

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

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan MIAMI VALLEY PUBLISHING PROFIT SHARING/401K PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1977
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MIAMI VALLEY PUBLISHING, LLC 678 YELLOW SPRINGS-FAIRFIELD RD FAIRBORN, OH 45324-9762	2b Employer Identification Number (EIN) 26-4760037 2c Sponsor's telephone number 937-879-5678 2d Business code (see instructions) 323100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	DANIEL STAHL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	DANIEL STAHL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MIAMI VALLEY PUBLISHING, LLC 678 YELLOW SPRINGS-FAIRFIELD RD FAIRBORN, OH 45324-9762	3b Administrator's EIN 26-4760037 3c Administrator's telephone number 937-879-5678
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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 TRANSCONTINENTAL PRINTING CORP.	4b EIN 31-0376310 4c PN 002
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5 Total number of participants at the beginning of the plan year	5	219
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	140
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	41
d Subtotal. Add lines 6a , 6b , and 6c	6d	182
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	183
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	165
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 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 MIAMI VALLEY PUBLISHING PROFIT SHARING/401K PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MIAMI VALLEY PUBLISHING, LLC	D Employer Identification Number (EIN) 26-4760037	

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

THE AMERICAN FUNDS GROUP 333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

LORD ABBETT 90 HUDSON STREET
JERSEY CITY, NJ 07302

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

PUTNAM INVESTMENTS 1 POST OFFICE SQUARE
BOSTON, MA 02109

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

VICTORY FUNDS 4400 N FEDERAL HIGHWAY
STE 210-19
BOCA RATON, FL 33431

(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)

MERCER HR SERVICES, LLC

INVESTORS WAY
NORWOOD, MA 02062-1584

20-1932099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 38 49 59 60 62 64 65 99	RECORDKEEPER/T RUSTEE	0	Yes ☒ No ☐	Yes ☐ No ☒	28819	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 21 25 38 49 59 64 65 99	26479
(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.	
PUTNAM INVESTMENTS 1 POST OFFICE SQUARE BOSTON, MA 02109	VARIOUS ADMINISTRATIVE SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MIAMI VALLEY PUBLISHING PROFIT SHARING/401K PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MIAMI VALLEY PUBLISHING, LLC		D Employer Identification Number (EIN) 26-4760037
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: PUTNAM S & P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY		
c EIN-PN 04-2884233-201	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178669
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY		
c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 731818
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MIAMI VALLEY PUBLISHING PROFIT SHARING/401K PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MIAMI VALLEY PUBLISHING, LLC	D Employer Identification Number (EIN) 26-4760037	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)	1253946	910487
(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)	2212134	2062882
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3466080	2973369

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	3466080	2973369
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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)	25774	
(B) Participants	2a(1)(B)	306079	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		331853
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	33942	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		33942
(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)		70964
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		540977
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		977736

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	693598	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		693598
f Corrective distributions (see instructions)	2f		10507
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		704105

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		273631
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		766342

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: BRADY WARE

(2) EIN: 35-1476702

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		4696
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		10000000
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)
TRANSCONTINENTAL DIRECT CAPITAL ACCUMULATION PLAN	23-3018159	001

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>MIAMI VALLEY PUBLISHING PROFIT SHARING/401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MIAMI VALLEY PUBLISHING, LLC</u>	D Employer Identification Number (EIN) <u>26-4760037</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-2020334</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 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): _____



INDEPENDENT AUDITORS' REPORT

1 S Main St Ste 600
Dayton OH 45402-2042
(937) 223-5247
Fax (937) 223-0300

www.bradyware.com

Administrative Committee
Miami Valley Publishing, LLC. Profit Sharing 401(k) Plan
Fairborn, Ohio

We were engaged to audit the financial statements of the **Miami Valley Publishing, LLC. Profit Sharing 401(k) Plan** (the "Plan") as of December 31, 2009 and 2008, and for the years then ended, and supplementary information as listed in the accompanying table of contents. These financial statements and supplementary information are the responsibility of the Plan's management.

As 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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Mercer Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Dayton, Ohio
October 11, 2010

**MIAMI VALLEY PUBLISHING, LLC. PROFIT
SHARING 401(K) PLAN**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

TABLE OF CONTENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 11
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	12
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13



INDEPENDENT AUDITORS' REPORT

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Dayton, Ohio
October 11, 2010

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments at fair market value		
Collective trust fund	\$ 762,683	\$ 896,667
Equity securities funds	2,045,337	2,282,845
Government bond fund	<u>196,213</u>	<u>224,505</u>
Total investments at fair market value	<u>3,004,233</u>	<u>3,404,017</u>
Contributions receivable - employee	-	3,313
Contributions receivable - employer	<u>4,826</u>	<u>8,437</u>
Total receivables	<u>4,826</u>	<u>11,750</u>
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(30,864)</u>	<u>62,063</u>
Total assets	<u>2,978,195</u>	<u>3,477,830</u>
LIABILITIES		
Excess contributions	<u>4,836</u>	<u>16,685</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,973,359</u>	<u>\$ 3,461,145</u>

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income (loss)		
Interest and dividends	\$ 55,522	\$ 107,527
Net increase (decrease) in market value of investments	<u>590,363</u>	<u>(1,561,730)</u>
Total investment income (loss)	<u>645,885</u>	<u>(1,454,203)</u>
Contributions		
Employee	300,001	487,789
Employer - matching	<u>22,573</u>	<u>36,034</u>
Total contributions	<u>322,574</u>	<u>523,823</u>
Total additions	<u>968,459</u>	<u>(930,380)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	687,422	855,670
Plan transfer to Transcontinental Direct Capital Accumulation Plan	<u>768,823</u>	<u>-</u>
Total deductions	<u>1,456,245</u>	<u>855,670</u>
NET DECREASE	(487,786)	(1,786,050)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>3,461,145</u>	<u>5,247,195</u>
End of year	<u>\$ 2,973,359</u>	<u>\$ 3,461,145</u>

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of the **Miami Valley Publishing, LLC. Profit Sharing 401(k) Plan** (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan allowed all full-time employees of Miami Valley Publishing Company, Inc., Ross-Ellis U.S.A., Inc. and Transcon Printing and Graphics, Inc. who had six months of service and had attained age 18 to participate. Upon satisfaction of the eligibility requirements, employees were permitted to enter the Plan at the beginning of each month. Further, employees who did not waive participation would be automatically enrolled in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective May 29, 2009, the name of the Plan changed from Transcontinental Printing Corporation Profit Sharing 401(k) Plan to MVPC Acquisitions, LLC Profit Sharing 401(k) Plan. Subsequently, on July 1, 2009, the Plan's name changed to Miami Valley Publishing, LLC. Profit Sharing 401(k) Plan. The Plan Sponsor also changed during 2009 and is now solely Miami Valley Publishing, LLC. The Plan continued the eligibility rules as stated above for all full-time employees of Miami Valley Publishing, LLC (the "Company"). The assets and liabilities for all other previously participating employers were transferred out of the Plan during 2009 at market value.

Contributions - Participants may make salary deferrals up to statutory limits, as defined in the Plan, each year as an elective deferral. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

For each Plan year, the Plan Sponsor matches 10% of the first 6% of elective deferrals that a participant contributes to the Plan. Upon enrollment into the Plan, the participant is immediately entitled to an allocation of employer contributions. In addition, the Company, upon approval of the owner, may also make additional discretionary contributions to the Plan. For the years ended December 31, 2009 and 2008, there were no discretionary contributions made to the Plan. No contributions shall be made on behalf of a participant to the extent that, when added to the participant's salary deferral contributions, it would cause the amounts allocated to exceed the limitations allowed by the Internal Revenue Service.

Participant Accounts - Mercer Trust Company ("Trust") is the trustee and custodian of Plan investments. The Trust maintains the self-directed investment accounts for each participant containing the participant's contributions, Company contributions, net earnings or losses, distributions and withdrawals. Company contributions are allocated based on participants' compensation as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs both separately, and distinctly, into which investment the participant contribution, employer match and discretionary contribution is to be invested.

Vesting - Participants are immediately vested in their pre-tax contributions, rollovers, and any employer matching contributions and related Plan earnings credited to their accounts. The following schedule will be used to determine vesting in the additional discretionary contributions and related earnings:

<u>Completed Years of Service</u>	<u>Vesting Percentages</u>
Fewer than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN - continued

Distributions - Upon termination of service by reason of retirement, death, permanent disability, or otherwise, participants or designated beneficiaries may elect to receive their vested balance either in a lump-sum amount or payments over a period of time not to extend beyond the participant's life expectancy or the combined life expectancy of the participant and the participant's designated beneficiary. The Plan administrator may elect to automatically distribute to a participant in a single-sum payment any account balances, upon termination, of less than or equal to \$1,000. The Plan administrator may also rollover participant balances greater than \$1,000 but less than \$5,000 into an IRA if the participant does not elect to rollover or receive payment of their balance. The IRA must be invested in an investment vehicle designed to preserve principal and provide a reasonable rate of return and liquidity. In addition, participants may receive distributions of the employee deferral amount for qualified financial hardships.

Investment Options - Upon enrollment in the Plan, a participant may currently direct contributions in any of 16 investment options. Participants may change their investment options at any time via phone, Internet, or enrollment form. Deferral percentages can only be changed via the enrollment form.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Financial Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Benefit-Responsive Investment Contract - Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

The Plan had one guaranteed investment contract fund included in the collective trust fund amount on the Statement of Net Assets Available for Benefits at December 31, 2009 and 2008. This fund, the Putnam Stable Value Fund, was certified by the trustee.

Administrative Fees - The Company has agreed to pay substantially all administrative fees of the Plan.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value, determined by quoted market prices in an active market, of the underlying funds, which represent the net asset value of shares held by the Plan. See Note F for discussion of fair value measurements. Unrealized appreciation and depreciation are calculated by comparing fair value to cost. Security transactions are recorded on a trade date basis. Gains and losses are computed using the specific identification method. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Risks and Uncertainties - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Payment of Benefits - Benefits are recorded when paid.

Accounting for Uncertainty in Income Taxes - On January 1, 2009, the Plan adopted accounting standards for uncertainties in income taxes. The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the adoption of this standard does not have a material impact on the Plan's net assets available for benefits and changes in net assets available for benefits.

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 11, 2010, the date the financial statements were available to be issued.

NOTE C - INVESTMENTS

The Plan's investments are held by a financial services administrated trust fund. The following table presents the fair values of the investments at December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Putnam Stable Value Fund	\$ 762,683 *	\$ 896,667 *
Putnam New Opportunities Fund	343,322 *	318,053 *
Putnam Vista Fund	130,512	144,190
Putnam Investors Fund	183,023 *	196,115 *
Putnam S&P 500 Fund	178,669 *	295,216 *
Putnam Global Growth Fund	136,704	132,265
Putnam Equity Income Fund	155,598 *	222,078 *
Putnam Fund of Boston	43,915	108,564
Lord Abbett Mid-Cap Value Fund	95,895	143,160
Victory Diversified Stock Fund	132,714	154,556
American Funds Capital Fund	11,881	11,967
American Funds Europacific Growth Fund	210,660 *	200,516 *
American Funds Balanced Fund	89,978	83,062
American Funds Growth Fund of America	188,466 *	161,699
American Funds Investment Company of America	144,000	111,404
Putnam U.S. Government Income Trust	196,213 *	224,505 *
	<u>\$ 3,004,233</u>	<u>\$ 3,404,017</u>

* Fair values of individual assets represent five percent or more of the Plan's net assets as of December 31, 2009 and 2008.

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - INVESTMENTS - continued

The Plan's investments with Mercer Trust Company (including bought, sold, and held during the year) appreciated (depreciated) in value in 2009 and 2008 as follows:

	<u>2009</u>	<u>2008</u>
Equity securities funds	\$ 547,098	\$ (1,530,675)
Government bond fund	<u>43,265</u>	<u>(31,055)</u>
	<u>\$ 590,363</u>	<u>\$ (1,561,730)</u>

NOTE D - SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE

The total fair value of the investments held by the Trustee at December 31, 2009 and 2008 was \$3,004,233 and \$3,404,017, respectively. The cost of the investments at December 31, 2009 and 2008 is not readily determinable.

The Trustee of the Plan, Mercer Trust Company, has supplied the Plan administrator with a certification as to the completeness and accuracy of the following information:

- Investments
- Interest and dividend income
- Net appreciation (depreciation) in fair value of investments

NOTE E - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan has entered into a benefit-responsive investment contract with Putnam Fiduciary Trust Company ("Putnam") referred to as the Putnam Stable Value Fund. Putnam maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value with a separately disclosed adjustment from fair value to contract value (see Note B). Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events, such as premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Putnam. The Plan administrator believes the occurrence of such events, which would also limit the Plan's ability to transact at contract value with Plan participants, is not probable. There are also no reserves against contract value for credit risk of the contract issuer or otherwise.

The average yield of the benefit-responsive investment contract was 2.68% and 1.55% for 2009 and 2008, respectively. The average crediting interest rate was approximately 3.83% and 4.16% for 2009 and 2008, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer, but cannot be less than 0%. The interest rate is reviewed on a quarterly basis for resetting.

NOTES TO FINANCIAL STATEMENTS

NOTE F - FAIR VALUE MEASUREMENTS

Accounting standards define fair value and establish a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the accounting standards 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.

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.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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.

Collective trust fund: Valued based on the contractual terms of the underlying guaranteed interest account; provides a daily mil-rate for income accretion.

Equity securities funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Government bond fund: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE F - FAIR VALUE MEASUREMENTS - continued

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

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Collective trust fund	\$ 762,683	\$ -	\$ 762,683	\$ -
Equity securities funds	2,045,337	2,045,337	-	-
Government bond fund	<u>196,213</u>	<u>196,213</u>	<u>-</u>	<u>-</u>
	<u>\$ 3,004,233</u>	<u>\$ 2,241,550</u>	<u>\$ 762,683</u>	<u>\$ -</u>

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

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Collective trust fund	\$ 896,667	\$ -	\$ 896,667	\$ -
Equity securities funds	2,282,845	2,282,845	-	-
Government bond fund	<u>224,505</u>	<u>224,505</u>	<u>-</u>	<u>-</u>
	<u>\$ 3,404,017</u>	<u>\$ 2,507,350</u>	<u>\$ 896,667</u>	<u>\$ -</u>

NOTE G - TAX STATUS

The Plan obtained its latest determination letter on August 9, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE H - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event of Plan termination, participants will become 100% vested in any additional discretionary contributions made by the Company.

NOTE I - RELATED PARTY TRANSACTIONS

Putnam Investments is related to the Trustee, Mercer Trust Company, as defined by the Plan., Certain Plan assets are invested with Putnam Investments. Thus, Putnam Investments qualifies as a party-in-interest.

NOTE J - BENEFITS ALLOCABLE TO WITHDRAWN PARTICIPANTS

There were no benefits payable to participants terminated prior to year-end as of December 31, 2009 and 2008.

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE K - REFUND OF EXCESS CONTRIBUTIONS

Corrective distributions of \$4,836 and \$16,685 for the years ended December 31, 2009 and 2008, respectively, were made to return excess deferral contributions as required to satisfy the discrimination testing requirements of the Plan.

NOTE L - NON-EXEMPT TRANSACTIONS

For the Plan years ended December 31, 2009, 2008, 2007 and 2005, the Plan failed to timely remit participant contributions in the amounts of \$4,696, \$14,745, \$7,014 and \$1,014, respectively. As of December 31, 2009, the amounts remaining to be remitted are \$621 for 2008, \$436 for 2007 and \$1,014 for 2005. These outstanding participant contributions, recorded as employee contributions receivable on the Plan's financial statements, all relate to participants of Ross-Ellis U.S.A., Inc. Due to the employees of Ross-Ellis U.S.A., Inc. no longer participating in the Plan (See Note A), the receivables were included in the plan transfer on the Statements of Changes in Net Assets Available for Benefits.

As a result of these failures, non-exempt transactions were reported on the schedule of delinquent participant contributions. The Plan sponsor is liable for lost earnings and excise tax, of which certain amounts remain to be paid. The Plan incorporated three participating employers. All failures noted here to timely remit participant contributions are attributable to a single participating employer.

NOTE M - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits at December 31, per the financial statements	\$ 2,973,359	\$ 3,461,145
Employer receivable not recorded on Form 5500	(4,826)	(8,437)
Employee receivable not recorded on Form 5500	-	(3,313)
Excess contributions not recorded on Form 5500	<u>4,836</u>	<u>16,685</u>
Net assets available for benefits at December 31, per the Form 5500	<u>\$ 2,973,369</u>	<u>\$ 3,466,080</u>
	<u>2009</u>	<u>2008</u>
Contributions per the financial statements	\$ 322,574	\$ 523,823
Prior year employer receivable not recorded on Form 5500	8,437	7,641
Prior year employee receivable not recorded on Form 5500	3,313	9,874
Current year employer receivable not recorded on Form 5500	(4,826)	(8,437)
Current year employee receivable not recorded on Form 5500	-	(3,313)
Excess contributions not recorded on Form 5500	4,836	16,685
Prior year receivable included in plan transfer, includes \$410 of employer contributions (See Note L)	<u>(2,481)</u>	<u>-</u>
Contributions per the Form 5500	<u>\$ 331,853</u>	<u>\$ 546,273</u>

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE M - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - continued

	<u>2009</u>	<u>2008</u>
Distributions per the financial statements	\$ 687,422	\$ 855,670
Excess contributions refunded recorded on Form 5500 as distributions	<u>16,685</u>	<u>19,086</u>
Distributions per the Form 5500	<u>\$ 704,107</u>	<u>\$ 874,756</u>
	<u>2009</u>	<u>2008</u>
Transfer per the financial statements	\$ 768,823	\$ -
Prior year receivable included in plan transfer on the financial statements, not on Form 5500	<u>(2,481)</u>	<u>-</u>
Transfer per the Form 5500	<u>\$ 766,342</u>	<u>\$ -</u>
	<u>2009</u>	<u>2008</u>
Net decrease in assets available for benefits per the financial statements	\$ (487,786)	\$ (1,786,050)
Current year contributions receivable	(4,826)	(11,750)
Prior year contributions receivable	11,750	17,515
Current year excess contributions	4,836	16,685
Prior year excess contributions	(16,685)	(19,086)
Transfer included in net decrease on financial statements, not included in net decrease on Form 5500	768,823	-
Prior year receivable included in plan transfer on the financial statements, not on Form 5500	(2,481)	-
Rounding	<u>-</u>	<u>(2)</u>
Net decrease in assets available for benefits per the Form 5500	<u>\$ 273,631</u>	<u>\$ (1,782,688)</u>

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 26-4760037

PLAN NUMBER: 001

YEAR ENDED DECEMBER 31, 2009

Date Contributions Were Withheld From Pay	Date Remitted by the Plan Sponsor	Participant Contributions Transferred Late to the Plan	Participant Loan Payments Transferred Late to the Plan	Total that Constitutes Non-Exempt Prohibited Transactions				
				Items Not Corrected	Contributions Corrected Outside VFCP	Participant Loan Payments Corrected Outside VFCP	Items Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
January 20, 2005	Not Yet Remitted*	\$ 415	\$ -	\$ 415	\$ -	\$ -	\$ -	\$ -
December 6, 2005	Not Yet Remitted*	599	-	599	-	-	-	-
December 21, 2007	Not Yet Remitted*	436	-	436	-	-	-	-
April 24, 2008	Not Yet Remitted*	621	-	621	-	-	-	-
January 15, 2009	March 31, 2009	621	-	-	621	-	-	-
January 29, 2009	March 31, 2009	621	-	-	621	-	-	-
February 12, 2009	March 31, 2009	805	-	-	805	-	-	-
February 26, 2009	April 6, 2009	621	-	-	621	-	-	-
April 9, 2009	July 21, 2009	599	-	-	599	-	-	-
April 23, 2009	July 21, 2009	415	-	-	415	-	-	-
May 7, 2009	July 21, 2009	415	-	-	415	-	-	-
May 21, 2009	July 21, 2009	599	-	-	599	-	-	-
		<u>\$ 6,767</u>	<u>\$ -</u>	<u>\$ 2,071</u>	<u>\$ 4,696</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

* - Included in Plan transfer to Transcontinental Direct Capital Accumulation Plan

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 26-4760037

PLAN NUMBER: 001

DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Collective trust fund			
*	Putnam Stable Value Fund	Money market fund, 731,818.580 units	#	\$ <u>762,683</u>
	Equity securities funds			
*	Putnam New Opportunities Fund	Growth fund, 8,093.409 units	#	343,322
*	Putnam Vista Fund	Growth fund, 14,864.673 units	#	130,512
*	Putnam Investors Fund	Growth fund, 16,239.809 units	#	183,023
*	Putnam S&P 500 Fund	Growth fund, 5,735.750 units	#	178,669
*	Putnam Global Growth Fund	Growth fund, 16,981.918 units	#	136,704
*	Putnam Equity Income Fund	Growth and income fund, 11,441.019 units	#	155,598
*	Putnam Fund of Boston	Growth and income fund, 4,017.816 units	#	43,915
	Lord Abbett Mid-Cap Value Fund	Growth fund, 7,297.975 units	#	95,895
	Victory Diversified Stock Fund	Growth fund, 9,493.126 units	#	132,714
	American Funds Capital Fund	Growth fund, 724.911 units	#	11,881
	American Funds Europacific Growth Fund	Growth fund, 5,590.777 units	#	210,660
	American Funds Balanced Fund	Growth and income fund, 5,571.402 units	#	89,978
	American Funds Growth Fund of America	Growth fund, 6,998.349 units	#	188,466
	American Funds Investment Company of America	Growth fund, 5,559.829 units	#	<u>144,000</u>
				<u>2,045,337</u>
	Government bond fund			
*	Putnam U.S. Government Income Trust	Bond fund, 13,168.679 units	#	<u>196,213</u>
				<u>\$ 3,004,233</u>

* Represents a party-in-interest to the Plan.

Cost not readily determinable.

MIAMI VALLEY PUBLISHING, LLC. PROFIT SHARING 401(K) PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 26-4760037

PLAN NUMBER: 001

YEAR ENDED DECEMBER 31, 2009

Date Contributions Were Withheld From Pay	Date Remitted by the Plan Sponsor	Participant Contributions Transferred Late to the Plan	Participant Loan Payments Transferred Late to the Plan	Total that Constitutes Non-Exempt Prohibited Transactions				
				Items Not Corrected	Contributions Corrected Outside VFCP	Participant Loan Payments Corrected Outside VFCP	Items Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
January 20, 2005	Not Yet Remitted*	\$ 415	\$ -	\$ 415	\$ -	\$ -	\$ -	\$ -
December 6, 2005	Not Yet Remitted*	599	-	599	-	-	-	-
December 21, 2007	Not Yet Remitted*	436	-	436	-	-	-	-
April 24, 2008	Not Yet Remitted*	621	-	621	-	-	-	-
January 15, 2009	March 31, 2009	621	-	-	621	-	-	-
January 29, 2009	March 31, 2009	621	-	-	621	-	-	-
February 12, 2009	March 31, 2009	805	-	-	805	-	-	-
February 26, 2009	April 6, 2009	621	-	-	621	-	-	-
April 9, 2009	July 21, 2009	599	-	-	599	-	-	-
April 23, 2009	July 21, 2009	415	-	-	415	-	-	-
May 7, 2009	July 21, 2009	415	-	-	415	-	-	-
May 21, 2009	July 21, 2009	599	-	-	599	-	-	-
		<u>\$ 6,767</u>	<u>\$ -</u>	<u>\$ 2,071</u>	<u>\$ 4,696</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

* - Included in Plan transfer to Transcontinental Direct Capital Accumulation Plan

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MIAMI VALLEY PUBLISHING PROFIT SHARING/401K PLAN

EIN: 26-4760037

Plan Sponsor's Name MIAMI VALLEY PUBLISHING, LLC

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMCAP FUND CLASS R3	MUTUAL FUND		11,881
	AMERICAN EUROPACFC GRT FD	MUTUAL FUND		210,661
	LORD ABBETT MID CAP VAL FD	MUTUAL FUND		95,895
	AMERICAN BALANCED FUND	MUTUAL FUND		89,978
	GROWTH FUND OF AMERICA	MUTUAL FUND		188,466
	INVESTMENT CO. OF AMERICA	MUTUAL FUND		144,000
	VICTORY DIVERSFD STK FD	MUTUAL FUND		132,714

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MIAMI VALLEY PUBLISHING PROFIT SHARING/401K PLAN

EIN: 26-4760037

Plan Sponsor's Name MIAMI VALLEY PUBLISHING, LLC

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	THE GEORGE PUTNM FD OF BSTN	MUTUAL FUND		43,915
	PUTNAM INVESTORS FUND	MUTUAL FUND		183,023
	PUTNAM GLOBAL EQUITY FUND	MUTUAL FUND		136,704
	PUTNAM VISTA FUND	MUTUAL FUND		130,512
	PUTNAM NEW OPPORTUNT FUND	MUTUAL FUND		343,322
	PUTNAM S & P 500 INDEX FD	COMMON/COLLECTIVE TRUST		178,669
	PUTNAM STABLE VALUE FUND	COMMON/COLLECTIVE TRUST		731,818

Plan Name	MIAMI VALLEY PUBLISHING PROFIT SHARING/401K PLAN	EIN:	26-4760037
Plan Sponsor's Name	MIAMI VALLEY PUBLISHING, LLC	PN:	002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PUTNAM EQUITY INCOME FUND	MUTUAL FUND		155,598
	PUTNAM US GOVT. INC TRUST	MUTUAL FUND		196,213