Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
VIATECH PUBLISHING SOLUTIONS, INC. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1996

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

1440 5TH AVE
BAY SHORE, NY 11706-4147

2b Employer Identification Number (EIN)
13-1947136

2c Sponsor's telephone number
631-968-8500

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.	10/07/2010	THOMAS E. GONICCHIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	THOMAS E. GONICCHIO
	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")
VIATECH PUBLISHING SOLUTIONS, INC.

1440 5TH AVE
BAY SHORE, NY 11706-4147

3b Administrator's EIN
13-1947136

3c Administrator's telephone number
631-968-8500

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
VIATECH PUBLISHING SOLUTIONS, INC.

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	328
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**	251
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	70
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	321
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	321
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	220
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	28
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**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

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

A Name of plan
VIATECH PUBLISHING SOLUTIONS, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
VIATECH PUBLISHING SOLUTIONS, INC.

D Employer Identification Number (EIN)
13-1947136

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

1 Coverage Information:

(a) Name of insurance carrier
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	321	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
10896	503

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	
7755	331	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	
3141	172	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.	6d	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED FUND CONTRACT

b	Balance at the end of the previous year			7b	844490
c	Additions: (1) Contributions deposited during the year	7c(1)	107926		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	30044		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	181179		
	▶ LOAN PAYMENT, CORRECTION, OUTSIDE INVESTMENT TRANSFER				
	(6) Total additions			7c(6)	319149
d	Total of balance and additions (add **b** and **c(6)**)			7d	1163639
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	67400		
	(2) Administration charge made by carrier	7e(2)	949		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	183192		
	▶ 401(K) (M) EXCESS CONTRIBUTION, LOAN WITHDRAWAL, CORRECTION				
	(5) Total deductions			7e(5)	251541
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	912098

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
VIATECH PUBLISHING SOLUTIONS, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
VIATECH PUBLISHING SOLUTIONS, INC.

D Employer Identification Number (EIN)
13-1947136

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

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	5509	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
VIATECH PUBLISHING SOLUTIONS, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
VIATECH PUBLISHING SOLUTIONS, INC.

D Employer Identification Number (EIN)
13-1947136

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	13483	6638
(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)	202283	172484
(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)	3256883	4436359
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	844490	912098
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4317139	5527579
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	26445	52749
k	Total liabilities (add all amounts in lines 1g through1j)	1k	26445	52749
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4290694	5474830

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)	0	
	(B) Participants	2a(1)(B)	560422	
	(C) Others (including rollovers)	2a(1)(C)	51443	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		611865
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)	11197	
	(F) Other	2b(1)(F)	43101	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		54298
	(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)	66386	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		66386
	(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)		867779
c	Other income	2c		2000
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1602328
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	394737	
	(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)		394737
f	Corrective distributions (see instructions)	2f		17946
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	5509	
	(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)		5509
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		418192
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1184136
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: SALIBELLO & BRODER LLP **(2)** EIN: 13-3051814

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		851033
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	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.)	4c		X	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.)	4d		X	0
e	Was this plan covered by a fidelity bond?	4e	X		750000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
VIATECH PUBLISHING SOLUTIONS, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
VIATECH PUBLISHING SOLUTIONS, INC.

D Employer Identification Number (EIN)
13-1947136

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VIATECH PUBLISHING SOLUTIONS, INC.
401(k) SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

For The Years Ended December 31, 2009 and 2008
With Independent Auditors' Report

Salibello & Broder LLP
Certified Public Accountants

VIATECH PUBLISHING SOLUTIONS, INC.
401(k) SAVINGS PLAN

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Salibello & Broder LLP
Certified Public Accountants

633 Third Avenue, New York, NY 10017
212-315-5000 Fax: 212-397-5832

INDEPENDENT AUDITORS' REPORT

To the Plan Participants and Plan Administrator of
ViaTech Publishing Solutions, Inc.
401(k) Savings Plan

We were engaged to audit the financial statements and supplemental schedules of the ViaTech Publishing Solutions, Inc. 401(k) Savings Plan (the "Plan") as of December 31, 2009 and 2008, and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Delaware Charter Guarantee and Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2009 and 2008 and for the years then ended, 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 supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Salibello & Broder LLP

September 28, 2010

VIATECH PUBLISHING SOLUTIONS, INC. 401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments, at fair value	$ 5,348,457	$ 4,101,373
Participant loans	172,484	202,283
Total investments	5,520,941	4,303,656
Participant contributions receivable	6,638	13,483
Total assets	5,527,579	4,317,139
LIABILITIES		
Excess contributions refund payable	52,749	26,445
Net assets available for benefits	**$ 5,474,830**	**$ 4,290,694**

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

VIATECH PUBLISHING SOLUTIONS, INC. 401(k) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS (REDUCTIONS)		
Contributions:		
Participants	$ 560,422	$ 737,305
Employer	-	9,895
Rollover	51,443	-
	611,865	747,200
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	910,880	(2,061,407)
Interest and dividends	68,386	67,012
Interest on participant loans	11,197	12,890
Total investment income (loss)	990,463	(1,981,505)
Total additions (reductions)	**1,602,328**	**(1,234,305)**
DEDUCTIONS		
Benefits paid to participants	412,683	146,869
Administrative expenses	5,509	4,739
Total deductions	**418,192**	**151,608**
Net increase (decrease)	**1,184,136**	**(1,385,913)**
Net assets available for benefits:		
Beginning of year	4,290,694	5,676,607
End of year	**$ 5,474,830**	**$ 4,290,694**

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

Note 1 - Description of the Plan

The following brief description of the ViaTech Publishing Solutions, Inc. 401(k) Savings 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, copies of which may be obtained from the Plan sponsor.

General

The Plan is a defined contribution plan covering substantially all employees of the ViaTech Publishing Solutions, Inc. (the "Company") who have completed six months of service. An eligible employee can enter the Plan at the beginning of January or July (semi-annually). Union employees, whose employment is governed by a collective bargaining agreement under which retirement benefits were the subject of good faith bargaining, are not eligible to participate in the Plan. Investments are participant directed and the Company controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Delaware Charter Guarantee and Trust Company (the "Trustee"), a member firm of Principal Financial Group, serves as the Trustee of the Plan.

Contributions

Each year the participants may contribute up to 100% of their eligible compensation as defined in the Plan, through a salary deduction. Participants also may contribute amounts representing distributions from other tax-qualified plans. The Company has the option of granting a discretionary employer matching contribution up to an amount equal to 6% of the participants' compensation. In addition to a matching contribution, the Company may contribute to the Plan on behalf of eligible participants, a profit sharing contribution in an amount determined at the discretion of the Board of Directors of the Company. Contributions are subject to certain annual limitations as imposed by the Internal Revenue Code (the "IRC").

Participant accounts

The Plan maintains individual accounts for each Plan participant. Each participant's account is credited with contributions, exchanges between investment options, an allocation of the Plan investment earnings and losses and charged for withdrawals and certain Plan expenses.

Expenses related to processing fees for loans and Trustee fees are charged to the participants' accounts.

Note 1 - Description of the Plan (cont'd)

Forfeitures

Upon termination of employment, any nonvested portion of a former participant's account will be used to pay administrative expenses of the Plan. Any remaining amounts will be used to reduce future employer contributions. During the years ended December 31, 2009 and 2008, there were no nonvested account balances which were forfeited by former participants.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon.

The Company's discretionary matching and discretionary profit sharing contributions and earnings thereon vest in accordance to the following schedule:

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

Investment option

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers options in mutual funds and a guaranteed annuity contract.

Participant loans

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 reduced by their highest outstanding loan balance during the previous twelve months or 50 percent of their vested account balance. Loan terms range from 1 to 5 years, or longer when the loan is used for the purchase of a principal residence. Only two loans to a participant can be outstanding at a time. All loans are secured by the participants' vested account balance and bear a reasonable rate of interest as determined by the Plan Administrator based on the prevailing interest rates charged by a commercial lending institution.

Note 1 - Description of the Plan (cont'd)

Excess contributions refund payable

During 2009 and 2008, contributions by highly compensated employees exceeded the maximum amount allowed under the IRC. At December 31, 2009 and 2008, a liability of $52,749 and $26,445, respectively, was recorded for the amount refundable by the Plan to participants for excess contributions. The balances due as of December 31, 2009 and 2008 were paid in 2010 and 2009, respectively.

Payment of benefits

A participant is eligible to receive a distribution on their vested account balance under the following circumstances: (a) termination of employment, (b) retirement, (c) disability, and (d) death. A participant also is eligible for in service withdrawals. Types of in service withdrawals available under the Plan are: (a) hardship withdrawals, (b) withdrawals after age 59-1/2, (c) withdrawals after normal retirement age, and (d) withdrawals of rollover contributions. The Plan distributes the value of a participant's vested account balance in the form of a single lump sum payment.

Administrative expenses

Administrative expenses related to the Plan other than processing fees for loans and Trustee fees, are paid by the Company.

Note 2 - Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

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 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. The contract value represents contributions, transfers or loan repayments made by participants, plus interest, less withdrawals, transfers or loan initiations by participants. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment, if deemed necessary, of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract basis. As of December 31, 2009 and 2008, the fair value of investment contracts held by the Plan approximates the contact value (see Note 4).

Note 2 - Summary of significant accounting policies (cont'd)

Use of estimates

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

Investment valuation and income recognition

The Plan's investments are reported at fair value, Fair value is 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. See Note 4 for a discussion of fair value measurements.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in the fair value of investments, which consists of realized and unrealized gains or losses on investments.

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.

Risks and uncertainties

The Plan provides for various investment options in mutual funds and a guaranteed annuity contract which are exposed to various risks, such as interest rate, market and credit risks. Further, due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Payment of benefits

Benefits payments to participants are recorded upon distribution.

Note 2 - Summary of significant accounting policies (cont'd)

Recently issued accounting pronouncements

In July 2009, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standards ("SFAS") No. 168, "The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles - a replacement of FASB Statement No. 162." SFAS No. 168 establishes the FASB Accounting Standards Codification ("ASC") as the sole source of authoritative generally accepted accounting principles in the United States of America ("U.S. GAAP") recognized by the FASB to be applied by nongovernmental entities. All existing accounting standard documents are superseded. All other accounting literature not included in the FASB ASC will be considered non-authoritative. The adoption of the provisions of SFAS No. 168, as incorporated into FASB ASC Topic 105, "Generally Accepted Accounting Principles," did not have an impact on the Plan's financial statements other than changing references to authoritative U.S. GAAP literature.

In July 2006, the FASB issued FASB Interpretation No. 48, "Accounting for Uncertainty in Income Taxes – an interpretation of FASB Statement No. 109" ("FIN 48"). FIN 48 establishes financial accounting and disclosure requirements for the recognition and measurement of tax positions taken or expected to be taken on a tax return. In December 2008, the FASB released FASB Staff Position No. 48-3, "Effective Date of FASB Interpretation No. 48 for Certain Nonpublic Enterprises" ("FSP FIN 48-3"), which allowed management to defer the effective date of FIN 48 to fiscal years beginning after December 15, 2008 and continue to apply in calendar year 2008 the guidance under SFAS No. 5, "Accounting for Contingencies," to evaluate uncertain tax positions. In September 2009, the FASB issued Accounting Standards Update ("ASU") No. 2009-06, "Implementation Guidance on Accounting for Uncertainty in Income Taxes and Disclosure Amendments for Nonpublic Entities." ASU No. 2009-06 provides additional implementation guidance on the accounting for uncertainty in income taxes and eliminates certain disclosure requirements for nonpublic entities. On January 1, 2009, the Plan adopted the provisions of FIN 48 and ASU No. 2009-06, as incorporated in FASB ASC Topic 740, "Income Taxes." As a result, the Plan no longer evaluates uncertain tax positions using the guidance under SFAS No. 5, which was incorporated into FASB ASC Topic 450, "Contingencies." Rather, the Plan evaluates each tax position individually using the recognition and measurement criteria established in FASB ASC Topic 740-10. That is, first, the Plan recognizes the financial statement benefit of a tax position if it determines that it is more likely than not (i.e., a likelihood of more than 50 percent), based on the technical merits, that the position will be sustained on examination. Then, the Plan measures the amount of benefit derived from such tax position as the largest amount of tax benefit that is greater than 50 percent likely of being realized upon settlement. The difference between a tax position taken or expected to be taken in a tax return and the tax benefit recognized and measured according to the aforementioned criteria is an unrecognized tax benefit for which a liability is created (and an expense

Note 2 - Summary of significant accounting policies (cont'd)

Recently issued accounting pronouncements (cont'd)

is recorded). The Plan classifies interest and penalties associated with the liability for unrecognized tax benefits as income tax expense. 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. The Plan's adoption of the guidance established under FASB ASC Topic 740 did not have an impact on its financial statements.

In May 2009, the FASB issued SFAS No. 165, "Subsequent Events." The objective of SFAS No. 165 is to establish general standards of accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued or are available to be issued. In February 2010, the FASB issued ASU No. 2010-09, "Amendments to Certain Recognition and Disclosure Requirements," which requires, for entities that are not Securities and Exchange Commission filers, the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date—that is, whether that date represents the date the financial statements were issued or were available to be issued. The Plan evaluates subsequent events through the date that the Plan's financial statements are available to be issued. The adoption of the provisions of SFAS No. 165, as amended by ASU No. 2010-09, as incorporated into FASB ASC Topic 855, "Subsequent Events," did not have an impact on the Plan's financial statements other than the newly required disclosures in Note 9.

In August 2009, the FASB issued ASU No. 2009-05, "Measuring Liabilities at Fair Value." ASU No. 2009-05 provides clarification that in circumstances in which a quoted price in active market for the identical liability is not available, a reporting entity is required to measure fair value using one or more of the following techniques: a) the quoted price of the identical liability when traded as an asset, b) quoted prices for similar liabilities when traded as assets, c) another valuation technique that is consistent with the principles of FASB ASC Topic 820. The Plan expects that the adoption of the provisions of ASU No. 2009-05, as incorporated into FASB ASC Topic 820, as of January 1, 2010, will not have an impact on the Plan's financial statements.

In September 2009, the FASB issued ASU No. 2009-12, "Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)." ASU No. 2009-12 permits as a practical expedient, a reporting entity to measure the fair value of an investment that is within the scope of the amendments in ASU No. 2009-12 on the basis of net asset value per share of the investment without further adjustments, provided that certain conditions are met. ASU No. 2009-12 also requires disclosures by major category of investment that is within the scope of the amendments in ASU No. 2009-12 about the nature of any restrictions on the investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investees. The adoption of the provisions of ASU No. 2009-12, as incorporated into FASB ASC Topic 820, did not have an impact on the Plan's financial statements other than the newly required disclosures in Note 5.

Note 2 - Summary of significant accounting policies (cont'd)

Recently issued accounting pronouncements (cont'd)

In January 2010, the FASB issued ASU No. 2010-06, "Improving Disclosures About Fair Value Measurements." ASU No. 2010-06 requires a reporting entity to disclose separately the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements and the reasons for the transfers. ASU No. 2010-06 also requires a reporting entity to disclose separately, in the reconciliation for Level 3 fair value measurements, information about purchases, sales, issuances, and settlements. In addition, it clarifies existing disclosures about fair value measurements by requiring that such disclosures be made for each class of assets and liabilities. Finally, this accounting standard update clarifies that the disclosures about the valuation techniques and inputs used to measure fair value are required for value measurements that fall in either Level 2 or 3. The new disclosures and clarifications of existing disclosures are effective for the Plan annual periods beginning January 1, 2010, except for the disclosures about purchases, sales, issuances, and settlements in the roll forward of activity in Level 3 fair value measurements, which are effective for the Plan annual periods beginning January 1, 2011. The Plan is evaluating the future impact of these new disclosures and clarifications of existing disclosures.

Note 3 - Information certified by the Trustee (unaudited)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008 and for the years then ended, included in the Plan's financial statements (including footnotes) and supplemental schedules, that was prepared by, or derived from, information prepared by the Trustee and furnished to the Plan. The Plan Administrator has obtained certification from the Trustee that such information is complete and accurate.

	2009	2008
Statements of net assets available for benefits:		
Investments, at fair value	$ 5,348,457	$ 4,101,373
Participant loans	$ 172,484	$ 202,283
Statements of changes in net assets available for benefits:		
Net appreciation (depreciation) in fair value of investments	$ 910,880	$ (2,061,407)
Interest and dividends	$ 68,386	$ 67,012
Interest on participant loans	$ 11,197	$ 12,890

Note 3 - Information certified by the Trustee (unaudited) (cont'd)

The following represents the fair value of investments as of December 31, 2009 and 2008 as reported by the Trustee. Investments that represent 5% or more of the Plan's net assets are identified ("*"):

	2009		2008	
Mutual funds:				
American Century Vista Advisor Fund	$ 20,833		$ 15,110	
American Funds Growth Fund of America R3 Fund	175,532		82,648	
American Funds New Perspective R3 Fund	122,271		53,785	
Principal Bond & Mortgage Secs R3 Fund	278,868	*	227,634	*
Principal Diversified Intl R3 Fund	360,670	*	329,130	*
Principal International Growth R3 Fund	42,233		39,972	
Principal LargeCap Blend II R3 Fund	88,516		50,089	
Principal LargeCap Growth R3 Fund	367,075	*	338,233	*
Principal LargeCap S&P 500 Index R3 Fund	124,801		96,599	
Principal LargeCap Value I R3 Fund	292,752	*	-	
Principal LargeCap Value II R3 Fund	-		263,820	*
Principal LargeCap Value III R3 Fund	30,866		23,293	
Principal Lifetime 2010 R3 Fund	203,754		159,687	
Principal Lifetime 2020 R3 Fund	589,139	*	414,663	*
Principal Lifetime 2030 R3 Fund	816,419	*	581,010	*
Principal Lifetime 2040 R3 Fund	213,382		151,029	
Principal Lifetime 2050 R3 Fund	59,962		35,953	
Principal Lifetime Strat Income R3 Fund	36,133		10,092	
Principal MidCap Growth R3 Fund	219,258		187,969	
Principal MidCap S&P 400 Index R3 Fund	76,620		17,680	
Principal MidCap Value I R3 Fund	57,182		34,998	
Principal Real Estate Securities R3 Fund	17,816		17,689	
Principal SmallCap Growth II R3 Fund	51,658		18,833	
Principal SmallCap S&P 600 Index R3 Fund	144,821		73,268	
Principal SmallCap Value I R3 Fund	45,798		33,699	
	4,436,359		3,256,883	
Guaranteed annuity contract:				
Fixed Income 401(a)/401(k)	912,098	*	844,490	*
	$ 5,348,457		$ 4,101,373	

Note 3 - Information certified by the Trustee (unaudited) (cont'd)

During the years ended December 31, 2009 and 2008, the Plan's investments (including gain and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2009	2008
Mutual funds	$ 880,835	$ (2,045,302)
Guaranteed annuity contract	30,045	(16,105)
	$ 910,880	$ (2,061,407)

Note 4 - Fair value measurements

The Plan adopted the provisions of SFAS No. 157, "Fair Value Measurements," effective January 1, 2008. These provisions, as amended, have been incorporated into the FASB ASC under Topic 820, "Fair Value Measurements and Disclosures." FASB ASC Topic 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

Note 4 - Fair value measurements (cont'd)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,436,359	$ -	$ -	$ 4,436,359
Guaranteed annuity contract	-	-	912,098	912,098
Participants loans	-	-	172,484	172,484
Total assets at fair value	$ 4,436,359	$ -	$ 1,084,582	$ 5,520,941

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,256,883	$ -	$ -	$ 3,256,883
Guaranteed annuity contract	-	-	844,490	844,490
Participants loans	-	-	202,283	202,283
Total assets at fair value	$ 3,256,883	$ -	$ 1,046,773	$ 4,303,656

Note 4 - Fair value measurements (cont'd)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	Level 3 Assets		
	Guaranteed Annuity Contract	Participant Loans	Total
Balance at the beginning of the year	$ 844,490	$ 202,283	$ 1,046,773
Net purchases/loan additions and adjustments	37,563	(29,799)	7,764
Unrealized gain	30,045	-	30,045
Balance at the end of the year	$ 912,098	$ 172,484	$ 1,084,582

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2008:

	Level 3 Assets		
	Guaranteed Annuity Contract	Participant Loans	Total
Balance at the beginning of the year	$ 496,269	$ 202,318	$ 698,587
Net purchases/loan additions and adjustments	364,326	(35)	364,291
Unrealized loss	(16,105)	-	(16,105)
Balance at the end of the year	$ 844,490	$ 202,283	$ 1,046,773

The fair value amounts and changes in fair value of the investments as disclosed above are unaudited, as previously described in Note 3.

Valuation of investments

The following is a description of the valuation methodologies used for assets measured at fair value. There has been no changes in the methodologies used at December 31, 2009 and 2008:

Mutual funds – valued at unadjusted quoted market prices, which represents the net asset value of shares held by the Plan at year end.

Note 4 - Fair value measurements (cont'd)

Valuation of investments (cont'd)

Guaranteed annuity contract – valued at contract value which approximates fair value. In the opinion of management, fair value is determined by discounting the related cash flows based on current yield of similar instruments with comparable durations considering the creditworthiness of the issuer. Such difference in fair values is deemed to be immaterial.

Participant loans – valued at amortized cost, which approximates fair value.

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

Note 5 - Investment contracts

The guaranteed annuity contract owned by the Plan is a single group annuity with a fixed rate of return. An investment contract is a contract issued by a financial institution to provide a stated rate of return to the buyer of the contract for a specified period of time. There are no reserves against contract values for credit risk of the contract issuers or otherwise. The contract is subject to a 5% surrender fee.

The contract is fully benefit-responsive, which means withdrawals from these investment contracts may be made at contract value for qualifying benefit payments, including participant-directed transfers.

For the years ended December 31, 2009 and 2008, the insurance contract had an average crediting interest rate, reset on a semi-annual basis, of 3.15% and 3.50%, respectively and the Plan's investment at contract value had an average yield, based on both actual earnings and interest rate credited to participants of 3.15% and 3.50%, respectively.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a

Note 5 - Investment contracts (cont'd)

significant withdrawal from the Plan, or (d) the failure of the Plan to qualify for exemption from federal income taxes or any other prohibited transaction exception under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to contract at contract value with participants, is probable.

Note 6 - Tax status

The Plan has adopted the Principal Financial Group's non-standardized prototype plan. Accordingly, the Plan is permitted to rely on the Trustee's opinion letter. The Internal Revenue Service has determined and informed the Trustee by a letter dated March 31, 2008, that the Plan is designed in accordance with the applicable sections of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable provisions of the IRC and, therefore, believes that the Plan is qualified.

Note 7 - Related party transactions

Certain Plan investments are managed by the Trustees. Any purchases and sales transactions of these funds are performed in the open market at fair value and qualify as party-in-interest. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Note 8 - Plan termination

Although the Company has not expressed any intent to discontinue the Plan, the Company reserves the right to amend or terminate the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, all funds in each participant's account shall be fully vested and distributed in accordance with the provisions of the Plan.

Note 9 - Subsequent events

For purposes of determining the effect of subsequent events on these financial statements, management has evaluated events subsequent to December 31, 2009 and through September 28, 2010, the date on which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

VIATECH PUBLISHING SOLUTIONS, INC. 401(k) SAVINGS PLAN

SCHEDULE H (FORM 5500) – LINE 4a:
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

ID #13-1947136; PLAN 003

FOR THE YEAR ENDED DECEMBER 31, 2009

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 907,128	$ 56,845	$ -	$ -	$ 850,283

The Company has corrected the failure of the delinquent transmittal of employee contributions up to pay date July 22, 2009 by transmitting the employee contributions to the Trustee. Lost earnings resulting from the delinquent transmittal of employee contributions was transmitted by the Company to the Trustee. The correction of this failure is in accordance with the methodology set forth in the U.S. Department of Labor's Fiduciary Voluntary Compliance Program as published in the March 28, 2002 Federal Register. Included in the above balances are amounts from prior years.

The Company transmitted the corresponding excise taxes to the Internal Revenue Service along with the required Form 5330.

VIATECH PUBLISHING SOLUTIONS, INC. 401(k) SAVINGS PLAN

SCHEDULE H (FORM 5500) – LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ID #13-1947136; PLAN 003

DECEMBER 31, 2009

(a)	(b) Identify of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral par, or maturity value	(d) Cost**	(e) Current Value
	Mutual funds:			
	American Century Investments	American Century Vista Advisor Fund		$ 20,833
	American Funds Service Company	American Funds Growth Fund of America R3 Fund		175,532
	American Funds Service Company	American Funds New Perspective R3 Fund		122,271
*	Princor Financial Services	Principal Bond & Mortgage Secs R3 Fund		278,868
*	Princor Financial Services	Principal Diversified Intl R3 Fund		360,670
*	Princor Financial Services	Principal International Growth R3 Fund		42,233
*	Princor Financial Services	Principal LargeCap Blend II R3 Fund		88,516
*	Princor Financial Services	Principal LargeCap Growth R3 Fund		367,075
*	Princor Financial Services	Principal LargeCap S&P 500 Index R3 Fund		124,801
*	Princor Financial Services	Principal LargeCap Value I R3 Fund		292,752
*	Princor Financial Services	Principal LargeCap Value III R3 Fund		30,866
*	Princor Financial Services	Principal Lifetime 2010 R3 Fund		203,754
*	Princor Financial Services	Principal Lifetime 2020 R3 Fund		589,139
*	Princor Financial Services	Principal Lifetime 2030 R3 Fund		816,419
*	Princor Financial Services	Principal Lifetime 2040 R3 Fund		213,382
*	Princor Financial Services	Principal Lifetime 2050 R3 Fund		59,962
*	Princor Financial Services	Principal Lifetime Strat Income R3 Fund		36,133
*	Princor Financial Services	Principal MidCap Growth R3 Fund		219,258
*	Princor Financial Services	Principal MidCap S&P 400 Index R3 Fund		76,620
*	Princor Financial Services	Principal MidCap Value I R3 Fund		57,182
*	Princor Financial Services	Principal Real Estate Securities R3 Fund		17,816
*	Princor Financial Services	Principal SmallCap Growth II R3 Fund		51,658
*	Princor Financial Services	Principal SmallCap S&P 600 Index R3 Fund		144,821
*	Princor Financial Services	Principal SmallCap Value I R3 Fund		45,798
				4,436,359
	Guaranteed annuity contract:			
*	Principal Life Insurance Company	Fixed Income 401(a)/401(k)		912,098
				5,348,457
*	Participant loans	Interest rates at 4.25% -9.25%		172,484
	Total Investments			**$ 5,520,941**

* A party-in-interest as defined by ERISA

** Cost omitted for participant-directed investments

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

VIATECH PUBLISHING SOLUTIONS, INC.
401(K) SAVINGS PLAN
EIN 13 1947136
PLAN NUMBER 003
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
	American Century Investments	Registered Investment Company Am Cent Vista Adv Fund	$ 0.00	$ 20,833.44
	The American Funds	Registered Investment Company Am Fds Grth Fd of Am R3 Fund	$ 0.00	$ 175,532.17
	American Funds Service Company	Registered Investment Company Am Fds New Persp R3 Fund	$ 0.00	$ 122,271.43
*	Princor Financial Services	Registered Investment Company Prin Bond & Mtg Secs R3 Fund	$ 0.00	$ 278,867.95
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income 401(a)/(k)	$ 0.00	$ 912,098.20
*	Princor Financial Services	Registered Investment Company Prin LargeCap Blend II R3 Fund	$ 0.00	$ 88,515.45
*	Princor Financial Services	Registered Investment Company Prin LargeCap Growth R3 Fund	$ 0.00	$ 367,074.61
*	Princor Financial Services	Registered Investment Company Prin LgCap S&P 500 Idx R3 Fund	$ 0.00	$ 124,800.74
*	Princor Financial Services	Registered Investment Company Prin LgCap Value III R3 Fund	$ 0.00	$ 30,866.22
*	Princor Financial Services	Registered Investment Company Prin LifeTime Str Inc R3 Fund	$ 0.00	$ 36,133.15
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2010 R3 Fund	$ 0.00	$ 203,754.32
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2020 R3 Fund	$ 0.00	$ 589,138.94
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2030 R3 Fund	$ 0.00	$ 816,419.24
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2040 R3 Fund	$ 0.00	$ 213,381.66
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2050 R3 Fund	$ 0.00	$ 59,961.92

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

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

VIATECH PUBLISHING SOLUTIONS, INC.
401(K) SAVINGS PLAN
EIN 13 1947136
PLAN NUMBER 003
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
*	Princor Financial Services	Registered Investment Company Prin MidCap Growth III R3 Fund	$ 0.00	$ 219,258.20
*	Princor Financial Services	Registered Investment Company Prin MidCap S&P 400 Idx R3 Fd	$ 0.00	$ 76,619.86
*	Princor Financial Services	Registered Investment Company Prin MidCap Value I R3 Fund	$ 0.00	$ 57,181.74
*	Princor Financial Services	Registered Investment Company Prin Real Estate Secs R3 Fund	$ 0.00	$ 17,816.43
*	Princor Financial Services	Registered Investment Company Prin SmallCap Growth II R3 Fd	$ 0.00	$ 51,657.71
*	Princor Financial Services	Registered Investment Company Prin SmallCap Value I R3 Fund	$ 0.00	$ 45,797.71
*	Princor Financial Services	Registered Investment Company Prin SmCap S&P 600 Idx R3 Fund	$ 0.00	$ 144,820.91
*	Princor Financial Services	Registered Investment Company Principal Div Intl R3 Fund	$ 0.00	$ 360,670.27
*	Princor Financial Services	Registered Investment Company Principal Intl Growth R3 Fund	$ 0.00	$ 42,232.75
*	Princor Financial Services	Registered Investment Company PRIN LARGECAP VALUE I R3 FUND	$ 0.00	$ 292,751.79
	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.25%	$ 0.00	$ 172,484.00

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