

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan VESTCOM INTERNATIONAL, INC. SAVINGS FOR RETIREMENT PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) VESTCOM INTERNATIONAL, INC. 7302 KANIS RD LITTLE ROCK, AR 72204-2409	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/1998	
	2b Employer Identification Number (EIN)	22-3477425	
	2c Sponsor's telephone number	501-663-0100	
	2d Business code (see instructions)	323100	

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.	07/29/2010	HILLARY RODRIGUEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	HILLARY RODRIGUEZ
	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") VESTCOM INTERNATIONAL, INC. 7302 KANIS RD LITTLE ROCK, AR 72204-2409	3b Administrator's EIN 22-3477425 3c Administrator's telephone number 501-663-0100
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	691
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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	557
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	149
d Subtotal. Add lines 6a , 6b , and 6c	6d	706
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	706
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	523
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	41

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan VESTCOM INTERNATIONAL, INC. SAVINGS FOR RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. VESTCOM INTERNATIONAL, INC.		
D Employer Identification Number (EIN) 22-3477425		

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL 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
42-0127290	61271	441462	706	01/01/2009	12/31/2009

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
14436	12463

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

UBS FINANCIAL SERVICES INC
UBS FINANCIAL SRVCS INC
ACCT YY744680801
WEEHAWKEN, NJ 07086-6790

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10112	8608	REFERRAL/SERVICE FEE	3

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

UBS FINANCIAL SERVICES INC
UBS FINANCIAL SRVCS INC
ACCT YY744680801
WEEHAWKEN, NJ 07086-6790

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4324	3855	REFERRAL/SERVICE FEE	3

(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	

(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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. Specify nature of costs ▶	6d	

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 ▶ CUSTODIAL GUARANTEED FUND CONTRACT

b Balance at the end of the previous year	7b	1810604
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c Additions: (1) Contributions deposited during the year	7c(1)	295157	
	7c(2)		
	7c(3)	79310	
	7c(4)		
	7c(5)	913086	
▶ OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, TAKEOVER			

(6) Total additions	7c(6)	1287553
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d Total of balance and additions (add b and c(6)).	7d	3098157
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	206319	
(2) Administration charge made by carrier	7e(2)	2033	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	357156	

▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER, 401(K)
(M) EXCESS CONTRIBUTION

(5) Total deductions	7e(5)	565508
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f Balance at the end of the current year (subtract e(5) from d)	7f	2532649
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan VESTCOM INTERNATIONAL, INC. SAVINGS FOR RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VESTCOM INTERNATIONAL, INC.	D Employer Identification Number (EIN) 22-3477425

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b)

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

(b)

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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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	10281	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 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
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For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>VESTCOM INTERNATIONAL, INC. SAVINGS FOR RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VESTCOM INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>22-3477425</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15177	14814
(2) Participant contributions	1b(2)	52599	54181
(3) Other.....	1b(3)	0	0
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)	433156	494755
(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)	9062001	13544148
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1810604	2532649
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11373537	16640547

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11373537	16640547
---	-----------	----------	----------

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)	448575	
(B) Participants	2a(1)(B)	1668052	
(C) Others (including rollovers)	2a(1)(C)	9940	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2126567
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	32779	
(F) Other	2b(1)(F)	79310	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		112089
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	211173	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		211173
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2583988
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		5033817

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	647871	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		647871
f Corrective distributions (see instructions)	2f		43606
g Certain deemed distributions of participant loans (see instructions).....	2g		5500
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	10281	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10281
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		707258

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4326559
l Transfers of assets:			
(1) To this plan.....	2l(1)		940451
(2) From this plan	2l(2)		0

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: **BKD**

(2) EIN: **44-0160260**

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.).....	☒		439
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.).....		☒	0
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.)		☒	0
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.).....		☒	0
e Was this plan covered by a fidelity bond?.....	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
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.			

- 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 <u>VESTCOM INTERNATIONAL, INC. SAVINGS FOR RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VESTCOM INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>22-3477425</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Vestcom International, Inc.
Savings for Retirement Plan**

EIN 22-3477425 PN 001

Accountants' Report and Financial Statements
December 31, 2009 and 2008



Vestcom International Inc.
Savings for Retirement Plan
December 31, 2009 and 2008

Contents

Independent Accountants' Report.....	1
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Financial Statements

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 H, Line 4i – Schedule of Assets (Held at End of Year)	15
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Independent Accountants' Report

Plan Administrator
Vestcom International, Inc. Savings for Retirement Plan
Little Rock, Arkansas

We were engaged to audit the accompanying statements of net assets available for benefits of Vestcom International, Inc. Savings for Retirement Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedule. These financial statements and the schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in *Note 3*, which was certified by Principal Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 trustee 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BKD, LLP

July 16, 2010
Little Rock, Arkansas

Federal Employer Identification Number: 44-0160260

Vestcom International Inc.
Savings for Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

Assets

	<u>2009</u>	<u>2008</u>
Investments, At Fair Value	\$ 16,444,919	\$ 11,215,231
Receivables		
Employer's contribution	14,814	15,177
Participants' contributions	54,181	52,599
	<u>68,995</u>	<u>67,776</u>
Total assets	16,513,914	11,283,007
Liabilities		
Distributions payable	<u>14,369</u>	<u>61,920</u>
Net Assets Available for Benefits at Fair Value	16,499,545	11,221,087
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>126,633</u>	<u>90,531</u>
Net Assets Available for Benefits	<u><u>\$ 16,626,178</u></u>	<u><u>\$ 11,311,618</u></u>

Vestcom International Inc. Savings for Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investment Income		
Net appreciation (depreciation) in fair value of investments	\$ 2,602,302	\$ (5,125,794)
Interest	112,089	79,314
Dividends	<u>211,173</u>	<u>243,546</u>
Net investment income (loss)	<u>2,925,564</u>	<u>(4,802,934)</u>
Contributions		
Employer	448,574	403,942
Participants	1,653,683	1,415,141
Rollovers	9,940	454,358
Transfers in (Note 10)	<u>940,451</u>	<u>-</u>
	<u>3,052,648</u>	<u>2,273,441</u>
Total additions (net reductions)	<u>5,978,212</u>	<u>(2,529,493)</u>
Deductions		
Benefits paid directly to participants	653,371	1,021,941
Assets and loans transferred resulting from sale of division	-	58,379
Administrative expenses	<u>10,281</u>	<u>9,384</u>
Total deductions	<u>663,652</u>	<u>1,089,704</u>
Net (Decrease) Increase	5,314,560	(3,619,197)
Net Assets Available for Benefits, Beginning of Year	<u>11,311,618</u>	<u>14,930,815</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 16,626,178</u></u>	<u><u>\$ 11,311,618</u></u>

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 1: Description of the Plan

The following description of Vestcom International, Inc. Savings for Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

General

The Plan is a defined contribution plan sponsored by Vestcom International, Inc. (the Company) for the benefit of its employees who have at least 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Principal Trust Company is the trustee of the Plan.

Contributions

The Plan permits eligible employees through a salary deferral election to have the Company make annual contributions of up to 20% of eligible compensation. Employee rollover contributions are also permitted. The Company makes matching contributions based on each participant's contribution. The amount of the matching contribution will equal 100% of the participant's elective deferral contribution, up to 1% of the participant's compensation, plus 25% of the participant's elective deferral contribution over 1% of the participant's compensation, but not over 6% of the participant's compensation. Company profit-sharing contributions are discretionary as determined by the Company's board of directors. Contributions are subject to certain limitations. Forfeitures are used to reduce Company contributions.

Participant Investment Account Options

Investment account options available include various funds. Each participant has the option of directing his or her contributions into any of the separate investment accounts and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contribution, and Plan earnings and is charged with an allocation of administrative expenses. 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.

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Participants with a Plan entry date prior to January 1, 2004, are fully vested at the time of the contribution for all Company matching contributions. Prior to January 1, 2004, all profit-sharing contributions made by the employer on behalf of the participant vests at the rate of 20% after one year of service, increasing ratably through five years of service. Participants with a Plan entry date of January 1, 2004, or later, vest in the Company's matching and profit sharing contributions at the rate of 25% after one year of service, increasing ratably through four years of service. Participants become 100% vested upon death and total disability. The nonvested balance is forfeited upon termination of service.

Payment of Benefits

Upon termination of service, an employee may elect to receive either a lump-sum amount equal to the value of his or her account or a joint and survivor annuity.

Participant Loans

The Plan document includes provisions authorizing loans from the Plan to active participants. The minimum amount of a loan shall be \$1,000. Only one loan is to be approved per participant during a 12-month period. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are collateralized by the balance in the participant's account and are repayable over a period not to exceed five years, except for the purchase of a principal residence, which should not exceed 10 years, as amended effective March 1, 2005. Loans will bear a fixed rate of interest based on the fixed interest rates currently being charged by commercial lenders for loans of similar circumstances as determined by the loan administrator.

Plan Termination

Although it has not expressed an intention 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 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare Pension Plans* (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value. The FSP is effective for years ending after December 15, 2006. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the FSP, the Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value of shares held by the Plan at year end. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows, based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Participant loans are valued at cost, which approximates fair value.

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.

Plan Tax Status

The Plan operates under a nonstandardized adoption agreement in connection with a prototype retirement plan and trust/custodial document sponsored by Principal Financial Group. This prototype plan document has been filed with the Internal Revenue Service and has received an opinion letter dated September 16, 2003, in which the IRS stated that the Plan document as filed was acceptable under Section 401 of the Internal Revenue Code. The Plan has been amended since that date. 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 and that the Plan was qualified and the related trust was tax exempt as of the financial statement date. With a few exceptions, the Plan is no longer subject to U.S. Federal, state and local or non-U.S. income tax examinations by tax authorities for years before 2006.

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Note 3: Investments

Except for its investment contract with an insurance company (*Note 4*), the Plan's investments are held by Principal Trust Company. The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in fair value as follows:

	2009	
	Net Appreciation in Fair Value During Year	Fair Value at End of Year
Mutual funds	\$ 2,602,302	\$ 13,544,148
Principal Insurance Company, Group Annuity Contract	-	2,406,016
Participant loans	-	494,755
	<u><u>\$ 2,602,302</u></u>	<u><u>\$ 16,444,919</u></u>

	2008	
	Net Depreciation in Fair Value During Year	Fair Value at End of Year
Mutual funds	\$ (5,125,794)	\$ 9,062,003
Principal Insurance Company, Group Annuity Contract	-	1,720,072
Participant loans	-	433,156
	<u><u>\$ (5,125,794)</u></u>	<u><u>\$ 11,215,231</u></u>

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

The fair value of individual investments that represented 5% or more of the Plan's net assets available for benefits were as follows:

	2009	2008
*Principal Group Annuity Contract	\$ 2,406,016	\$ 1,720,072
*Principal Lifetime 2020 R3 Fund	1,529,892	1,066,938
*Principal Lifetime 2015 R3 Fund	1,118,676	1,031,905
*Principal Lifetime 2025 R3 Fund	835,514	685,607
American Funds Growth Fund of America R3 Fund	1,888,344	1,150,558
American Funds EuroPacific Growth R3 Fund	1,821,101	998,429
MFS Value R2 Fund	1,034,693	607,527
	<u><u>\$ 10,634,236</u></u>	<u><u>\$ 7,261,036</u></u>

*Party-in-interest

Interest and dividends realized on the Plan's investments for the years ended December 31, 2009 and 2008, were \$323,262 and \$322,860, respectively.

Information on the fully benefit-responsive group annuity contract is presented in *Note 4*.

Note 4: Contract With Insurance Company

In 2000, the Plan entered into a benefit-responsive investment contract with Principal Life Insurance Company (Principal Insurance). Principal Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan. As described in *Note 2*, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Principal Insurance, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. At origination, the contract paid a stated rate of return, which was a 3.10% effective annual rate. The rate was reset January 1, 2008, and semi-annually thereafter. The stated rate of return was 3.15% and 3.50% on January 1, 2009, and July 1, 2009, respectively.

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	<u>2009</u>	<u>2008</u>
Average yield		
Based on actual earnings	3.1%	2.6%
Based on interest rate credited to participants	3.3%	3.3%

Note 5: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan invests in certain funds of the Plan trustee. The Company provides certain administrative services at no cost to the Plan.

Note 6: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2009 and 2008, per the financial statements to Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 16,626,178	\$ 11,311,618
Excess contributions payable	<u>14,369</u>	<u>61,920</u>
Net assets available for benefits per Form 5500	<u><u>\$ 16,640,547</u></u>	<u><u>\$ 11,373,538</u></u>

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

The following is a reconciliation of the net increase (decrease) in net assets available for benefits for the years ended December 31, 2009 and 2008, per the financial statements to form 5500:

	<u>2009</u>	<u>2008</u>
Net increase (decrease) in net assets available for benefits	\$ 5,314,560	\$ (3,619,197)
Excess contributions payable, prior year	(61,920)	(69,331)
Excess contributions payable, current year	<u>14,369</u>	<u>61,920</u>
Net increase (decrease) per Form 5500	<u>\$ 5,267,009</u>	<u>\$ (3,626,608)</u>

Note 7: Disclosures About Fair Value of Assets and Liabilities

ASC Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying statement of net assets available for benefits, as well as the general classification of such instruments pursuant to the valuation hierarchy.

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds. The Plan has no Level 2 investments. The Group Annuity Contract's fair value is determined by estimated cash flows less surrender charges. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

There are no assets or liabilities measured at fair value on a nonrecurring basis.

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statement of net assets available for benefits measured at fair value on a recurring basis and the level within the FAS 157 fair value hierarchy in which the fair value measurements fall at December 31, 2009 and 2008:

		2009			
		Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level1)		Significant Other Observable Inputs (Level2)	Significant Unobservable Inputs (Level 3)
	Fair Value				
Mutual Funds:					
Intermediate	\$ 689,709	\$	689,709	\$	-
Large Growth	1,888,344		1,888,344	-	-
Small Growth	92,786		92,786	-	-
Large Value	1,034,693		1,034,693	-	-
Mid-Cap Growth	575,570		575,570	-	-
Foreign Large Blend	1,821,101		1,821,101	-	-
Mid-Cap Value	251,439		251,439	-	-
Target Funds	5,320,703		5,320,703	-	-
Index	1,046,345		1,046,345	-	-
Real Estate	363,309		363,309	-	-
Small-Cap Value	460,149		460,149	-	-
Group Annuity Contract	2,406,016		-	-	2,406,016
Participant Loans	494,755		-	-	494,755
	<u>\$ 16,444,919</u>				

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

2008				
Fair Value Measurements Using				
		Quoted Prices in Active Markets for Identical Assets (Level1)	Significant Other Observable Inputs (Level2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
Mutual Funds:				
Intermediate	\$ 463,077	\$ 463,077	\$ -	\$ -
Large Growth	1,150,558	1,150,558	-	-
Small Growth	44,346	44,346	-	-
Large Value	607,527	607,527	-	-
Mid-Cap Growth	336,645	336,645	-	-
Foreign Large Blend	998,429	998,429	-	-
Mid-Cap Blend	132,369	132,369	-	-
Target Funds	3,983,087	3,983,087	-	-
Index	668,909	668,909	-	-
Real Estate	261,782	261,782	-	-
Small-Cap Value	415,274	415,274	-	-
Group Annuity Contract	1,720,072	-	-	1,720,072
Participant Loans	433,156	-	-	433,156
	<u>\$ 11,215,231</u>			

The following is a reconciliation of the beginning and ending balances or recurring fair value measurements recognized in the accompanying balance sheet using significant unobservable (Level 3) inputs:

	Asset Group Annuity Contract
Balance, January 1, 2008	\$ 1,199,241
Total realized gains	
Included in net decrease	47,460
Net contribution/distributions	<u>473,371</u>
Balance, December 31, 2008	<u>\$ 1,720,072</u>
Total realized gains	
Included in net increase	79,310
Net contribution/distributions	<u>606,634</u>
Balance, December 31, 2009	<u><u>\$ 2,406,016</u></u>

Vestcom International Inc. Savings for Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

	Asset Participant Loans
Balance, January 1, 2008	\$ 375,002
Loans issued	232,668
Loan payments	<u>(174,514)</u>
Balance, December 31, 2008	<u>\$ 433,156</u>
Loans issued	240,009
Loan payments	<u>(178,410)</u>
Balance, December 31, 2009	<u><u>\$ 494,755</u></u>

Note 8: Significant Estimates and Concentrations

The current economic environment continues to present employee benefit plans with difficult circumstances and challenges, which in some cases have resulted in large declines in the fair value of investments. The financial statements have been prepared using values and information currently available to the Plan.

Given the volatility of current economic conditions, the values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

Note 9: 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 risk 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 statements of net assets available for benefits.

Vestcom International Inc. Savings for Retirement Plan

**Notes to Financial Statements
December 31, 2009 and 2008**

Note 10: Acquisition of Company

In 2008, the Company acquired substantially all of the assets and liabilities of Electronic Label Technology (ELT). As a result of that transaction, in April 2009, \$940,451 was transferred into the Plan, which relates to employees who were employed with ELT.

Note 11: Subsequent Events

Subsequent events have been evaluated through July 16, 2010, which is the date the financial statements were available to be issued.

Supplemental Schedule

Vestcom International Inc. Savings for Retirement Plan

EIN 22-3477425 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2009

Identity of Issuer	Description of Investment	Current Value
* Principal Life Insurance Company Fixed Income 401(a)/(k)	Annuity contract, 169,120 shares	\$ 2,406,016
American Funds Service Company Am Fds Bnd Fd of Am R3 Fund	Mutual Fund, 58,450 shares	689,709
* Principal Investors SmallCap Value R3 Fund	Mutual Fund, 36,289 shares	460,149
* Principal Investors Principal Lifetime 2010 R3 Fund	Mutual Fund, 71,145 shares	710,738
* Principal Investors Principal Lifetime 2020 R3 Fund	Mutual Fund, 148,102 shares	1,529,892
* Principal Investors Principal Lifetime 2030 R3 Fund	Mutual Fund, 52,508 shares	535,584
* Principal Investors Principal Lifetime 2040 R3 Fund	Mutual Fund, 17,531 shares	179,872
* Principal Investors Principal Lifetime 2050 R3 Fund	Mutual Fund, 758 shares	7,453
* Principal Investors Principal Lifetime 2015 R3 Fund	Mutual Fund, 128,880 shares	1,118,676
* Principal Investors Principal Lifetime 2025 R3 Fund	Mutual Fund, 98,296 shares	835,514
* Principal Investors Principal Lifetime 2035 R3 Fund	Mutual Fund, 22,534 shares	189,737
* Principal Investors Principal Lifetime 2045 R3 Fund	Mutual Fund, 10,132 shares	84,301
* Principal Investors Principal Lifetime 2055 R3 Fund	Mutual Fund, 1,211 shares	10,077
* Principal Investors Real Estate Securities R3 Fund	Mutual Fund, 28,120 shares	363,309
American Funds Service Company Am Fds Grth Fd of Am R3 Fund	Mutual Fund, 70,120 shares	1,888,344

Vestcom International Inc. Savings for Retirement Plan

EIN 22-3477425 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2009

Identity of Issuer	Description of Investment	Current Value
Invesco AIM AIM Small Cap Growth R Fund	Mutual Fund, 4,200 shares	92,786
* Principal Investors S&P 400 Idx AdvPr Fund	Mutual Fund, 18,238 shares	209,737
* Principal Investors S&P 500 Idx AdvPr Fund	Mutual Fund, 90,199 shares	702,647
* Principal Investors S&P 600 Idx AdvPr Fund	Mutual Fund, 10,385 shares	133,961
* Principal Investors Principal Lifetime STR Inc R3 Fund	Mutual Fund, 12,166 shares	118,859
MFS Investment Management MFS Value R2 Fund	Mutual Fund, 50,179 shares	1,034,693
Munder Mutual Funds Munder MidCap Core Growth R Fund	Mutual Fund, 26,056 shares	575,570
American Funds Service Company Am Fds EuroPacific Grth R3 Fund	Mutual Fund, 48,331 shares	1,821,101
Columbia Management Advisors Columbia MidCap Value R Fund	Mutual Fund, 22,714 shares	251,439
	Participant Loans	494,755
		<u>\$ 16,444,919</u>

* Party-in-interest

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

VESTCOM INTERNATIONAL, INC. SAVINGS FOR
 RETIREMENT PLAN
 EIN 22 3477425
 PLAN NUMBER 001
 PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income 401(a)/(k)	\$ 0.00	\$ 2,532,648.81
*	Princor Financial Services	Registered Investment Company Prin SmallCap Value R3 Fund	\$ 0.00	\$ 460,149.15
*	Princor Financial Services	Registered Investment Company Prin LgCap S&P 500 Idx R3 Fund	\$ 0.00	\$ 702,647.09
*	Princor Financial Services	Registered Investment Company Prin MidCap S&P 400 Idx R3 Fd	\$ 0.00	\$ 209,737.07
*	Princor Financial Services	Registered Investment Company Prin SmCap S&P 600 Idx R3 Fund	\$ 0.00	\$ 133,960.85
*	Princor Financial Services	Registered Investment Company Prin Real Estate Secs R3 Fund	\$ 0.00	\$ 363,309.49
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2010 R3 Fund	\$ 0.00	\$ 710,738.04
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2020 R3 Fund	\$ 0.00	\$ 1,529,892.37
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2030 R3 Fund	\$ 0.00	\$ 535,583.82
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2040 R3 Fund	\$ 0.00	\$ 179,872.19
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2050 R3 Fund	\$ 0.00	\$ 7,452.50
*	Princor Financial Services	Registered Investment Company Prin LifeTime Str Inc R3 Fund	\$ 0.00	\$ 118,858.50
	American Funds Service Company	Registered Investment Company Am Fds EuroPacific Grth R3 Fd	\$ 0.00	\$ 1,821,100.91
	The American Funds	Registered Investment Company Am Fds Grth Fd of Am R3 Fund	\$ 0.00	\$ 1,888,344.17
	The American Funds	Registered Investment Company Am Fnds Bnd Of Am R3 Fund	\$ 0.00	\$ 689,709.19

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

VESTCOM INTERNATIONAL, INC. SAVINGS FOR
RETIREMENT PLAN
EIN 22-3477425
PLAN NUMBER 001
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, 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
	AIM Investments	Registered Investment Company AIM Small Cap Growth R Fund	\$ 0.00	\$ 92,786.12
	MFS Investment Management	Registered Investment Company MFS Value R2 Fund	\$ 0.00	\$ 1,034,693.16
	Columbia Funds	Registered Investment Company Columbia Mid Cap Value R Fund	\$ 0.00	\$ 251,439.17
	Munder	Registered Investment Company Munder MidCap Core Growth R Fd	\$ 0.00	\$ 575,569.53
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2015 R3 Fund	\$ 0.00	\$ 1,118,676.12
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2025 R3 Fund	\$ 0.00	\$ 835,514.12
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2035 R3 Fund	\$ 0.00	\$ 189,737.11
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2045 R3 Fund	\$ 0.00	\$ 84,300.51
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2055 R3 FUND	\$ 0.00	\$ 10,076.52
	Participant Loans	Range of Interest Rates Rates Range From 3.25% To 10.25%	\$ 0.00	\$ 494,755.00