

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MERGENT, INC. 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/15/2008</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/15/2008</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/15/2008</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MERGENT, INC.</u> <u>580 KINGSLEY PARK DRIVE</u> <u>FORT MILL, SC 29715</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-4233475</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>704-527-2700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>519100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-4233475</u>	2c Sponsor's telephone number <u>704-527-2700</u>	2d Business code (see instructions) <u>519100</u>	
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2c Sponsor's telephone number <u>704-527-2700</u>					
2d Business code (see instructions) <u>519100</u>					

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.	10/08/2010	JONATHAN WORRALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	JONATHAN WORRALL
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MERGENT, INC. 580 KINGSLEY PARK DRIVE FORT MILL, SC 29715	3b Administrator's EIN 36-4233475 3c Administrator's telephone number 704-527-2700
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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	236
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	166
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	43
d Subtotal. Add lines 6a , 6b , and 6c	6d	209
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	209
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	201
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	18
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 2J 2F 2G 2K 2R 3D 2S 2T

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 MERGENT, INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MERGENT, INC.	D Employer Identification Number (EIN) 36-4233475

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.
04-1590850

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
STATE STREET GLOBAL MARKETS
04-3464336

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
24 52 63 72 99	CONTRACT ADMINISTRATOR	3525	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AMERICAN FUNDS

52-0793788

(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?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS

04-6056833

(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?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

JANUS

84-1458637

(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?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

OPPENHEIMER

84-6297469

(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?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

OPPENHEIMER

84-1308320

(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?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
PREM INFL-PROT AND INCM FD BABSON 03-0532475	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	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.
SSGA SMALL CAP EQUITY INDEX FUND 04-0025081	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
PREMIER SHRT-DRTN BND FD BABSON 04-3212057	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
PREMIER MONEY MARKET FD BABSON 04-3212059	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT INDEXED EQTY FD NORTHRN TR 04-3410047	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
PREMIER ENH INDEX VALUE FD BABSON 04-3539083	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.	
PREMIER ENH INDEX GRWTH FD BABSON 04-3539084	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	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.	
FIDELITY CONTRAFUND 04-6056833	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	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.	
AMER FUNDS WASH MUTUAL INVS FUND 52-0793788	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 99	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.	
OPPENHEIMER INTERNATIONAL BOND FUND 84-1308320	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	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.	
PERKINS MID CAP VALUE FUND 84-1458637	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 99	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.	
OPPENHEIMER CMDTY STRAT TOT RTRN FD 84-6297469	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	72	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.	
AMER FUNDS WASH MUTUAL INVS FUND 52-0793788	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	72	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.	
FIDELITY CONTRAFUND 04-6056833	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JANUS	72	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.	
PERKINS MID CAP VALUE FUND 84-1458637	BASIS POINTS * PLAN ASSETS	

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
OPPENHEIMER	72	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.
OPPENHEIMER CMDTY STRAT TOT RTRN FD 84-6297469	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPPENHEIMER	72	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.
OPPENHEIMER INTERNATIONAL BOND FUND 84-1308320	BASIS POINTS * PLAN ASSETS

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 MERGENT, INC. 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MERGENT, INC.		D Employer Identification Number (EIN) 36-4233475
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: MF-EJ SSGA DOW JONES TARGET TODAY F		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-140	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73303
a Name of MTIA, CCT, PSA, or 103-12 IE: MF-GJ SSGA DOW JONES TARGET 2015 FU		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-249	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 293848
a Name of MTIA, CCT, PSA, or 103-12 IE: MF-IJ SSGA DOW JONES TARGET 2025 FU		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-137	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 505539
a Name of MTIA, CCT, PSA, or 103-12 IE: MF-KG SSGA INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-104	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 777394
a Name of MTIA, CCT, PSA, or 103-12 IE: MF-KJ SSGA DOW JONES TARGET 2035 FU		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-138	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69406
a Name of MTIA, CCT, PSA, or 103-12 IE: MF-PG SSGA BOND MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 674233
a Name of MTIA, CCT, PSA, or 103-12 IE: MF-RG SSGA MID CAP EQUITY INDEX FUN		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-108	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 331932
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2009 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: MF-RJ SSGA DOW JONES TARGET 2045 FU
STATE STREET BANK & TRUST COMPANY

b Name of sponsor of entity listed in (a):

c EIN-PN 90-0337987-139	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130106
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a Name of MTIA, CCT, PSA, or 103-12 IE: MF-TG SSGA SMALL CAP EQUITY INDEX F
STATE STREET BANK & TRUST COMPANY

b Name of sponsor of entity listed in (a):

c EIN-PN 90-0337987-106	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 620743
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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 MERGENT, INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERGENT, INC.	D Employer Identification Number (EIN) 36-4233475	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
(1)	Employer contributions	1b(1)		
(2)	Participant contributions	1b(2)		
(3)	Other	1b(3)		
c	General investments:			
(1)	Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2)	U.S. Government securities	1c(2)		
(3)	Corporate debt instruments (other than employer securities):			
(A)	Preferred	1c(3)(A)		
(B)	All other	1c(3)(B)		
(4)	Corporate stocks (other than employer securities):			
(A)	Preferred	1c(4)(A)		
(B)	Common	1c(4)(B)		
(5)	Partnership/joint venture interests	1c(5)		
(6)	Real estate (other than employer real property)	1c(6)		
(7)	Loans (other than to participants)	1c(7)		
(8)	Participant loans	1c(8)	297332	357614
(9)	Value of interest in common/collective trusts	1c(9)	2467418	3476504
(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)	6512486	7139061
(14)	Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15)	Other	1c(15)	324308	397660

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)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9601544	11370839

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9601544	11370839
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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)	173913	
(B) Participants	2a(1)(B)	775849	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		949762
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	24076	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24076
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	55106	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		55106
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		569293
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		973306
c Other income.....	2c		16413
d Total income. Add all income amounts in column (b) and enter total.....	2d		2587956

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	815136	
(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)		815136
f Corrective distributions (see instructions)	2f		0
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)	3525	
(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)		3525
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		818661

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1769295
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: BDO USA, LLP

(2) EIN: 13-5381590

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>MERGENT, INC. 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MERGENT, INC.</u>	D Employer Identification Number (EIN) <u>36-4233475</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</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)
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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): _____



Mergent, Inc. 401(k) Savings Plan

Financial Statements and Supplemental Schedules

As of December 31, 2009 and 2008 and for the
Year Ended December 31, 2009 and the
Period from September 15, 2008 (inception)
through December 31, 2008

Mergent, Inc. 401(k) Savings Plan

Financial Statements and Supplemental Schedules

As of December 31, 2009 and 2008 and for the Year Ended December 31, 2009 and the
Period from September 15, 2008 (inception) through December 31, 2008

Mergent, Inc. 401(k) Savings Plan

Contents

Independent Auditors' Report	3
------------------------------	---

Financial Statements

Statements of Net Assets Available for Benefits—December 31, 2009 and 2008	4
Statements of Changes in Net Assets Available for Benefits—Year Ended December 31, 2009 and the Period from September 15, 2008 (inception) through December 31, 2008	5
Notes to Financial Statements	6-17

Supplemental Schedules

Schedule H, line 4i - Schedule of Assets (Held at End of Year)—December 31, 2009	18
Schedule H, line 4i - Schedule of Assets (Held at End of Year)—December 31, 2008	19



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Independent Auditors' Report

To the Plan Administrator and Participants
Mergent, Inc. 401(k) Savings Plan
Fort Mill, South Carolina

We were engaged to audit the accompanying statements of net assets available for benefits of Mergent, Inc. 401(k) Savings Plan (the Plan) as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the year ended December 31, 2009 and the period from September 15, 2008 (inception) through December 31, 2008 and supplemental Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2009 and 2008 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 4, which was certified by Massachusetts Mutual Life Insurance Company and State Street Bank and Trust Company, the custodian and trustee of the Plan, respectively, except for comparing the information with the related information included in the financial statements and supplemental schedules. The plan administrator has informed us that the custodian and trustee hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodian and trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and the period from September 15, 2008 (inception) through December 31, 2008, that the information provided to the plan administrator by the custodian and trustee are 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 custodian and trustee, has 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.

BDO USA, LLP

September 30, 2010

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Financial Statements

Mergent, Inc. 401(k) Savings Plan

Statements of Net Assets Available for Benefits

December 31,	2009	2008
Assets		
Investments:		
Common collective trusts	\$ 3,476,504	\$ 2,467,418
Mutual funds	7,139,061	6,512,486
Participant loans	357,614	297,332
Self directed brokerage accounts	397,661	324,308
Net assets available for benefits	\$ 11,370,840	\$ 9,601,544

See accompanying independent auditors' report and notes to financial statements.

Mergent, Inc. 401(k) Savings Plan

Statements of Changes in Net Assets Available for Benefits Year Ended December 31, 2009 and the Period from September 15, 2008 (inception) through December 31, 2008

	2009	2008
Changes in net assets attributed to:		
Net investment income (loss):		
Net appreciation (depreciation) in the fair value of mutual funds	\$ 973,307	\$ (242,736)
Net appreciation (depreciation) in the fair value of self-directed brokerage accounts	16,413	(1,071)
Net appreciation in the fair value of common collective trusts	569,293	5,647
Interest and dividends	55,106	109,426
Participant loan interest	24,076	5,801
Total net investment income (loss)	1,638,195	(122,933)
Contributions:		
Participant contributions	775,849	244,745
Employer contributions	173,913	84,309
Total contributions	949,762	329,054
Distributions:		
Benefits paid to participants	(815,136)	(228,177)
Administrative expenses	(3,525)	(445)
Total distributions	(818,661)	(228,622)
Net increase (decrease)	1,769,296	(22,501)
Transfer in from another qualified plan	-	9,624,045
Net assets available for benefits, beginning of year	9,601,544	-
Net assets available for benefits, end of year	\$ 11,370,840	\$ 9,601,544

See accompanying independent auditors' report and notes to financial statements.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Mergent, Inc. 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan of Mergent, Inc. (the "Employer") under Section 401(k) of the Internal Revenue Code and covers all employees of the Employer, except non-resident aliens and union employees.

An employee is eligible after one month of service and may enter the Plan on the first day of the month following the date the participant becomes eligible. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Contributions are equal to the sum of the following:

- a) Participants may elect to contribute up to 100 percent of their eligible compensation, as defined by the Plan, not to exceed certain limitations. Participants are automatically enrolled at 3 percent of eligible Plan compensation upon attainment of eligibility requirements, unless the Plan Administrator receives written documentation from the participant to do otherwise.
- b) Participants who have attained age 50 before year-end, may elect to make catch-up contributions.
- c) The Employer may make a discretionary matching contribution to the Plan, not to exceed 6 percent of annual eligible compensation as defined by the Plan. The Employer contributed 50 percent of the participants' salary deferral contribution up to 6 percent of eligible compensation during the period from September 15, 2008 through December 31, 2008 and the period from January 1, 2009 through September 30, 2009. Effective October 1, 2009, the Employer ceased making the discretionary matching contributions to the Plan.
- d) A discretionary non-elective Employer contribution may be contributed at the option of the Employer. Participants must be employed as of the last day of the Plan year to be eligible for the discretionary non-elective Employer contribution (waived for retirement, death or disability). The discretionary non-elective Employer contribution is allocated to eligible participants based on eligible compensation, as defined by the Plan. No discretionary non-elective Employer contributions were made during 2009 or the period from September 15, 2008 through December 31, 2008.

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

- e) Participants may also contribute amounts representing distributions from other qualified plans.

Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer contributions, and an allocation of Plan earnings and expenses thereon. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the participant's vested account balance. The Plan offers mutual funds, common collective trusts and self directed brokerage accounts as investment options for participants.

Benefit Payments

Upon termination of service, death, disability or retirement (age 65), a participant or the beneficiary may elect to receive the balance of his or her vested account balance in a lump-sum installment or installment payments, as provided by the Plan. Upon approval by the plan administrator, participants may withdraw a portion of their vested account in the event of undue financial hardship. The Plan also provides for benefit payments upon early retirement, defined as age 55 and 6 years of services, and for in-services distributions at age 59 ½. Participants with vested account balances less than \$1,000 may receive an involuntary lump-sum distribution upon termination of employment at the Employer's discretion. Participants with vested account balances between \$1,000 and \$5,000 may be automatically rolled into an IRA.

Vesting

Each participant is immediately vested in his or her salary deferral contributions and related earnings. A participant is 100 percent vested in Employer contributions upon death, disability or attaining normal retirement age (age 65). If a participant's employment terminates prior to retirement for any reason, then vesting for all Employer contributions is based on a service-year schedule, as follows:

<i>Years of Service</i>	<i>Percent</i>
1	25
2	50
3	75
4 or more	100

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

Forfeitures

Forfeited non-vested accounts are used to reduce expenses related to the administration of the plan or to reduce future Employer matching contributions. At December 31, 2009 and 2008 forfeited non-vested accounts available for future use totaled \$2,588 and \$22,176, respectively. During 2009 and the period from September 15, 2008 through December 31, 2008, approximately \$24,527 and \$0, respectively, were used to reduce the Employer matching contributions.

Participant Loans

Participants may borrow up to the lesser of \$50,000 or 50 percent of their vested account balance. Each participant may have only 2 loans outstanding at any time. The minimum loan amount is \$1,000 and the repayment terms may not exceed 5 years, unless the loan is for the purchase of a primary residence. The loans are secured by the balance of the participant's account and bear interest at prime plus 2 percent. Principle and interest are repaid ratably. Interest rates ranged from 5.25 percent to 10.25 percent at December 31, 2009 and 6.00 to 10.25 percent at December 31, 2008.

Administrative Expenses

Certain administrative expenses are paid by the Employer. The Plan pays for participant requested services.

2. Summary Of Significant Accounting Policies

Basis of Accounting

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

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

Accounting Standard Codification

In June 2009, the Financial Accounting Standards Board ("FASB") issued Statements of Financial Accounting Standards ("SFAS") No. 168, *The FASB Accounting Standard Codification™ ("Codification") and the Hierarchy of Generally Accepted Accounting Principles*, effective for interim and annual reporting periods ending after September 15, 2009. This statement replaces SFAS No. 162, *The Hierarchy of Generally Accepted Accounting Principles* and establishes the Codification ("ASC") as the source of authoritative U.S. accounting principles used in the preparation of financial statements in conformity with GAAP. All guidance contained in the Codification carries an equal level of authority. The Codification does not replace or affect guidance issued by the SEC or its staff. The FASB will not issue new standards in the form of Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. Instead, it will issue Accounting Standards Updates ("ASUs"). The FASB will not consider ASUs as authoritative in their own right; rather, ASUs will serve only to update the Codification, provide background information about the guidance and provide the basis for conclusions on the change(s) in the Codification. This statement became effective for the year ended December 31, 2009, and references made to FASB guidance throughout this document have been updated for the Codification.

ASC 820 (Formerly SFAS No. 157, "Fair Value Measurements")

In September 2006, the FASB issued ASC 820, which introduces a framework for measuring fair value and expands required disclosure about fair value measurements of assets and liabilities. ASC 820 for financial assets and liabilities is effective for fiscal years beginning after November 15, 2007. The Plan adopted ASC 820 as of September 15, 2008. There was no material impact to the Plan financial statements upon adoption. See Note 5 of the financial statements.

In April 2009, the FASB issued FASB Staff Position ("FSP") FAS 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* which was later codified into ASC 820. Effective for financial statements issued after June 15, 2009 this FSP expands disclosures and required that major categories for debt and equity securities in the fair value hierarchy table be determined on the basis of nature and risks of the investments. The adoption of ASC 820 did not have a significant effect on the Plan's financial statements.

In September 2009, the FASB issued ASU 2009-12, *Fair Value Measurements and Disclosures (Topic 820)—Investment in Certain Entities that Calculate Net Asset value per Share (or Its Equivalent)*. The ASU 2009-12 permits the use of net asset value per share, without further adjustment, to estimate the fair value of investments in investment companies that do not have readily determinable fair values. This guidance also required additional disclosure of the investments within the scope of the ASU. This guidance is effective for periods ended after December 15, 2009. The adoption did not have a material impact on the Plan's financial statements.

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

ASC 855 (formerly SFAS No. 165, "Subsequent Events")

In May 2009, the FASB issued ASC 855, which establishes general standards of accounting for and disclosure of events that occur after the statement of net assets available for benefits date but before the financial statements are issued or are available to be issued. It requires the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date. ASC 855 sets forth the period after the statement of net assets available for benefits date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, the circumstances under which an entity should recognize events or transactions occurring after the statement of net assets available for benefits date in its financial statements and the disclosures that an entity should make about events or transactions that occurred after the statement of net assets available for benefits date. ASC 855 became effective for the Plan for the year ended December 31, 2009. The impact of adoption was not significant. See Note 11 of the financial statements.

New Accounting Standard to be Adopted

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (ASU No. 2010-06), which amends ASC 820, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The future adoption is not anticipated to have a significant effect on the Plan's financial statements.

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount 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 (the exit price). See Note 5 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

Payment of Benefits

Benefit payments are recorded when paid.

3. Investments

Investments that represent 5 percent or more of the Plan's net assets are separately identified in the following table:

December 31,	2009	2008
Babson Premier Money Market Fund	\$ 2,109,045	\$ 2,485,008
Northern Trust Select Indexed Equity Fund	1,552,954	1,281,136
Fidelity Contrafund	1,635,201	1,323,025
State Street Bond Market Index Trust	674,233	726,071
State Street Small Cap Eq Index Trust	620,743	639,145
State Street Intl Equity Index Trust	777,394	604,411
Other*	4,001,270	2,542,748
	\$ 11,370,840	\$ 9,601,544

*Investments that individually represent less than 5 percent of net assets in the respective year.

4. Investment Information Certified by the Plan's Custodian and Trustee

The plan administrator has elected the alternative method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, information certified by the Plan's custodian and trustee, Massachusetts Mutual Life Insurance Company and State Street Bank and Trust Company, respectively, as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and the period from September 15, 2008 (inception) through December 31, 2008, was not audited, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedules.

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

A summary of the Plan's financial information which has been certified by the Plan's custodian and trustee as of December 31, 2009 and 2008, is presented as follows:

	2009	2008
Assets:		
Common collective trusts	\$ 3,476,504	\$ 2,467,418
Mutual funds	7,139,061	6,512,486
Participant loans	357,614	297,332
Self directed brokerage accounts	397,661	324,308

A summary of the Plan's financial information which has been certified by the Plan's custodian and trustee for the year ended December 31, 2009 and the period from September 15, 2008 through December 31, 2008, is presented as follows:

	2009	2008
Change in net assets:		
Net appreciation (depreciation) in the fair value of mutual funds	\$ 973,307	\$ (242,736)
Net appreciation (depreciation) in the fair value of self-directed brokerage accounts	16,413	(1,071)
Net appreciation in the fair value of common collective trusts	569,293	5,647
Interest and dividends	55,106	109,426
Participant loan interest	24,076	5,801

5. Fair Value Measurements

As of the beginning of the period ended December 31, 2008 the Plan adopted ASC 820. ASC 820 establishes 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 ASC 820 are described as follows:

- 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.

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

- 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.

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.

A financial instrument's 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.

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

Common Collective Trusts: Common collective trusts represent investments with various investment managers. Units held in common collective trusts are valued at the unit value as reported by the investment managers as of December 31, 2009 and 2008.

Mutual Funds: Mutual funds represent investments with various investment managers. The fair value of these investments are determined by reference to the fund's underlying assets, which are principally marketable equities and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the net asset value as of December 31, 2009 and 2008.

Self-Directed Brokerage Accounts: Investments in self-directed brokerage accounts are reported at fair value based on quoted market prices of the investments. Common stock, preferred stock, mutual funds, and fixed income securities in active markets on national and international securities exchanges are valued at closing prices on the last business day of each period presented. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

Participant Loans: Participant loans are valued at their outstanding balance, which approximates fair value.

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

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

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value, as of December 31, 2009 and 2008. These tables do not include cash held in the self-directed brokerage accounts of \$8,012 and \$0 as of December 31, 2009 and 2008, respectively.

Investment Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Common collective trusts:				
Fixed income	\$ -	\$ 674,233	\$ -	\$ 674,233
International stock	-	777,394	-	777,394
Mid-cap stock	-	331,932	-	331,932
Multi-asset class stock	-	1,072,202	-	1,072,202
Small-cap stock	-	620,743	-	620,743
Mutual funds:				
Fixed income	846,103	-	-	846,103
International fixed income	31,054	-	-	31,054
Large-cap stock	4,018,439	-	-	4,018,439
Mid-cap stock	120,344	-	-	120,344
Money market	2,109,045	-	-	2,109,045
Specialized	14,076	-	-	14,076
Self directed brokerage accounts:				
Bear market	34,322	-	-	34,322
Cash	8,012	-	-	8,012
Energy	4,158	-	-	4,158
Federal National Mortgage Association	354	-	-	354
Intermediate gov't	43,882	-	-	43,882
Money market	242,988	-	-	242,988
Oil sector	10,209	-	-	10,209
Short gov't	53,736	-	-	53,736
Participant loans	-	-	357,614	357,614
Total investment at fair value ⁽¹⁾	\$ 7,536,722	\$ 3,476,504	\$ 357,614	\$ 11,370,840

⁽¹⁾ Level 3 assets were 3% of total investment assets at fair value.

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

Investment Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Common collective trusts:				
Fixed income	\$ -	\$ 726,071	\$ -	\$ 726,071
International stock	-	604,411	-	604,411
Mid-cap stock	-	224,601	-	224,601
Multi-asset class stock	-	273,190	-	273,190
Small-cap stock	-	639,145	-	639,145
Mutual funds:				
Fixed income	618,176	-	-	618,176
International fixed income	39,686	-	-	39,686
Large-cap stock	3,288,307	-	-	3,288,307
Mid-cap stock	65,758	-	-	65,758
Money market	2,485,008	-	-	2,485,008
Specialized	15,551	-	-	15,551
Self directed brokerage accounts:				
Energy	2,925	-	-	2,925
Financial sector	876	-	-	876
Foreign large blend	38,391	-	-	38,391
Foreign large value	14,886	-	-	14,886
Inflation protected bond	24,457	-	-	24,457
Long gov't	52,880	-	-	52,880
Money market	151,888	-	-	151,888
Real estate	30,539	-	-	30,539
Short term bond	7,466	-	-	7,466
Participant loans	-	-	297,332	297,332
Total investment at fair value ⁽¹⁾	\$ 6,836,794	\$ 2,467,418	\$ 297,332	\$ 9,601,544

⁽¹⁾ Level 3 assets were 3% of total investment assets at fair value.

Level 3 Gains and Losses

The only investment classified as a level 3 investment in the fair value hierarchy is participant loans at December 31, 2009 and 2008. There are no realized or unrealized gains or losses on participant loans. The change from the September 15, 2008 and December 31, 2008 balances consists solely of net issuances and settlements.

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

6. Tax Status

The Internal Revenue Service has determined and informed the custodian, in an opinion letter dated May 11, 2009 that the Plan prototype and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has since been amended; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

8. Related Party Transactions

Certain Plan investments consist of shares of mutual funds, units of CCTs, and common stock managed by Mass Mutual and State Street Bank. Mass Mutual and State Street Bank are the custodian and trustee of the assets of the Plan and therefore these transactions qualify as party-in-interest. Fees paid by the Plan to Mass Mutual and State Street Bank totaled \$3,525 for the year ended December 31, 2009 and \$445 for the period from September 15, 2008 (inception) through December 31, 2008.

9. Plan Transfers

On July 17, 2008, the employees of the Employer were acquired as part of an acquisition from Xinhua Finance Limited. The Plan was established September 15, 2008, and the portion of the 401(k) plan of Xinhua Finance Limited related to these acquired employees transferred into the Plan on October 17, 2008. Net assets transferred in totaled to \$9,624,045.

10. Risks and Uncertainties

The Plan invests in various investments. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is 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.

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Notes to Financial Statements

11. Subsequent Events

The Plan has evaluated subsequent events from the date of the Statement of Net Assets Available For Benefits through September 30, 2010, the date the financial statements were available to be issued. During this period, no material recognizable subsequent events were identified other than the restatement of the Plan document as of January 1, 2010. The provisions of the restated Plan document are substantially unchanged from the previous Plan document dated September 15, 2008 other than certain regulatory matters.

See accompanying independent auditors' report.

Supplemental Schedules

Mergent, Inc. 401(k) Savings Plan

Schedule H, line 4i-Schedule of Assets (Held at End of Year)-December 31, 2009
EIN\PN: EIN\PN: 36-4233475\001

(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) 2009 Current Value
Mutual funds:				
*	Mass Mutual	Holding Account	\$	4
*	Mass Mutual	Babson Premier Money Market Fund		2,109,045
*	Mass Mutual	Babson Premier Inf-Pro and Inc Fund		700,238
*	Mass Mutual	Washington Mutual Investment Fund		375,338
*	Mass Mutual	Northern Trust Select Indexed Equity Fund		1,552,954
*	Mass Mutual	Babson Premier Enhanced Index Growth Fund		439,967
*	Oppenheimer	Commodity Strategic Total Return Fund		14,076
*	Oppenheimer	International Bond Fund		31,054
*	Mass Mutual	Babson Premier Enhanced Index Value Fund		14,975
*	Mass Mutual	Babson Premier Short Duration Bond Fund		145,865
	Fidelity Investments	Fidelity Contrafund		1,635,201
	Janus	Perkins Mid Cap Value Fund		120,344
Total mutual funds				7,139,061
Common collective trusts:				
*	State Street Bank and Trust Company	Bond Market Index Trust		674,233
*	State Street Bank and Trust Company	Mid Cap Equity Index Trust		331,932
*	State Street Bank and Trust Company	Small Cap Equity Index Trust		620,743
*	State Street Bank and Trust Company	International Equity Index Trust		777,394
*	State Street Bank and Trust Company	Dow Jones Target 2015 Trust		293,848
*	State Street Bank and Trust Company	Dow Jones Target 2025 Trust		505,539
*	State Street Bank and Trust Company	Dow Jones Target 2035 Trust		69,406
*	State Street Bank and Trust Company	Dow Jones Target 2045 Trust		130,106
*	State Street Bank and Trust Company	Dow Jones Target Today Trust		73,303
Total common collective trusts				3,476,504
Self directed brokerage accounts:				
*	State Street Bank and Trust Company	Money Market Fund		242,988
	Vanguard	GNMA Fund		43,882
	Vanguard	Short Term Federal Fund		53,736
	CNOOC Ltd.	Common Stock		5,441
	Direxion Daily Financial Bull 3X Shares	Common Stock		34,322
	Federal National Mortgage Association	Common Stock		354
	Petroleo Brasileiro	Common Stock		4,768
	Suntech Power Holdings Co. Ltd.	Common Stock		4,158
	Cash	Cash		8,012
Total self directed brokerage accounts				397,661
Participant loans				
*	Participant loans	(5.25 to 10.25 percent)		357,614
Total investments, at fair value				\$ 11,370,840

The above investment information has been certified by the custodian and trustee as being complete and accurate.

* Represents a party-in-interest.

** Not required for participant-directed investments.

See accompanying independent auditors' report.

Mergent, Inc. 401(k) Savings Plan

Schedule H, line 4i-Schedule of Assets (Held at End of Year)-December 31, 2008
EIN\PN: EIN\PN: 36-4233475\001

(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) 2008 Current Value
	Mutual funds:		\$	4
*	Mass Mutual	Holding Account		2,485,008
*	Mass Mutual	Babson Premier Money Market Fund		618,138
*	Mass Mutual	Babson Premier Inflation-Protected Bond Fund		308,553
*	Mass Mutual	Washington Mutual Investment Fund		1,281,136
*	Mass Mutual	Northern Trust Select Indexed Equity Fund		362,470
*	Mass Mutual	Babson Premier Enhanced Index Growth Fund		15,551
	Oppenheimer	Commodity Strategic Total Return Fund		39,686
	Oppenheimer	International Bond Fund		13,119
*	Mass Mutual	Babson Premier Enhanced Index Value Fund		38
*	Mass Mutual	Babson Premier Short Duration Bond Fund		1,323,025
	Fidelity Investments	Fidelity Contrafund		65,758
	Janus	Perkins Mid Cap Value Fund		
	Total mutual funds			6,512,486
	Common collective trusts:			
*	State Street Bank and Trust Company	Bond Market Index Trust		726,071
*	State Street Bank and Trust Company	Mid Cap Equity Index Trust		224,601
*	State Street Bank and Trust Company	Small Cap Equity Index Trust		639,145
*	State Street Bank and Trust Company	International Equity Index Trust		604,411
*	State Street Bank and Trust Company	Dow Jones Target 2015 Trust		157,740
*	State Street Bank and Trust Company	Dow Jones Target 2025 Trust		35,269
*	State Street Bank and Trust Company	Dow Jones Target 2035 Trust		30,059
*	State Street Bank and Trust Company	Dow Jones Target 2045 Trust		11,268
*	State Street Bank and Trust Company	Dow Jones Target Today Trust		38,854
	Total common collective trusts			2,467,418
	Self directed brokerage accounts:			
*	State Street Bank and Trust Company	Money Market Fund		151,888
	Vanguard	Reit Index Fund		30,539
	Vanguard	Total Intl Stock Index Fund		38,391
	Vanguard	International Value Portfolio Fund		14,886
	Vanguard	Short Term Investment Grade Investor Fund		7,466
	Vanguard	Long Term US Treasury Fund		52,880
	Vanguard	Inflation Protected Secs Fund		24,457
	Bank of America Corp	Common Stock		876
	Suntech Power Holdings Co. Ltd.	Common Stock		2,925
	Total self directed brokerage accounts			324,308
*	Participant loans	(6.00 to 10.25 percent)		297,332
	Total investments, at fair value		\$	9,601,544

The above investment information has been certified by the custodian and trustee as being complete and accurate.

* Represents a party-in-interest.

** Not required for participant-directed investments.

See accompanying independent auditors' report.

A Name of Plan Mergent, Inc. 401(k) Savings Plan	B Three-digit plan Number	001
C Plan sponsor's name as shown on line 2a of Form 5500 Mergent, Inc.	D Employer Identification Number 364233475	

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual Premier	Holding Account - MF-YG	0	4
*	Oppenheimer	MF-CE	13,730	14,076
*	Oppenheimer	MF-CW	30,590	31,054
*	American Funds	MF-KT	336,600	375,338
*	MassMutual Premier	MF-NT	12,792	14,975
*	MassMutual Premier	MF-NU	345,918	439,967
*	Janus	MF-SI	99,515	120,344
*	Fidelity Investments	MF-WB	1,319,596	1,635,201
*	MassMutual Premier	MF-Y	673,665	700,238
*	MassMutual Premier	MF-YF	145,158	145,865
*	MassMutual Premier	MF-YG	2,106,462	2,109,045
*	MassMutual Select	MF-YX	1,317,619	1,552,954
*	State Street Bank & Trust Company	MF-EJ	66,646	73,303
*	State Street Bank & Trust Company	MF-GJ	258,206	293,848
*	State Street Bank & Trust Company	MF-IJ	483,865	505,539
*	State Street Bank & Trust Company	MF-KG	620,723	777,394
*	State Street Bank & Trust Company	MF-KJ	55,676	69,406
*	State Street Bank & Trust Company	MF-PG	608,768	674,233
*	State Street Bank & Trust Company	MF-RG	265,134	331,932
*	State Street Bank & Trust Company	MF-RJ	106,973	130,106
*	State Street Bank & Trust Company	MF-TG	510,444	620,743
*	State Street	SDBA	371,945	397,661
	Participant Loans	5.250000 - 10.250000	0	357,614

A Name of Plan Mergent, Inc. 401(k) Savings Plan	B Three-digit plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Mergent, Inc.	D Employer Identification Number 364233475

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
American Funds	520793788		American Funds received estimated Other Fees of 16 basis points * plan assets with respect to Amer Funds Wash Mutual Invs Fund (MF-KT).
American Funds	520793788		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to Amer Funds Wash Mutual Invs Fund (MF-KT).
Fidelity Investments	046056833		Fidelity Investments received estimated Other Fees of 20 basis points * plan assets with respect to Fidelity Contrafund (MF-WB).
Fidelity Investments	046056833		MassMutual provided the Plan with the required written disclosure for Management Fees received by Fidelity Investments with respect to Fidelity Contrafund (MF-WB).
Janus	841458637		Janus received estimated Other Fees of 29 basis points * plan assets with respect to Perkins Mid Cap Value Fund (MF-SI).
Janus	841458637		MassMutual provided the Plan with the required written disclosure for Management Fees received by Janus with respect to Perkins Mid Cap Value Fund (MF-SI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Funds Wash Mutual Invs Fund (MF-KT).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Fidelity Contrafund (MF-WB).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Prem Infl-Prot and Incm Fd (Babson) (MF-Y).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Enh Index Grwth Fd (Babson) (MF-NU).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Enh Index Value Fd (Babson) (MF-NT).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-YG).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Shrt-Drtm Bnd Fd (Babson) (MF-YF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Select Indexed Eqty Fd (Northrn Tr) (MF-YX).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 13 basis points * plan assets with respect to Prem Infl-Prot and Incm Fd (Babson) (MF-Y).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 13 basis points * plan assets with respect to Premier Shrt-Drtm Bnd Fd (Babson) (MF-YF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 16 basis points * plan assets with respect to Premier Enh Index Value Fd (Babson) (MF-NT).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 33 basis points * plan assets with respect to Select Indexed Eqty Fd (Northrn Tr) (MF-YX).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 6 basis points * plan assets with

Company		respect to Premier Enh Index Grwth Fd (Babson) (MF-NU).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 9 basis points * plan assets with respect to Premier Money Market Fd (Babson) (MF-YG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to Amer Funds Wash Mutual Invs Fund (MF-KT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to Fidelity Contrafund (MF-WB).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to SSGA Dow Jones Target 2015 Fund (MF-GJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to SSGA Dow Jones Target 2025 Fund (MF-IJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to SSGA Dow Jones Target 2035 Fund (MF-KJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to SSGA Dow Jones Target 2045 Fund (MF-RJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to SSGA Dow Jones Target Today Fund (MF-EJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 24 basis points * plan assets with respect to Oppenheimer Cmdty Strat Tot Rtrn Fd (MF-CE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 24 basis points * plan assets with respect to Oppenheimer International Bond Fund (MF-CW).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Perkins Mid Cap Value Fund (MF-SI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 50 basis points * plan assets with respect to SSGA Intl Equity Index Fund (MF-KG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 50 basis points * plan assets with respect to SSGA Mid Cap Equity Index Fund (MF-RG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 52 basis points * plan assets with respect to SSGA Small Cap Equity Index Fund (MF-TG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 60 basis points * plan assets with respect to SSGA Bond Market Index Fund (MF-PG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Supplemental Fees of 14 basis points * plan assets with respect to Oppenheimer Cmdty Strat Tot Rtrn Fd (MF-CE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Supplemental Fees of 14 basis points * plan assets with respect to Oppenheimer International Bond Fund (MF-CW).
Oppenheimer	841308320	MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer International Bond Fund (MF-CW).
Oppenheimer	841308320	Oppenheimer received estimated Other Fees of 6 basis points * plan assets with respect to Oppenheimer International Bond Fund (MF-CW).
Oppenheimer	846297469	MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer Cmdty Strat Tot Rtrn Fd (MF-CE).
Oppenheimer	846297469	Oppenheimer received estimated Other Fees of 6 basis points * plan assets with respect to Oppenheimer Cmdty Strat Tot Rtrn Fd (MF-CE).
SSGA	040025081	MassMutual provided the Plan with the required written disclosure for Management Fees received by SSGA with respect to SSGA Bond Market Index Fund (MF-PG).
SSGA	040025081	MassMutual provided the Plan with the required written disclosure for Management Fees received by SSGA with respect to SSGA Dow Jones Target 2015 Fund (MF-GJ).
SSGA	040025081	MassMutual provided the Plan with the required written disclosure for Management Fees received by SSGA with respect to SSGA Dow Jones Target 2025 Fund (MF-IJ).
SSGA	040025081	MassMutual provided the Plan with the required written disclosure for Management Fees received by SSGA with respect to SSGA Dow Jones Target 2035 Fund (MF-KJ).
SSGA	040025081	MassMutual provided the Plan with the required written disclosure for Management Fees received by SSGA with respect to SSGA Dow Jones Target 2045 Fund (MF-RJ).

SSGA	040025081	MassMutual provided the Plan with the required written disclosure for Management Fees received by SSGA with respect to SSGA Dow Jones Target Today Fund (MF-EJ).
SSGA	040025081	MassMutual provided the Plan with the required written disclosure for Management Fees received by SSGA with respect to SSGA Intl Equity Index Fund (MF-KG).
SSGA	040025081	MassMutual provided the Plan with the required written disclosure for Management Fees received by SSGA with respect to SSGA Mid Cap Equity Index Fund (MF-RG).
SSGA	040025081	MassMutual provided the Plan with the required written disclosure for Management Fees received by SSGA with respect to SSGA Small Cap Equity Index Fund (MF-TG).
State Street Global Markets	043464336	State Street Global Markets provided the Plan with the required written disclosure for commissions received by State Street Global Markets with respect to the SDBA.