-11-10	900,000.00	899,891	899,909
	US Treasury Bill Due 3-18-10	900,000.00	899,914	899,927
	US Treasury Bill Due 3-25-10	900,000.00	899,846	899,906
	US Treasury Bill Due 4-01-10	900,000.00	899,755	899,870
	Total U.S. Government Securities		11,698,108	11,699,365
	STOCK - COMMON AND PREFERRED			
	3M Co.	1,545.000 Shares	$ 115,183	$ 127,725
	Abbott Laboratories	456.000 Shares	20,639	24,619
	Ace Ltd Ord Shs	331.000 Shares	16,436	16,682
	Aetna Inc	536.000 Shares	16,711	16,991
	Altria Group, Inc.	1,401.000 Shares	22,478	27,502
	American Express Co	1,910.000 Shares	47,944	77,393
	Ameriprise Financial Inc	588.000 Shares	15,533	22,826
	Anadarko Pete Corp.	290.000 Shares	11,608	18,102
	Applied Material	11,405.000 Shares	191,109	158,986
	Automatic Data Processing	2,440.000 Shares	96,449	104,481
	Baxter Intl Inc	301.000 Shares	17,358	17,663
	Bp Plc Spoons Adr	590.000 Shares	32,477	34,202
	Carmax Inc	640.000 Shares	8,893	15,520
	Chevron Corp	338.000 Shares	23,683	26,023
	Cintas Corp	900.000 Shares	20,646	23,463
	Coca-Cola Company	3,270.000 Shares	154,459	186,390
	Colgate-Palmolive	1,895.000 Shares	104,110	155,674
	Comcast Corp Spl Cl A	2,950.000 Shares	40,185	47,230
	Cooper Industries	448.000 Shares	16,886	19,103
	Cvs Caremark Corp	870.000 Shares	27,561	28,023
	Dell Inc	10,050.000 Shares	184,143	144,318
	Devon Energy Corp New	383.000 Shares	24,201	28,151
	Directv	535.000 Shares	11,968	17,842
	Disney Walt Co	3,750.000 Shares	98,434	120,938
	Dst Sys Inc Del	281.000 Shares	10,398	12,238
	E I Du Pont De Nemours & Co.	1,640.000 Shares	66,346	55,219
	Emerson Electric Co	1,095.000 Shares	33,514	46,647
	Entergy Corp	217.000 Shares	14,862	17,759
	Federal Express Corp	165.000 Shares	12,087	13,769
	Flextronics International Ltd	2,535.000 Shares	8,157	18,531
	Frontier Oil Corp	3,975.000 Shares	46,473	47,859
	Gannett Co.	2,950.000 Shares	145,980	43,808

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	General Electric Co	6,725.000 Shares	192,623	101,749
	General Mills	305.000 Shares	15,405	21,597
	Halliburton Company	604.000 Shares	11,511	18,174
	Hess Corp	447.000 Shares	26,294	27,044
	Honeywell International	690.000 Shares	22,429	27,048
	Hospira Inc	418.000 Shares	13,781	21,318
	Hutchinson Technology Inc	6,625.000 Shares	139,485	67,973
	Ingram Micro Inc Cl A	726.000 Shares	12,920	12,669
	Intel Corporation	8,602.000 Shares	154,251	175,481
	Interpublic Group Co	1,721.000 Shares	10,012	12,701
	KBR Inc	910.000 Shares	16,751	17,290
	Marsh & Mclennan Inc	4,710.000 Shares	120,228	103,997
	Masco Corp	8,475.000 Shares	210,715	117,040
	Maxwell Technologies	1,680.000 Shares	22,160	29,971
	Mdc Holding Inc	2,125.000 Shares	61,168	65,960
	Memc Electric Materials	6,625.000 Shares	92,604	90,233
	Microsoft Corporation	11,167.000 Shares	257,735	340,370
	Newport Corp	4,400.000 Shares	61,313	40,436
	News Corp Inc Class A	6,262.000 Shares	69,233	85,727
	Norfolk Southern Co	502.000 Shares	17,092	26,315
	Paychex Inc	1,500.000 Shares	39,005	45,960
	Philip Morris International	504.000 Shares	23,108	24,288
	Procter & Gamble Co	1,235.000 Shares	74,329	74,878
	Ralcorp Holdings Inc	226.000 Shares	12,931	13,494
	Symantec Corp	1,610.000 Shares	25,427	28,803
	Target Corp	3,740.000 Shares	14,130	18,090
	Teva Pharmaceutical Ind	239.000 Shares	10,217	13,427
	Texas Instruments Inc	2,250.000 Shares	48,198	58,635
	The Bank of New York Mellon Corp	612.000 Shares	17,487	17,118
	Time Warner Inc	611.000 Shares	17,662	17,805
	Unilever N V - Ny Shares	562.000 Shares	12,786	18,169
	Union Pacific Corp	291.000 Shares	16,617	18,595
	United Parcel Service	825.000 Shares	53,900	47,330
	Unitedhealth Group Inc	6,595.000 Shares	206,150	201,016
	Wal-Mart Stores Inc	3,945.000 Shares	182,690	210,860
	Walgreen Co	4,040.000 Shares	164,521	148,349
	Weatherford International Ltd	1,600.000 Shares	23,737	28,656
	Wells Fargo & Co New	5,490.000 Shares	121,807	148,175
	Western Union Co	1,518.000 Shares	20,847	28,614
	Willis Group Holdings	612.000 Shares	14,705	16,145
	Xto Energy Inc	544.000 Shares	24,937	25,308
	Total Stock - Common and Preferred		4,309,812	4,322,485

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	MISCELLANEOUS			
	Precious metals:			
	Gold South African Kruggerands	1,600 coins	687,400	1,740,000
	Gold Canadian Maple Leafs	400 coins	158,800	435,000
	Platinum bullion	400 troy oz.	232,600	586,200
	Silver bullion	100,000 troy oz.	450,000	1,686,000
	Total Precious Metals		1,528,800	4,447,200
	Exchange traded funds:			
	Financial Select Sector Spdr	7,310.000	184,513	105,264
	Other investments:			
	GLNX Corporation	Tank car #23011	33,000	28,000
	GLNX Corporation	Tank car #86072	33,000	28,000
	GLNX Corporation	Tank car #86271	32,000	27,000
	GLNX Corporation	Tank car #86272	32,000	28,000
	Total Other Investments		130,000	111,000
	Total miscellaneous investments		1,843,313	4,663,464
*	Participant Loans	Interest rates from 4.25% to 9.25%, maturing through November 15, 2019	0	1,869,103
	Total investments		**$ 32,742,676**	**$ 37,524,157**

* Represents a party-in-interest to the Plan

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4j

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

(a)/(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved/ Description of Asset	**Purchase Price**	**Selling Price**	**Expense Incurred with Transaction**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain or (Loss)**
Series of transactions during the plan year exceeding 5% of plan assets:						
US Treasury Bill due various						
50 purchases	46,282,056			46,282,056	46,282,056	-
51 sales		47,600,000		47,380,131	47,600,000	219,869
Advantage Government Liquid Fund						
66 purchases	50,029,667			50,029,667	50,029,667	-
130 sales		51,749,308		51,749,308	51,749,308	-

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
MONEY MARKET FUNDS				
	Corporate Services Pass-Through Account		(33,559)	(33,559)
	Fahnestock Cash		847,777	847,777
	Schwab Money Market Fund		1,333,471	1,333,471
	Total Money Market Funds		2,147,689	2,147,689
MUTUAL FUNDS				
	Advantage Government Primary Liquidity Fund	20,198.240 Shares	20,198	20,198
	Allianz NFJ Small Cap Value Fund Class C	48,523.888 Shares	1,011,002	1,080,627
	Allianz NFJ Small Cap Value I	3,762.758 Shares	75,415	91,209
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	Gateway	97,504.314 Shares	2,264,762	2,461,984
	Harbor Int'l	1,454.874 Shares	88,160	79,829
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	Xanthus Fund Value At Prior	1,525,930.740 Shares	1,391,500	1,525,930
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SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

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	Carmax Inc	640.000 Shares	8,893	15,520
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	Cintas Corp	900.000 Shares	20,646	23,463
	Coca-Cola Company	3,270.000 Shares	154,459	186,390
	Colgate-Palmolive	1,895.000 Shares	104,110	155,674
	Comcast Corp Spl Cl A	2,950.000 Shares	40,185	47,230
	Cooper Industries	448.000 Shares	16,886	19,103
	Cvs Caremark Corp	870.000 Shares	27,561	28,023
	Dell Inc	10,050.000 Shares	184,143	144,318
	Devon Energy Corp New	383.000 Shares	24,201	28,151
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	Disney Walt Co	3,750.000 Shares	98,434	120,938
	Dst Sys Inc Del	281.000 Shares	10,398	12,238
	E I Du Pont De Nemours & Co.	1,640.000 Shares	66,346	55,219
	Emerson Electric Co	1,095.000 Shares	33,514	46,647
	Entergy Corp	217.000 Shares	14,862	17,759
	Federal Express Corp	165.000 Shares	12,087	13,769
	Flextronics International Ltd	2,535.000 Shares	8,157	18,531
	Frontier Oil Corp	3,975.000 Shares	46,473	47,859
	Gannett Co.	2,950.000 Shares	145,980	43,808

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
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	Halliburton Company	604.000 Shares	11,511	18,174
	Hess Corp	447.000 Shares	26,294	27,044
	Honeywell International	690.000 Shares	22,429	27,048
	Hospira Inc	418.000 Shares	13,781	21,318
	Hutchinson Technology Inc	6,625.000 Shares	139,485	67,973
	Ingram Micro Inc Cl A	726.000 Shares	12,920	12,669
	Intel Corporation	8,602.000 Shares	154,251	175,481
	Interpublic Group Co	1,721.000 Shares	10,012	12,701
	KBR Inc	910.000 Shares	16,751	17,290
	Marsh & Mclennan Inc	4,710.000 Shares	120,228	103,997
	Masco Corp	8,475.000 Shares	210,715	117,040
	Maxwell Technologies	1,680.000 Shares	22,160	29,971
	Mdc Holding Inc	2,125.000 Shares	61,168	65,960
	Memc Electric Materials	6,625.000 Shares	92,604	90,233
	Microsoft Corporation	11,167.000 Shares	257,735	340,370
	Newport Corp	4,400.000 Shares	61,313	40,436
	News Corp Inc Class A	6,262.000 Shares	69,233	85,727
	Norfolk Southern Co	502.000 Shares	17,092	26,315
	Paychex Inc	1,500.000 Shares	39,005	45,960
	Philip Morris International	504.000 Shares	23,108	24,288
	Procter & Gamble Co	1,235.000 Shares	74,329	74,878
	Ralcorp Holdings Inc	226.000 Shares	12,931	13,494
	Symantec Corp	1,610.000 Shares	25,427	28,803
	Target Corp	3,740.000 Shares	14,130	18,090
	Teva Pharmaceutical Ind	239.000 Shares	10,217	13,427
	Texas Instruments Inc	2,250.000 Shares	48,198	58,635
	The Bank of New York Mellon Corp	612.000 Shares	17,487	17,118
	Time Warner Inc	611.000 Shares	17,662	17,805
	Unilever N V - Ny Shares	562.000 Shares	12,786	18,169
	Union Pacific Corp	291.000 Shares	16,617	18,595
	United Parcel Service	825.000 Shares	53,900	47,330
	Unitedhealth Group Inc	6,595.000 Shares	206,150	201,016
	Wal-Mart Stores Inc	3,945.000 Shares	182,690	210,860
	Walgreen Co	4,040.000 Shares	164,521	148,349
	Weatherford International Ltd	1,600.000 Shares	23,737	28,656
	Wells Fargo & Co New	5,490.000 Shares	121,807	148,175
	Western Union Co	1,518.000 Shares	20,847	28,614
	Willis Group Holdings	612.000 Shares	14,705	16,145
	Xto Energy Inc	544.000 Shares	24,937	25,308
	Total Stock - Common and Preferred		4,309,812	4,322,485

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	MISCELLANEOUS			
	Precious metals:			
	Gold South African Kruggerands	1,600 coins	687,400	1,740,000
	Gold Canadian Maple Leafs	400 coins	158,800	435,000
	Platinum bullion	400 troy oz.	232,600	586,200
	Silver bullion	100,000 troy oz.	450,000	1,686,000
	Total Precious Metals		1,528,800	4,447,200
	Exchange traded funds:			
	Financial Select Sector Spdr	7,310.000	184,513	105,264
	Other investments:			
	GLNX Corporation	Tank car #23011	33,000	28,000
	GLNX Corporation	Tank car #86072	33,000	28,000
	GLNX Corporation	Tank car #86271	32,000	27,000
	GLNX Corporation	Tank car #86272	32,000	28,000
	Total Other Investments		130,000	111,000
	Total miscellaneous investments		1,843,313	4,663,464
*	Participant Loans	Interest rates from 4.25% to 9.25%, maturing through November 15, 2019	0	1,869,103
	Total investments		**$ 32,742,676**	**$ 37,524,157**

* Represents a party-in-interest to the Plan

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, LINE 4j

VISIBLE CHANGES INC., PROFIT SHARING PLAN
EMPLOYER ID#: 74-1940259 PLAN #001
DECEMBER 31, 2009

(a)/(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved/ Description of Asset	**Purchase Price**	**Selling Price**	**Expense Incurred with Transaction**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain or (Loss)**
Series of transactions during the plan year exceeding 5% of plan assets:						
US Treasury Bill due various						
50 purchases	46,282,056			46,282,056	46,282,056	-
51 sales		47,600,000		47,380,131	47,600,000	219,869
Advantage Government Liquid Fund						
66 purchases	50,029,667			50,029,667	50,029,667	-
130 sales		51,749,308		51,749,308	51,749,308	-