

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 single-employer plan; ☐ a multiple-employer plan; or ☐ 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 ADVANCE 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 009
1c	Effective date of plan 01/01/1924
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ADVANCE PUBLICATIONS, INC. 950 FINGERBOARD ROAD STATEN ISLAND, NY 10305-1453
2b	Employer Identification Number (EIN) 13-5576716
2c	Sponsor's telephone number 718-981-1234
2d	Business code (see instructions) 511110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2010	ARTHUR SILVERSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ADVANCE PUBLICATIONS, INC. 950 FINGERBOARD ROAD STATEN ISLAND, NY 10305-1453	3b Administrator's EIN 13-5576716 3c Administrator's telephone number 718-981-1234
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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	11122
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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	8664
b Retired or separated participants receiving benefits.....	6b	113
c Other retired or separated participants entitled to future benefits.....	6c	2027
d Subtotal. Add lines 6a , 6b , and 6c	6d	10804
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	42
f Total. Add lines 6d and 6e	6f	10846
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	7833
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	78

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 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) ☒ 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) ☐ 0 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

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 ADVANCE 401(K) PLAN		B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANCE PUBLICATIONS, INC.		D Employer Identification Number (EIN) 13-5576716

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENT INST. OPS. CO.
04-2647786

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

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

FIDELITY INVESTMENTS INST.OPS.CO.

04-2647786

(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?
64 65 61	RECORD KEEPER	30278	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
FIDELITY INVESTMENTS INST.OPS.CO.	61	0
(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.
VK GROWTH AND INCOME A -VAN KAMPEN P.O.BOX 219286 KANSAS CITY, NM 64121		0.35%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST.OPS.CO.	61	0
(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.
WFA MIDCP DSCPLD INV-BOSTON FIN. 04-2526037		0.35%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST.OPS.CO.	61	0
(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.
WFA SM CAP VAL INV-BOSTON FIN. 04-2526037		0.35%

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
FIDELITY INVESTMENTS INST.OPS.CO	61	0
(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.	
ABF LG CAP VAL INV - STATE STREET 04-1867445	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST.OPS.CO	61	0
(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.	
ALLNZ NFJ DIV VAL AD-BOSTON FIN. 04-2526037	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST.OPS.CO	61	0
(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.	
ALLNZ NFJ SMCPVAL AD - BOSTON FIN. 04-2526037	0.35%	

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
FIDELITY INVESTMENTS INST.OPS.CO	61	0
(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.	
ARIEL APPRECIATION - US BANCORP SER 39-0281260	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST.OPS.CO	61	0
(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.	
BARON GROWTH- DST SYSTEMS, INC. 43-1581814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST.OPS.CO	61	0
(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.	
CALVERT SIF EQUITY A - BOSTON FIN 04-2526037	0.35%	

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
FIDELITY INVESTMENTS INST.OPS.CO.	61	0
(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.	
CRM MID CAP VAL INV-PNC GLOBAL 04-2871943	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST .OPS.CO.	61	0
(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.	
H AND W MID CAP VAL - US BANCORP 39-0281260	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST .OPS.CO.	61	0
(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.	
JANUS WORLDWIDE T - JANUS SERVICES 43-1804048	0.33%	

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
FIDELITY INVESTMENTS INST .OPS.CO.	61	0

(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.
LOOMIS SM CAP VAL R - BOSTON FIN. 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST .OPS.CO.	61	0

(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.
NORTHERN SM CAP VAL - NORTHERN TRST 50 SOUTH LA SALLE STREET CHICAGO, IL 60603	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST .OPS.CO.	61	0

(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.
OAKMARK SELECT I-BOSTON FINANCIAL 04-2526037	0.35%

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
FIDELITY INVESTMENTS INST .OTPS.CO.	61	0
(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.	
OLD MUTUAL FOCUSED Q - DST SYSTEMS 43-1581814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST .OPS.CO.	61	0
(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.	
PIMCO TOT RETURN ADM-BOSTON FIN. 04-2526037	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST .OPS.CO.	61	0
(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.	
RAINIER SM MID CAP - US BANCORP 39-0281260	0.35%	

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
FIDELITY INVESTMENTS INST .OPS.CO.	61	0
(d) Enter name and EIN (address) of source of indirect compensation ROYCE LOW PR STK SER - BOSTON FIN 04-2526037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.45%		
FIDELITY INVESTMENTS INST .OPS.CO.	61	0
(d) Enter name and EIN (address) of source of indirect compensation ROYCE TOTAL RTN INV - BOSTON FIN. 04-2526037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.20%		
FIDELITY INVESTMENTS INST .OPS.CO.	61	0
(d) Enter name and EIN (address) of source of indirect compensation ROYCE VALUE PLUS SER - BOSTON FIN. 04-2526037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.45%		

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
FIDELITY INVESTMENTS INST .OPS.CO.	61	0
(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.	
RS PARTNERS A - BOSTON FINANCIAL 04-2526037	0.55%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST .OPS.CO.	61	0
(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.	
RS VALUE A- BOSTON FINANCIAL 04-2526037	0.55%	
(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:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 ADVANCE 401(K) PLAN	B Three-digit plan number (PN) ►	009
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANCE PUBLICATIONS, INC.	D Employer Identification Number (EIN) 13-5576716	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28213041	23303967
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	15568830	13048194
(9) Value of interest in common/collective trusts.....	1c(9)	32366595	30157663
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	359177464	436391722
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	435325930	502901546

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	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	435325930	502901546
---	-----------	-----------	-----------

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)	9566888	
(B) Participants	2a(1)(B)	28671728	
(C) Others (including rollovers)	2a(1)(C)	401417	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		38640033
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	160495	
(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)	929237	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1089732
(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)	7366415	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7366415
(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)		1735688
(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)		93569151
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		142401019

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	77812435	
(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)		77812435
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		250166
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	34329	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		34329
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		78096930

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		64304089
l Transfers of assets:			
(1) To this plan.....	2l(1)		3293183
(2) From this plan	2l(2)		21656

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: PAUL SCHERER & COMPANY LLP

(2) EIN: 13-1974840

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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)
THE REPUBLICAN COMPANY 401(K) PLAN	04-1767676	004

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>ADVANCE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADVANCE PUBLICATIONS, INC.</u>	D Employer Identification Number (EIN) <u>13-5576716</u>

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	<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>04-6568107</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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

PAUL SCHERER & COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS
1440 BROADWAY • NEW YORK, NY 10018
TELEPHONE (212) 588-2200 **FACSIMILE (212) 588-2222**

Independent Auditor's Report

Advance 401(k) Plan
950 Fingerboard Road
Staten Island, N.Y. 10305

We were engaged to audit the statements of net assets available for plan benefits (modified cash basis) of the Advance 401(k) Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits (modified cash basis) for the years then ended. We were also engaged to audit the schedule of assets held for investment (modified cash basis) as of December 31, 2009. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information in Note 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the Trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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.

Paul Scherer & Company LLP

August 17, 2010

Advance 401(k) Plan
Statements of Net Assets Available for Plan Benefits
(Modified Cash Basis)

	<u>December 31,</u>	
	<u>2009</u>	<u>2008</u>
<u>Assets</u>		
Investments (at fair value)	\$ 489,853,352	\$ 419,757,100
Participant loans	<u>13,048,194</u>	<u>15,568,830</u>
Total assets	502,901,546	435,325,930
<u>Liabilities</u>	<u>-</u>	<u>-</u>
Net assets available for plan benefits (at fair value)	502,901,546	435,325,930
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>560,780</u>	<u>1,745,873</u>
<u>Net assets available for benefits</u>	<u>\$ 503,462,326</u>	<u>\$ 437,071,803</u>

See accompanying Notes to Financial Statements.

Advance 401(k) Plan
Statements of Changes in Net Assets Available for Plan Benefits
(Modified Cash Basis)

	<u>For the Year Ended</u> <u>December 31,</u>	
	<u>2009</u>	<u>2008</u>
<u>Additions</u>		
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 9,006,742	\$ 18,734,489
Net appreciation in the fair value of investments - mutual funds	<u>93,569,151</u>	<u>-</u>
	<u>102,575,893</u>	<u>18,734,489</u>
Contributions:		
Participants'	29,073,145	38,567,557
Employer's	<u>9,566,888</u>	<u>9,621,113</u>
	<u>38,640,033</u>	<u>48,188,670</u>
Intercompany transfers received	<u>3,293,183</u>	<u>193,969</u>
<u>Total additions</u>	<u>144,509,109</u>	<u>67,117,128</u>
<u>Deductions</u>		
Deductions from net assets attributed to:		
Net loss in the fair value of investments - mutual funds	-	228,674,431
Payments to participants	78,062,601	47,788,706
Administrative expenses	34,329	24,165
Intercompany transfers distributed	<u>21,656</u>	<u>11,318</u>
<u>Total deductions</u>	<u>78,118,586</u>	<u>276,498,620</u>
<u>Change in net assets</u>	<u>66,390,523</u>	<u>(209,381,492)</u>
<u>Net assets available for benefits:</u>		
Beginning of year	<u>437,071,803</u>	<u>646,453,295</u>
End of year	<u>\$ 503,462,326</u>	<u>\$ 437,071,803</u>

See accompanying Notes to Financial Statements.

Advance 401(k) Plan
Notes to Financial Statements
December 31, 2009

1. Description of the plan

The following description of the Advance 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Merger On December 31, 2009, the Advance Finance Group LLC 401(k) Plan and The Patriot-News Co. Bargaining Unit 401(k) Plan, maintained by other members of the controlled group of companies to which Advance Publications, Inc. ("Company") belongs, were merged into the Advance 401(k) Plan. As a result, all investments and receivables for each of the plans were transferred to the Advance 401(k) Plan on the date of the merger. The mergers did not change the provisions of the plans.

General The Plan is a defined contribution plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions Each year, participants may contribute a portion of their annual compensation into the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The participants also direct the investment of any matching contribution. Contributions are subject to certain limitations.

Participant accounts Each participant's account is credited with the participant's contributions and allocations of (a) any matching contribution and (b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in any matching contribution portion of their accounts is based on years of continuous service.

Participant loans Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest. Principal and interest is paid ratably through payroll deductions.

Payment of benefits Participants may elect to receive benefits either as a lump sum or in installments.

Forfeited accounts Forfeited nonvested accounts are used to reduce future employer contributions.

Intercompany transfers Participant balances transferred between the Company and affiliated companies are shown as intercompany transfers. In addition, mergers of plans are also shown as intercompany transfers.

Advance 401(k) Plan

Notes to Financial Statements

December 31, 2009

2. Summary of significant accounting policies

Basis of accounting The financial statements and the supplemental schedule are prepared on the modified cash basis of accounting under which revenues are recognized when collected rather than when earned, and expenditures are recognized when paid rather than when incurred. Securities investments are adjusted to fair value. The modified cash basis of accounting is a comprehensive basis of accounting other than generally accepted accounting principles.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan 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 (relates specifically to the Plan's participation in the Fidelity Managed Income Portfolio and Fidelity Managed Income Portfolio II). The statements of net assets available for plan benefits present the fair value of the investment contracts as well as adjustments from fair value to contract value for fully benefit-responsive investment contracts. The statements of changes in net assets available for plan benefits are prepared on a contract value basis.

Date of plan administrator's review Subsequent events were evaluated by the plan administrator through August 17, 2010, which is the date the financial statements were available to be issued.

3. Summary of information prepared and certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Trustee.

	<u>2009</u>	<u>2008</u>
Investments at fair value	\$ <u>489,853,352</u>	\$ <u>419,757,100</u>
Net appreciation (loss) in the value of investments	\$ <u>93,569,151</u>	\$ <u>(228,674,431)</u>
Interest and dividends	\$ <u>9,006,742</u>	\$ <u>18,734,489</u>

Advance 401(k) Plan
Notes to Financial Statements
December 31, 2009

4. Fair value measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for plan benefits.

Fair Value Measurements at Reporting Date Using:			
	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2009</u>			
Mutual funds	\$ 489,853,352	\$ 489,853,352	\$ -
Participant loans	<u>13,048,194</u>	<u>-</u>	<u>13,048,194</u>
Total	<u>\$ 502,901,546</u>	<u>\$ 489,853,352</u>	<u>\$ 13,048,194</u>
<u>December 31, 2008</u>			
Mutual funds	\$ 419,757,100	\$ 419,757,100	\$ -
Participant loans	<u>15,568,830</u>	<u>-</u>	<u>15,568,830</u>
Total	<u>\$ 435,325,930</u>	<u>\$ 419,757,100</u>	<u>\$ 15,568,830</u>

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Advance 401(k) Plan
Notes to Financial Statements
December 31, 2009

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	<u>Participant Loans</u>	<u>Total</u>
<u>December 31, 2009</u>		
Beginning balance	\$ 15,568,830	\$ 15,568,830
Purchases, sales, issuances, and settlements (net)	<u>(2,520,636)</u>	<u>(2,520,636)</u>
Ending balance	<u>\$ 13,048,194</u>	<u>\$ 13,048,194</u>
<u>December 31, 2008</u>		
Beginning balance	\$ 15,990,514	\$ 15,990,514
Purchases, sales, issuances, and settlements (net)	<u>(421,684)</u>	<u>(421,684)</u>
Ending balance	<u>\$ 15,568,830</u>	<u>\$ 15,568,830</u>

5. Investments

The following presents investments that represent 5% or more of the Plan's net assets.

	<u>December 31,</u> <u>2009</u>	<u>2008</u>
Fidelity Contrafund, 1,109,857 and 1,218,498 shares, respectively	\$ 64,682,457	\$ 55,149,232
Fidelity Diversified Intl Fund, 1,205,277 and 1,265,857 shares, respectively	33,747,747	27,228,577
Fidelity Government Income Fund, 2,142,060 shares in 2008	(a)	23,455,556
Fidelity Magellan Fund, 879,300 and 934,136 shares, respectively	56,556,551	42,839,478
Fidelity Managed Income Portfolio, 30,717,445 and 34,108,909 shares, respectively	30,156,677	32,363,174
Fidelity Retirement Money Market Portfolio, 23,224,728 shares in 2008	(a)	23,224,728

(a) Investment is less than 5% of net assets

Advance 401(k) Plan
Notes to Financial Statements
December 31, 2009

6. 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 the Plan termination, participants would become 100% vested in their employer contributions.

7. Tax status

The Internal Revenue Service has determined and informed the Company that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

8. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 503,462,326	\$ 437,071,803
Less: Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(560,780)</u>	<u>(1,745,873)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 502,901,546</u>	<u>\$ 435,325,930</u>

The following is a reconciliation of investment income per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Investment income per the financial statements	\$ 102,575,893
Less: Adjustment from contract value to fair value for fully benefit responsive investment contracts for year ended 12/31/09	(560,780)
Add: Adjustment from contract value to fair value for fully benefit responsive investment contracts for year ended 12/31/08	<u>1,745,873</u>
Investment income per Schedule H of Form 5500	<u>\$ 103,760,986</u>

9. Risks and uncertainties

The Plan invests in various 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 amounts reported in the statement of net assets available for plan benefits.

PLAN NAME: Advance 401(k) Plan

YEAR ENDED: December 31, 2009

FORM 5500-SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	ABF Large Cap Val Pa Fund		966 shares	**	\$ 15,858
	Allnz NFJ Div Val Ad Fund		36,699 shares	**	384,243
	Allnz NFJ Small Cap Value AD Fund		20,860 shares	**	482,914
	Baron Growth Fund		12,492 shares	**	516,029
	Calvert SIF: Equity A Fund		1,930 shares	**	58,913
	CRM Mid Cap Val Inv Fund		11,421 shares	**	272,853
*	Fidelity Asset Mgr 50% Stocks Fund		1,458,492 shares	**	20,200,110
*	Fidelity Balanced Fund		447,305 shares	**	7,317,907
*	Fidelity Blue Chip Growth Fund		526,851 shares	**	19,993,985
*	Fidelity Cap Appreciation Fund		53,861 shares	**	1,154,235
*	Fidelity Contrafund		1,109,857 shares	**	64,682,457
*	Fidelity Disciplined Eqty Fund		25,811 shares	**	542,291
*	Fidelity Diversified Intl Fund		1,205,277 shares	**	33,747,747
*	Fidelity Dividend Growth Fund		193,634 shares	**	4,583,313
*	Fidelity Equity Income Fund		88,859 shares	**	3,477,926
*	Fidelity Equity Income II Fund		238,065 shares	**	3,887,607
*	Fidelity Europe Fund		17,465 shares	**	514,694
*	Fidelity Fidelity Fund		285,672 shares	**	8,095,957
*	Fidelity Freedom 2000 Fund		178,993 shares	**	2,031,576
*	Fidelity Freedom 2005 Fund		58,586 shares	**	587,616
*	Fidelity Freedom 2010 Fund		483,861 shares	**	6,053,106
*	Fidelity Freedom 2015 Fund		332,985 shares	**	3,469,708
*	Fidelity Freedom 2020 Fund		1,074,707 shares	**	13,487,567
*	Fidelity Freedom 2025 Fund		475,394 shares	**	4,939,348

PLAN NAME: Advance 401(k) Plan

YEAR ENDED: December 31, 2009

FORM 5500-SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
*	Fidelity Freedom 2030 Fund	698,545 shares		**	8,654,968
*	Fidelity Freedom 2035 Fund	262,400 shares		**	2,692,225
*	Fidelity Freedom 2040 Fund	490,379 shares		**	3,511,111
*	Fidelity Freedom 2045 Fund	55,934 shares		**	473,763
*	Fidelity Freedom 2050 Fund	33,554 shares		**	280,177
*	Fidelity Freedom Income Fund	282,488 shares		**	3,033,928
*	Fidelity Ginnie Mae Fund	70,243 shares		**	797,254
*	Fidelity Government Income Fund	1,956,109 shares		**	20,323,970
*	Fidelity Growth & Income Fund	751,322 shares		**	12,066,222
*	Fidelity Growth Company Fund	97,830 shares		**	6,748,297
*	Fidelity Growth Discovery Fund	6,423 shares		**	71,295
*	Fidelity Growth Strategies Fund	308,817 shares		**	5,024,450
*	Fidelity High Income Fund	44,333 shares		**	375,054
*	Fidelity Independence Fund	97,423 shares		**	1,940,670
*	Fidelity Intermed Bond Fund	177,825 shares		**	1,804,919
*	Fidelity Intl Cap Apprec Fund	29,644 shares		**	336,168
*	Fidelity Intl Discovery Fund	28,964 shares		**	879,048
*	Fidelity Invst Gr Bd Discovery Fund	1,451,956 shares		**	10,221,768
*	Fidelity Inst SH INT Government Fund	270 shares		**	2,705
*	Fidelity Large Cap Stock Fund	51,124 shares		**	766,353
*	Fidelity Leverage Co Stock Fund	3,709 shares		**	85,014
*	Fidelity Low Price Stock Fund	508,170 shares		**	16,230,944
*	Fidelity Magellan Fund	879,300 shares		**	56,556,551
*	Fidelity Managed Income Portfolio	30,717,445 shares		**	30,156,677

PLAN NAME: Advance 401(k) Plan

YEAR ENDED: December 31, 2009

FORM 5500-SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
		998 shares			
*	Fidelity Managed Income Portfolio II			**	986
*	Fidelity Mid Cap Growth Fund	1,568 shares		**	15,590
*	Fidelity Mid Cap Stock Fund	216,656 shares		**	5,074,091
*	Fidelity OTC Portfolio Fund	60,513 shares		**	2,766,633
*	Fidelity Overseas Fund	30,502 shares		**	943,400
*	Fidelity Puritan Fund	1,183,062 shares		**	18,999,973
*	Fidelity Real Estate Invs Fund	6,722 shares		**	135,522
*	Fidelity Retirement Government MMKT Port	3,980,725 shares		**	3,980,725
*	Fidelity Retirement Money Market Portfolio	19,323,242 shares		**	19,323,242
*	Fidelity Small Cap Independence Fund	213,796 shares		**	2,976,036
*	Fidelity Small Cap Stock Fund	107,729 shares		**	1,717,194
*	Fidelity Stock Selector Fund	515 shares		**	11,188
*	Fidelity US Bond Index Fund	621,014 shares		**	6,868,420
*	Fidelity Value Discovery Fund	7,306 shares		**	94,027
*	Fidelity Value Fund	96,733 shares		**	5,508,020
*	Fidelity Worldwide Fund	11,751 shares		**	188,844
	Franklin Small Mid Cap Growth A Fund	140 shares		**	4,075
	H & W Mid Cap Val I Fund	29,418 shares		**	526,586
	Janus Worldwide Fund	19,756 shares		**	799,309
	LD Abbett Small Cap Value A Fund	2,527 shares		**	62,931
	Loomis Small Cap Value R Fund	17,072 shares		**	362,430
	MSIF Small Company Growth P Fund	374 shares		**	3,915
	Northern Small Cap Value Fund	1,236 shares		**	15,197
	Oakmark Select I Fund	114 shares		**	2,757

PLAN NAME: Advance 401(k) Plan

YEAR ENDED: December 31, 2009

FORM 5500-SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pimco Tot Return Adm Fund	150,986 shares	**	1,630,647
	Rainier Sm/Mid Cap Fund	31,175 shares	**	815,541
	Royce Total Rtn Inv Fund	23,916 shares	**	258,528
	Royce Value Plus Ser Fund	11,951 shares	**	134,326
	RS Partners A Fund	1,919 shares	**	49,614
	RS Value A Fund	13,155 shares	**	271,656
*	Spartan Extnd Mkt Index Fund	8,310 shares	**	252,624
*	Spartan International Index Fund	115 shares	**	3,835
*	Spartan Total Mkt Index Fund	3,880 shares	**	132,711
*	Spartan US Equity Index Fund	561,652 shares	**	22,145,932
	Vanguard Wellington Fund	328,059 shares	**	9,464,508
	VK Growth & Income A Fund	9,223 shares	**	159,367
	WFA Mid Cap Dscpld Inv Fund	17,663 shares	**	312,997
	WFA Small Cap Val Z Fund	11,246 shares	**	308,484
*	Participant Loans	Loans to Participants Lowest rate of interest - 3.25% Highest rate of interest - 11.00%	-	13,048,194
TOTAL				\$ 502,901,546

* Denotes a party-in-interest to the Plan

** In accordance with 29 CFR 2520.103-11(d), cost information has been omitted as all assets are participant directed.

PLAN NAME: Advance 401(k) Plan

YEAR ENDED: December 31, 2009

FORM 5500-SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	ABF Large Cap Val Pa Fund		966 shares	**	\$ 15,858
	Allnz NFJ Div Val Ad Fund		36,699 shares	**	384,243
	Allnz NFJ Small Cap Value AD Fund		20,860 shares	**	482,914
	Baron Growth Fund		12,492 shares	**	516,029
	Calvert SIF: Equity A Fund		1,930 shares	**	58,913
	CRM Mid Cap Val Inv Fund		11,421 shares	**	272,853
*	Fidelity Asset Mgr 50% Stocks Fund		1,458,492 shares	**	20,200,110
*	Fidelity Balanced Fund		447,305 shares	**	7,317,907
*	Fidelity Blue Chip Growth Fund		526,851 shares	**	19,993,985
*	Fidelity Cap Appreciation Fund		53,861 shares	**	1,154,235
*	Fidelity Contrafund		1,109,857 shares	**	64,682,457
*	Fidelity Disciplined Eqty Fund		25,811 shares	**	542,291
*	Fidelity Diversified Intl Fund		1,205,277 shares	**	33,747,747
*	Fidelity Dividend Growth Fund		193,634 shares	**	4,583,313
*	Fidelity Equity Income Fund		88,859 shares	**	3,477,926
*	Fidelity Equity Income II Fund		238,065 shares	**	3,887,607
*	Fidelity Europe Fund		17,465 shares	**	514,694
*	Fidelity Fidelity Fund		285,672 shares	**	8,095,957
*	Fidelity Freedom 2000 Fund		178,993 shares	**	2,031,576
*	Fidelity Freedom 2005 Fund		58,586 shares	**	587,616
*	Fidelity Freedom 2010 Fund		483,861 shares	**	6,053,106
*	Fidelity Freedom 2015 Fund		332,985 shares	**	3,469,708
*	Fidelity Freedom 2020 Fund		1,074,707 shares	**	13,487,567
*	Fidelity Freedom 2025 Fund		475,394 shares	**	4,939,348

PLAN NAME: Advance 401(k) Plan

YEAR ENDED: December 31, 2009

FORM 5500-SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity Freedom 2030 Fund	698,545 shares	**	8,654,968
*	Fidelity Freedom 2035 Fund	262,400 shares	**	2,692,225
*	Fidelity Freedom 2040 Fund	490,379 shares	**	3,511,111
*	Fidelity Freedom 2045 Fund	55,934 shares	**	473,763
*	Fidelity Freedom 2050 Fund	33,554 shares	**	280,177
*	Fidelity Freedom Income Fund	282,488 shares	**	3,033,928
*	Fidelity Ginnie Mae Fund	70,243 shares	**	797,254
*	Fidelity Government Income Fund	1,956,109 shares	**	20,323,970
*	Fidelity Growth & Income Fund	751,322 shares	**	12,066,222
*	Fidelity Growth Company Fund	97,830 shares	**	6,748,297
*	Fidelity Growth Discovery Fund	6,423 shares	**	71,295
*	Fidelity Growth Strategies Fund	308,817 shares	**	5,024,450
*	Fidelity High Income Fund	44,333 shares	**	375,054
*	Fidelity Independence Fund	97,423 shares	**	1,940,670
*	Fidelity Intermed Bond Fund	177,825 shares	**	1,804,919
*	Fidelity Intl Cap Apprec Fund	29,644 shares	**	336,168
*	Fidelity Intl Discovery Fund	28,964 shares	**	879,048
*	Fidelity Invst Gr Bd Discovery Fund	1,451,956 shares	**	10,221,768
*	Fidelity Inst SH INT Government Fund	270 shares	**	2,705
*	Fidelity Large Cap Stock Fund	51,124 shares	**	766,353
*	Fidelity Leverage Co Stock Fund	3,709 shares	**	85,014
*	Fidelity Low Price Stock Fund	508,170 shares	**	16,230,944
*	Fidelity Magellan Fund	879,300 shares	**	56,556,551
*	Fidelity Managed Income Portfolio	30,717,445 shares	**	30,156,677

PLAN NAME: Advance 401(k) Plan

YEAR ENDED: December 31, 2009

FORM 5500-SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
		998 shares			
*	Fidelity Managed Income Portfolio II			**	986
*	Fidelity Mid Cap Growth Fund	1,568 shares		**	15,590
*	Fidelity Mid Cap Stock Fund	216,656 shares		**	5,074,091
*	Fidelity OTC Portfolio Fund	60,513 shares		**	2,766,633
*	Fidelity Overseas Fund	30,502 shares		**	943,400
*	Fidelity Puritan Fund	1,183,062 shares		**	18,999,973
*	Fidelity Real Estate Invs Fund	6,722 shares		**	135,522
*	Fidelity Retirement Government MMKT Port	3,980,725 shares		**	3,980,725
*	Fidelity Retirement Money Market Portfolio	19,323,242 shares		**	19,323,242
*	Fidelity Small Cap Independence Fund	213,796 shares		**	2,976,036
*	Fidelity Small Cap Stock Fund	107,729 shares		**	1,717,194
*	Fidelity Stock Selector Fund	515 shares		**	11,188
*	Fidelity US Bond Index Fund	621,014 shares		**	6,868,420
*	Fidelity Value Discovery Fund	7,306 shares		**	94,027
*	Fidelity Value Fund	96,733 shares		**	5,508,020
*	Fidelity Worldwide Fund	11,751 shares		**	188,844
	Franklin Small Mid Cap Growth A Fund	140 shares		**	4,075
	H & W Mid Cap Val I Fund	29,418 shares		**	526,586
	Janus Worldwide Fund	19,756 shares		**	799,309
	LD Abbett Small Cap Value A Fund	2,527 shares		**	62,931
	Loomis Small Cap Value R Fund	17,072 shares		**	362,430
	MSIF Small Company Growth P Fund	374 shares		**	3,915
	Northern Small Cap Value Fund	1,236 shares		**	15,197
	Oakmark Select I Fund	114 shares		**	2,757

PLAN NAME: Advance 401(k) Plan

YEAR ENDED: December 31, 2009

FORM 5500-SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pimco Tot Return Adm Fund	150,986 shares	**	1,630,647
	Rainier Sm/Mid Cap Fund	31,175 shares	**	815,541
	Royce Total Rtn Inv Fund	23,916 shares	**	258,528
	Royce Value Plus Ser Fund	11,951 shares	**	134,326
	RS Partners A Fund	1,919 shares	**	49,614
	RS Value A Fund	13,155 shares	**	271,656
*	Spartan Extnd Mkt Index Fund	8,310 shares	**	252,624
*	Spartan International Index Fund	115 shares	**	3,835
*	Spartan Total Mkt Index Fund	3,880 shares	**	132,711
*	Spartan US Equity Index Fund	561,652 shares	**	22,145,932
	Vanguard Wellington Fund	328,059 shares	**	9,464,508
	VK Growth & Income A Fund	9,223 shares	**	159,367
	WFA Mid Cap Dscpld Inv Fund	17,663 shares	**	312,997
	WFA Small Cap Val Z Fund	11,246 shares	**	308,484
*	Participant Loans	Loans to Participants Lowest rate of interest - 3.25% Highest rate of interest - 11.00%	-	13,048,194
TOTAL				\$ 502,901,546

* Denotes a party-in-interest to the Plan

** In accordance with 29 CFR 2520.103-11(d), cost information has been omitted as all assets are participant directed.