Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THOMAS REPROGRAPHICS INC PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 10/01/1984

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

600 NORTH CENTRAL EXPRESSWAY
RICHARDSON, TX 75080

2b Employer Identification Number (EIN)
75-1107156

2c Sponsor's telephone number
972-231-7227

2d Business code (see instructions)
541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	MARK B HAZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THOMAS REPROGRAPHICS INC

600 NORTH CENTRAL EXPRESSWAY
RICHARDSON, TX 75080

3b Administrator's EIN
75-1107156

3c Administrator's telephone number
972-231-7227

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

5	Total number of participants at the beginning of the plan year	**5**	1124
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**	692
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	184
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	880
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	883
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	557
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:
3D 2T 2K 2J 2G 2F 2E

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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
THOMAS REPROGRAPHICS INC PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
THOMAS REPROGRAPHICS, INC

D Employer Identification Number (EIN)
75-1107156

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JANUS FUNDS
151 DETROIT ST
DENVER, CO 80206

43-1804048

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

FIDELITY INVEST. INST. OPRTNS. CO.
82 DEVONSHIRE ST
BOSTON, MA 02109

04-2647786

(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)

BANC OF AMERICA INVESTMENTS

FORMERLY B OF A INVESTMENTS MUTUAL FUNDS NC
CHARLOTTE, NC 28255

(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?
61	ADVISOR		Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

FIDELITY INVESTMENT INSTITUTIONAL

82 DEVONSHIRE ST
BOSTON, MA 02109

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60	RECORD KEEPER	8400	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
COL MAR FOCUSED EQ A - COLUMBIA 04-2838628	.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS WORLDWIDE S - JANUS SERVICES 43-1804048	.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS BALANCED S - JANUS SERVICES 43-1804048	.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENT INSTITUTIONAL 0	60	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.
AIM BASIC VALUE A - INVESCO AIM 98-0557567	.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BANC OF AMERICA INVESTMENTS	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MAR FOCUSED EQ A - COLUMBIA 04-3156901	$0 - $3M = 1.0%$3M - 50M = .5%$50M + = .25%

(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
THOMAS REPROGRAPHICS INC PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THOMAS REPROGRAPHICS, INC

D Employer Identification Number (EIN)
75-1107156

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: FA STABLE VALUE

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-026	C	914196

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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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
THOMAS REPROGRAPHICS INC PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
THOMAS REPROGRAPHICS, INC

D Employer Identification Number (EIN)
75-1107156

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	638898	568201
(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)	226512	269116
(9) Value of interest in common/collective trusts	1c(9)	911908	915392
(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)	5835255	8405933
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7612573	10158642
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7612573	10158642

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)	708424	
	(B) Participants	2a(1)(B)	805644	
	(C) Others (including rollovers)	2a(1)(C)	1620	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1515688
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-413	
	(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)	9374	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8961
	(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)	113946	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		113946
	(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		39780
(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)		2090818
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3769193
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1214133	
(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)		1214133
f Corrective distributions (see instructions)	2f		518
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)	8473	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8473
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1223124
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2546069
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CHAPMAN HEXT & CO., PC (2) EIN: 75-2053526

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
THOMAS REPROGRAPHICS INC PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
THOMAS REPROGRAPHICS, INC

D Employer Identification Number (EIN)
75-1107156

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**

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): 04-6568107

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** 0

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THOMAS REPROGRAPHICS, INC.
PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

AS OF DECEMBER 31, 2009 AND 2008, AND FOR THE YEAR ENDED DECEMBER 31, 2009

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CHAPMAN, HEXT & CO., P.C.
An Integrated Professional Services Firm
Certified Public Accountants
Management Consultants

301 South Sherman St., Suite 200
Richardson, Texas 75081-4166
972/644-7112
Fax: 972/680-8685
Website: www.chapmanhext.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Thomas Reprographics, Inc.
Profit Sharing Plan and Trust
Richardson, Texas

We were engaged to audit the financial statements of Thomas Reprographics, Inc., Profit Sharing Plan and Trust as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental information as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and 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 Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental information. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the plan years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

As described in Note 2, the Plan adopted the FASB Accounting Standard Codification (the "FASB Codification") on July 1, 2009.

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 information taken as a whole. The form and content of the information included in the financial statements and supplemental information, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Chapman, Hext & Co. P.C.

Richardson, Texas
July 26, 2010

THOMAS REPROGRAPHICS, INC. PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
Investments at Fair Value:		
Interest-bearing cash	$ 568,201	$ 638,898
Mutual funds	8,405,933	5,835,255
Common and collective trusts (contract value $915,392 and $911,908, respectively)	914,196	887,568
Participant loans	269,116	226,512
Total Investments	10,157,446	7,588,233
Receivables:		
Employer contributions	-	695,855
Participant contributions	5,250	10,028
Total Receivables	5,250	705,883
Net Assets Available for Benefits at Fair Value	10,162,696	8,294,116
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	1,196	24,340
Net Assets Available for Benefits	$ 10,163,892	$ 8,318,456

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

THOMAS REPROGRAPHICS, INC. PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009 AND 2008

Additions:	
Additions to net assets attributed to:	
Earnings on Investments:	
Net appreciation in fair value of investments	$ 2,244,544
Interest	8,961
Total Earnings on Investments	2,253,505
Contributions:	
Employer contributions	12,569
Employee contributions (including rollovers)	802,486
Total Contributions	815,055
Total Additions	3,068,560
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	1,214,651
Administrative fees	8,473
Total Deductions	1,223,124
Net Increase in Net Assets	1,845,436
Net Assets Available for Benefits, Beginning of Year	8,318,456
Net Assets Available for Benefits, End of Year	$ 10,163,892

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

THOMAS REPROGRAPHICS, INC. PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2009 AND 2008

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Thomas Reprographics, Inc. Profit Sharing Plan and Trust (the "Plan") is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the Plan documents.

General

The Plan is a defined contribution plan and was established in October 1984 to provide pension, death, and disability benefits to the employees of Thomas Reprographics, Inc. (the "Company"), under the provisions of section 401(a) of the Internal Revenue Code ("IRC"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974. Fidelity Management Trust Company ("Fidelity") is the trustee for the Plan.

Plan Amendments

Effective May 5, 2008, the fees for Trustee services were waived by Fidelity.

Effective September 8, 2009, the Plan changed from a safe-harbor employer contribution arrangement to a discretionary matching contribution arrangement.

Participation

The Plan covers substantially all employees of Thomas Reprographics, Inc. Employees of the Company are eligible to participate in the Plan on the first day of the next month following completion of thirty days of service and attaining twenty-one years of age, as long as they are not covered by a collective bargaining agreement or considered a leased employee, as defined by the Plan document. Employees are eligible for the company match on the first day of the first and the seventh month of the Plan year.

Contributions

Eligible participants can contribute an amount of up to 20% of compensation through salary deductions as defined by the Plan, limited by requirements of the IRC. The Plan also allows participants to make additional deferral contributions in the amount up to 100% of compensation and the same deferral percentage for bonus compensation subject to IRC limitations. On an annual basis, the Company may make a discretionary matching contribution based on certain percentage of eligible contributions made by each eligible participant during the contribution period as determined by the Plan administrator.

Vesting

Employees are automatically 100% vested in all employee deferral and employer matching contributions to their account. However, employer matching contributions may only be distributed due to death, disability, separation from service, age 59 ½, or termination of the Plan without the establishment of a successor plan.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Investment Options

Participants allocate contributions, including employer matching contributions, into several investment options, including mutual funds and common and collective trusts. These investment options are selected to provide diversification and variety in investment objectives such as income, growth, and preservation of capital.

Funding Policy

It is the policy of the Plan sponsor to remit employee contributions to Fidelity within seven business days of when they are withheld and employer contributions annually. Effective September 8, 2009, the Plan changed from a safe-harbor employer contribution arrangement to a discretionary matching contribution arrangement.

Benefits

If a participant separates from service prior to reaching age 65, or becomes disabled, a participant may elect to receive his or her benefit as a lump-sum amount equal to the vested account balance of his or her account, which can be paid to the participant or rolled over to another qualified plan. Upon attainment of the normal retirement age (age 65), a participant may elect to receive his or her benefit as a lump-sum amount or under a systematic withdrawal plan.

Participant Loans

Participants may borrow from their fund accounts, through a loan transaction, a minimum of $1,000 or up to a maximum of $50,000 not to exceed 50% of their account balance. The balance in the participant's account is used to secure the loans. These loan transactions are treated as a transfer between the investment fund and the participant notes fund. The loan terms range from one to five years or within a reasonable time if the purpose of the loan is to acquire a primary residence. The interest rate on loan transactions is a reasonable rate commensurate with current rates. As of December 31, 2009 and 2008, interest rates on outstanding loan balances ranged from 4.0% to 4.25%. Principal and interest are paid ratably through payroll deductions on a monthly or quarterly basis. Participant loans are valued at cost, which approximates fair values.

Administrative Fees

The Company has elected to pay part of the administrative expenses associated with the Plan, including accounting fees. The Plan itself is responsible for custodial and transaction fees incurred, however, these fees were waived May 5, 2008.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Termination of the Plan

Although it has not expressed any intention to do so, the Company has the right to discontinue its contributions at any time, and terminate the Plan, subject to the provisions of ERISA. Upon Plan termination, participants will become 100% vested in their account.

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting. Current year contributions, investment income and expenses, which are not received or paid until the subsequent year, are accrued.

In accordance with current authoritative guidance, 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 position of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the current authoritative guidance, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from the fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

Fidelity holds the Plan's investments. The fair value per unit/share is stated at quoted market prices as determined by Fidelity. Purchases and sales of securities are recorded on a trade-date basis.

Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Plan presents, in the Statement of Changes in Net Assets Available for Benefits, the net appreciation in the fair value of its investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments.

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 disclosure of contingent assets and

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

Recent Accounting Pronouncements

Effective for the Plan on July 1, 2009, the *FASB Accounting Standard Codification* (the "FASB Codification") is the source of authoritative accounting principles recognized by the FASB. The FASB Codification identifies the sources of accounting principles and the framework for selecting the principles to be used in the preparation of financial statements of nongovernmental entities presented in conformity with generally accepted accounting principles in the United States of America. The application of the FASB Codification did not have an impact in the Plan's financial condition or results of operations.

NOTE 3. FORFEITED ACCOUNTS

The historical merger of plans with graduated vesting schedules resulted in prior period employer contributions subject to forfeiture in the current Plan. Forfeitures are used to reduce employer profit sharing contributions or plan administrative expenses. Forfeited non-vested balances were $7,938 and $2,087 for the years ended December 31, 2009 and 2008, respectively.

NOTE 4. INVESTMENTS

For the years ended December 31, 2009 and 2008, the investment assets of the Plan were maintained under a trust agreement with the trustee, Fidelity Management Trust Company. The trustee invested the Plan assets through its investment advisors and distributed the monies in accordance with the trust agreement. The December 31, 2009 and 2008 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the trustee in accordance with 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 information certified total investments of $10,158,642 and $7,612,573 for December 31, 2009 and 2008, respectively, and related net investment gain of $2,253,505 of at December 31, 2009.

NOTE 4. INVESTMENTS (CONTINUED)

The Plan held the following investments at fair value as of December 31, 2009 and 2008, which individually represent 5% or more of the net assets available for plan benefits:

	2009	2008
Janus Advisor Balanced	$ 1,089,568	$ 1,005,603
Fidelity Advisor Stable Value	914,196	911,908
Fidelity Advisor Equity Income	877,137	690,902
Fidelity Advisor Dynamic Capital Appreciation	790,482	608,373
Fidelity Advisor Diversified International	748,106	564,803
Fidelity Advisor Mid-Cap	687,709	439,551
Fidelity Advisor Value Strategies Fund Class T	594,551	N/A
Fidelity Advisor Intermediate Bond	538,658	421,012
Fidelity Prime	568,201	638,898
Total Investments Greater than 5% Each	$ 6,808,608	$ 5,281,050
Total Investments Less than 5% Each	$ 3,348,838	$ 2,307,183

During the year ended December 31, 2009, the reported value of the Plan's investments appreciated as follows:

Appreciation of Investments at Fair Value as Determined by Quoted Market Price:	
Mutual Funds - Fidelity Investments	$ 1,780,541
Mutual Funds - Other	464,003
Net Change in Fair Value	$ 2,244,544

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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 5. INVESTMENT CONTRACTS

In 2009 and 2008, the Plan offered the Fidelity Advisor Stable Value Portfolio as an investment alternative. Generally, there are two types of stable value investments: guaranteed investment contracts ("GICs") and synthetic wrap contracts.

Guaranteed Investment Contracts

A GIC is an investment contract issued by an insurance company or bank that provides for the payment of a specified rate of interest to the fund and for the repayment of principal when the contract matures.

Synthetic Wrap Contracts

A synthetic wrap contract unbundles the investment and insurance components of a traditional GIC. The plan invests in and retains ownership of a pool of fixed income securities (e.g., government securities, private and public mortgage backed securities, other asset-backed securities and investment grade corporate obligations, etc.). These securities are "wrapped" by a synthetic investment contract issued by a bank or insurance company that insures that participant-initiated withdrawals from the stable value fund will be paid at book value. There is no immediate recognition of gains and losses on the pool of securities. Instead, the gain or loss is recognized over time by adjusting the interest rate credited to the fund under the synthetic wrap.

A wrap contract (or wrapper or synthetic wrap) is an agreement by another party, such as a bank or insurer, to make payments to the fund in certain circumstances. Wrap contracts are designed to allow a stable value fund to maintain a constant NAV and to protect the fund in extreme circumstances.

In a typical wrap contract, the wrap issuer agrees to pay the fund the difference between the book value and the market value of the covered assets (i.e., the fixed income assets purchased by the stable value fund) once the fund's market value has been totally exhausted. Though relatively unlikely, this could happen if the fund experiences significant redemptions (redemption of most of the fund's shares) during a time when the market value is ultimately reduced to zero. If that occurs, the wrap issuer agrees to pay the fund an amount sufficient to cover shareholder redemptions and certain other payments (such as fund expenses), provided all the terms of the wrap contract have been met.

Purchasing wrap contracts is similar to buying insurance, in that the fund pays a relatively small amount to protect against a relatively unlikely event (the redemption of most of the shares of the fund). The wrap contracts are revalued annually based on each plan's fiscal year end.

NOTE 5. INVESTMENT CONTRACTS (CONTINUED)

Stable value investment contracts carry a "benefit responsiveness" feature that allows plan participants to make exchanges or request benefit payments at contract value. Only "fully benefit-responsive" investment contracts are eligible for contract value accounting treatment.

"Fully benefit responsive" is a term used within the stable value industry to describe a contract that satisfies the requirements for contract value accounting described in the FSP. Generally, the term "fully benefit responsive" describes the contract's guarantee that (i) the crediting rate provided under the contract will not fall below zero and (ii) participant-initiated withdrawals from the fund (i.e., withdrawals as the result of death, disability, retirement, termination of employment, hardship withdrawal, loan, and transfers to a non-competing fund) will be covered at contract value.

A fully benefit-responsive investment contract must meet the following requirements.

a. The investment contract must be negotiated directly between the fund and the issuer and must prohibit the fund from assigning or selling the contract or its proceeds to another party without the consent of the issuer.
b. Either (1) the repayment of principal and interest credited to participants in the fund must be guaranteed by the issuer of the investment contract or (2) prospective interest crediting rate adjustments must be provided to participants in the fund on a designated pool of investments held by the fund or the contract issuer whereby a financially responsible third party, through a synthetic wrap, must provide assurance that the adjustments to the interest crediting rate will not result in a future interest crediting rate that is less than zero. If an event has occurred that may affect the realization of full contract value for a particular investment contract (for example, a decline in creditworthiness of the contract issuer or wrap provider), the investment contract shall no longer be considered fully benefit-responsive.
c. The terms of the investment contract must require all permitted participant-initiated transactions with the fund to occur at contract value with no conditions, limits, or restrictions. Permitted participant-initiated transactions are those transactions allowed by the underlying defined-contribution plan, such as withdrawals for benefits, loans, or transfers to other funds within the plan.
d. An event that limits the ability for the fund to transact at contract value with the issuer (for example, premature termination of the contracts by the plan, plant closing, layoffs, plan termination, bankruptcy, mergers, and early retirement incentives) must be probable of not occurring.
e. The fund itself must allow participants reasonable access to their funds.

NOTE 5. INVESTMENT CONTRACTS (CONTINUED)

For a stable value fund, fair value is equal to the sum of the market value of all of the fund's investments (i.e., fixed income investments, synthetic wraps, traditional GICs, cash). The fair value of the Fidelity Advisor Stable Value Portfolio of Fidelity Management Trust Company at December 31, 2009 and 2008 was $914,196 and $887,567, respectively. The average yield and crediting interest rate was approximately 2.7% and 1.3%, respectively for 2009, and 3.4% and 2.9%, respectively for 2008.

NOTE 6. FAIR VALUE MEASUREMENT

Current authoritative guidance established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under current authoritative guidance are described as follows:

Level 1	Observable inputs such as quoted prices in active markets for identical assets or liabilities.
Level 2	Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly; these include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active.
Level 3	Unobservable inputs reflecting management's own assumptions about the inputs used in pricing the asset or liability.

The fair value measurement level of an asset or liability 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.

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

Participant loans: Valued at amortized cost, which approximates fair value.

Guaranteed investment contract: Valued at fair value by discounting the related cash flows based on the current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

NOTE 6. FAIR VALUE MEASUREMENT (CONTINUED)

These valuation methodologies may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. 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 table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value
As of December 31, 2009

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 8,405,933	$ -	$ -	$ 8,405,933
Interest bearing cash	568,201	-	-	568,201
Common and collective trust	-	914,196	-	914,196
Participant loans	-	269,116	-	269,116
Total Assets at Fair Value	$ 8,974,134	$ 1,183,312	$ -	$ 10,157,446

Assets at Fair Value
As of December 31, 2008

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 5,835,255	$ -	$ -	$ 5,835,255
Interest bearing cash	638,898	-	-	638,898
Common and collective trust	-	887,568	-	887,568
Participant loans	-	226,512	-	226,512
Total Assets at Fair Value	$ 6,474,153	$ 1,114,080	$ -	$ 7,588,233

NOTE 7. RELATED PARTY TRANSACTIONS

Certain investments are shares of mutual funds managed by Fidelity, which is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Chapman, Hext & Company, P.C. provides audit services to the Plan. These services qualify as party-in-interest transactions. However, these transactions are exempt from the prohibited transaction rules.

The Plan allows for participant loans. These loans qualify as party-in-interest transactions. However, these transactions are exempt from the prohibited transaction rules.

NOTE 8. INCOME TAX STATUS

The Fidelity plan prototype obtained its latest determination letter on October 9, 2003, in which the Internal Revenue Service stated that the plan prototype, 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 and the plan's tax counsel believe 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 9. RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

Certain items within the Statements of Net Assets Available for Benefits and Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009 are classified differently on the Form 5500. Differences are as follows:

Statements of Net Assets Available for Benefits:

	Form 5500	Financial Statements	Difference
Receivables:			
Participant contributions	$ -	$ 5,250	$ 5,250
Net assets available for benefits	$ 10,158,642	$ 10,163,892	$ 5,250

NOTE 9. RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS (CONTINUED)

Statement of Changes in Net Assets Available for Benefits:

	Form 5500	Financial Statements	Difference
Contributions:			
Employers	$ 708,426	$ 12,569	$ (695,857)
Participants	$ 807,263	$ 802,486	$ (4,777)

NOTE 10. PARTICIPANTS WITH DEFERRED VESTED BENEFITS

There were 219 and 250 terminated participants with vested benefits of $2,681,795 and $2,090,801 as of December 31, 2009 and 2008, respectively.

NOTE 11. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through July 26, 2010, the date which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Thomas Reprographics, Inc. Profit Sharing Plan and Trust

Plan Number 005, EIN 75-1107156

Schedule H, Line 4i: Schedule of Assets (Held at End of Year)

December 31, 2009

(a) If Party In Interest *	(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
*	Janus Advisor Balanced	Registered Investment Company Security 44,381.587 Shares	N/A	$ 1,089,568
*	Janus Advisor Worldwide	Registered Investment Company Security 5,129.466 Shares	N/A	207,538
*	Columbia Marsico Focused Equity	Registered Investment Company Security 10,497.348 Shares	N/A	201,234
*	AIM Basic Value	Registered Investment Company Security 16,463.896 Shares	N/A	324,503
*	Fidelity Prime Fund	Registered Investment Company Security 568,201.160 Shares	N/A	568,201
*	Fidelity Advisor Value Strategy	Registered Investment Company Security 28,917.834 Shares	N/A	594,551
*	Fidelity Advisor Equity Income	Registered Investment Company Security 42,271.685 Shares	N/A	877,137
*	Fidelity Advisor Intermediate Bond	Registered Investment Company Security 50,625.711 Shares	N/A	538,658
*	Fidelity Advisor Small-Cap	Registered Investment Company Security 16,011.242 Shares	N/A	342,641
*	Fidelity Advisor Mid-Cap	Registered Investment Company Security 42,087.448 Shares	N/A	687,709
*	Fidelity Advisor Dividend Growth	Registered Investment Company Security 40,227.348 Shares	N/A	417,962
*	Fidelity Advisor Dynamic Capital Appreciation	Registered Investment Company Security 50,639.438 Shares	N/A	790,482
*	Fidelity Advisor Asset Allocation	Registered Investment Company Security 30,328.571 Shares	N/A	434,608
*	Fidelity Advisor Diversified International	Registered Investment Company Security 50,891.607 Shares	N/A	748,106

Thomas Reprographics, Inc. Profit Sharing Plan and Trust

Plan Number 005, EIN 75-1107156

Schedule H, Line 4i: Schedule of Assets (Held at End of Year) - CONTINUED

December 31, 2009

(a) If Party In Interest *	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity Advisor Stable Value	Common and Collective Trust Security 915,392.030 Shares	N/A	$ 915,392
*	Fidelity Advisor Freedom 2010	Registered Investment Company Security 1,095.351 Shares	N/A	11,490
*	Fidelity Advisor Freedom 2020	Registered Investment Company Security 14,838.452 Shares	N/A	160,255
*	Fidelity Advisor Freedom 2030	Registered Investment Company Security 10,731.327 Shares	N/A	116,006
*	Fidelity Advisor Freedom 2040	Registered Investment Company Security 31,331.718 Shares	N/A	340,576
*	Fidelity Advisor Freedom Inc	Registered Investment Company Security 580.907 Shares	N/A	5,885
*	Fidelity Advisor Freedom 2005	Registered Investment Company Security 905.432 Shares	N/A	9,290
*	Fidelity Advisor Freedom 2015	Registered Investment Company Security 6,359.580 Shares	N/A	66,458
*	Fidelity Advisor Freedom 2025	Registered Investment Company Security 20,283.804 Shares	N/A	210,343
*	Fidelity Advisor Freedom 2035	Registered Investment Company Security 12,466.794 Shares	N/A	126,787
*	Fidelity Advisor Freedom 2045	Registered Investment Company Security 8,134.802 Shares	N/A	68,495
*	Fidelity Advisor Freedom 2050	Registered Investment Company Security 4,305.670 Shares	N/A	35,651
*	Participant Loans	Loans to Participants, interest rates from 4.0% to 4.25%	- 0 -	269,116
	Total			$ 10,158,642

THOMAS REPROGRAPHICS, INC. PROFIT SHARING PLAN & TRUST
75-1107156 – Plan 005

FORM 5500 RECONCILIATION
FOR THE PLAN YEAR ENDED DECEMBER 31, 2009

Statement attached to and made a part of Form 5500 for the year ended 12/31/09.

To conform to the reporting practices of the plan custodian, Schedule H of Form 5500, does not include employer or employee contributions receivable from December 31, 2009 and 2008. A reconciliation of receivables per Form 5500 to the audited financial statements is as follows:

Per 5500:	Employer	Employee
Contribution per Schedule H, Line (1) (A) and a(1) (B) and a(1)(C)	$708,424	$807,264
Per Audit:		
Add contribution receivable as of 12/31/09	-	5,250
Less contribution receivable as of 12/31/08	(695,855)	(10,028)
Contributions per audit	$ 12,569	$802,486

Thomas Reprographics, Inc. Profit Sharing Plan and Trust

Plan Number 005, EIN 75-1107156

Schedule H, Line 4i: Schedule of Assets (Held at End of Year)

December 31, 2009

(a) If Party In Interest *	(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
*	Janus Advisor Balanced	Registered Investment Company Security 44,381.587 Shares	N/A	$ 1,089,568
*	Janus Advisor Worldwide	Registered Investment Company Security 5,129.466 Shares	N/A	207,538
*	Columbia Marsico Focused Equity	Registered Investment Company Security 10,497.348 Shares	N/A	201,234
*	AIM Basic Value	Registered Investment Company Security 16,463.896 Shares	N/A	324,503
*	Fidelity Prime Fund	Registered Investment Company Security 568,201.160 Shares	N/A	568,201
*	Fidelity Advisor Value Strategy	Registered Investment Company Security 28,917.834 Shares	N/A	594,551
*	Fidelity Advisor Equity Income	Registered Investment Company Security 42,271.685 Shares	N/A	877,137
*	Fidelity Advisor Intermediate Bond	Registered Investment Company Security 50,625.711 Shares	N/A	538,658
*	Fidelity Advisor Small-Cap	Registered Investment Company Security 16,011.242 Shares	N/A	342,641
*	Fidelity Advisor Mid-Cap	Registered Investment Company Security 42,087.448 Shares	N/A	687,709
*	Fidelity Advisor Dividend Growth	Registered Investment Company Security 40,227.348 Shares	N/A	417,962
*	Fidelity Advisor Dynamic Capital Appreciation	Registered Investment Company Security 50,639.438 Shares	N/A	790,482
*	Fidelity Advisor Asset Allocation	Registered Investment Company Security 30,328.571 Shares	N/A	434,608
*	Fidelity Advisor Diversified International	Registered Investment Company Security 50,891.607 Shares	N/A	748,106

Thomas Reprographics, Inc. Profit Sharing Plan and Trust

Plan Number 005, EIN 75-1107156

Schedule H, Line 4i: Schedule of Assets (Held at End of Year) - CONTINUED

December 31, 2009

(a) If Party In Interest *	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity Advisor Stable Value	Common and Collective Trust Security 915,392.030 Shares	N/A	$ 915,392
*	Fidelity Advisor Freedom 2010	Registered Investment Company Security 1,095.351 Shares	N/A	11,490
*	Fidelity Advisor Freedom 2020	Registered Investment Company Security 14,838.452 Shares	N/A	160,255
*	Fidelity Advisor Freedom 2030	Registered Investment Company Security 10,731.327 Shares	N/A	116,006
*	Fidelity Advisor Freedom 2040	Registered Investment Company Security 31,331.718 Shares	N/A	340,576
*	Fidelity Advisor Freedom Inc	Registered Investment Company Security 580.907 Shares	N/A	5,885
*	Fidelity Advisor Freedom 2005	Registered Investment Company Security 905.432 Shares	N/A	9,290
*	Fidelity Advisor Freedom 2015	Registered Investment Company Security 6,359.580 Shares	N/A	66,458
*	Fidelity Advisor Freedom 2025	Registered Investment Company Security 20,283.804 Shares	N/A	210,343
*	Fidelity Advisor Freedom 2035	Registered Investment Company Security 12,466.794 Shares	N/A	126,787
*	Fidelity Advisor Freedom 2045	Registered Investment Company Security 8,134.802 Shares	N/A	68,495
*	Fidelity Advisor Freedom 2050	Registered Investment Company Security 4,305.670 Shares	N/A	35,651
*	Participant Loans	Loans to Participants, interest rates from 4.0% to 4.25%	- 0 -	269,116
	Total			$ 10,158,642

Filing Authorization
for the 2009 Form 5500

Name of Plan: THOMAS REPROGRAPHICS, INC PROFIT SHARING PLAN & TRUST

EIN / PN: 75-1107156

Plan Year Ending: DECEMBER 31, 2009

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize McGee Haza & Co. ("MHC) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign and date page 1 of the Form 5500 and provide a scanned copy of pages 1 and 2 to MHC before the electronic filing can be initiated;
- MHC will retain a copy of this written authorization in its records;
- MHC will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- MHC shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: Kim Noland Date: 7/26/2010

Employer/Plan Sponsor [signature] Date: 7/27/2010

PART II Acknowledgement of Receipt of Authorization

On behalf of MHC, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For MHC: [signature] Date: 7/28/2010
(signature and title)

The designated service provider must retain this authorization.
Do not submit this form to the DOL unless requested to do so.

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 under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form Is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2009 or fiscal plan year beginning **and ending**

A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan; (4) ☐ a DFE (specify)

B This return/report is: (1) ☐ the first return/report; (3) ☐ the final return/report;
(2) ☐ an amended return/report; (4) ☐ 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
THOMAS REPROGRAPHICS INC PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ► 005

1c Effective date of plan 10/01/1984

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

THOMAS REPROGRAPHICS, INC
600 NORTH CENTRAL EXPRESSWAY
RICHARDSON, TX 75080

2b Employer Identification Number (EIN) 75-1107156

2c Sponsor's telephone number 972-231-7227

2d Business code (see instructions) 541990

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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE Kim Noland	7/26/2010	KIM NOLAND
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE BT	7/27/2010	BRYAN THOMAS
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')

THOMAS REPROGRAPHICS, INC.
600 NORTH CENTRAL EXPRESSWAY
RICHARDSON, TX 75080

3b Administrator's EIN
75-1107156

3c Administrator's telephone number
972-231-7227

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 below:

a Sponsor's name

b EIN

c PN

5 Total number of participants at the beginning of the plan year	**5**	1124
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**	692
b Retired or separated participants receiving benefits	**6b**	4
c Other retired or separated participants entitled to future benefits	**6c**	184
d Subtotal. Add lines **6a, 7b,** and **6c**	**6d**	880
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	883
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	557
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E | 2F | 2G | 2J | 2K | 2T | 3D | | | |

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information — Small Plan)
- (3) [ ] ____ **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)