

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>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<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                              |
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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><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                                |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input checked="" type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                    |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                        |

|         |                                                                                                                                                                                                                                                               |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                        |
| 1a      | Name of plan<br>WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS & INVESTMENT PLAN                                                                                                                                                                    |
| 1b      | Three-digit plan number (PN) ▶ 333                                                                                                                                                                                                                            |
| 1c      | Effective date of plan<br>04/01/1986                                                                                                                                                                                                                          |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>WRIGHT BUSINESS FORMS, INC.<br><br>PO BOX 20489<br>PORTLAND, OR 97294-0489<br><br>18440 N.E. SAN RAFAEL<br>PORTLAND, OR 97294-0489 |
| 2b      | Employer Identification Number (EIN)<br>93-0586475                                                                                                                                                                                                            |
| 2c      | Sponsor's telephone number<br>503-661-2525                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>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. | 08/19/2010 | DANIEL ADKISON                                               |
|           | 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                      |

|                                                                                                                                                                       |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>WRIGHT BUSINESS FORMS, INC.<br><br>PO BOX 20489<br>PORTLAND, OR 97294-0489 | <b>3b</b> Administrator's EIN<br>93-0586475<br><br><b>3c</b> Administrator's telephone number<br>503-661-2525 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 346 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 269 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 2   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 25  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 296 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 296 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 295 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 30  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

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

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS & INVESTMENT PLAN                                                                                                                       | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 333                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>WRIGHT BUSINESS FORMS, INC.                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br>93-0586475                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| BANK OF AMERICA, N.A.                                                                                             |
| 94-1687665                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

(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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 52 56 59<br>60 62 63 72    | RECORDKEEPER                                                                                             | 6258                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>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<br>WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS & INVESTMENT PLAN                                                                                                 |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 333                                                                 |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>WRIGHT BUSINESS FORMS, INC.                                                                                                 |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>93-0586475                                                 |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| c EIN-PN 22-6484011-001                                                                                                                                                                      |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1182096 |  |
| 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)         |  |
| 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                                                                   |  |

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                |                                                                        |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b>       |                                                                        |
| <b>A</b> Name of plan<br><b>WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS &amp; INVESTMENT PLAN</b> | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>333</b>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WRIGHT BUSINESS FORMS, INC.</b>            | <b>D</b> Employer Identification Number (EIN)<br><br><b>93-0586475</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 713                   | -38381          |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 349026                | 217206          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 1228604               | 1182096         |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 7721105               | 9488604         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 9299448               | 10849525        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |          |
|-----------------------------------------------------------|-----------|---------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 9299448 | 10849525 |
|-----------------------------------------------------------|-----------|---------|----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 261862     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 493683     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 80502      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 836047    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |        |        |
|------------------------------------------------------------------------------------------------------|-----------------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 12     |        |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 0      |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |        |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |        |        |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 16359  |        |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 0      |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |        | 16371  |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                      | <b>2b(2)(A)</b> | 0      |        |
| <b>(B)</b> Common stock .....                                                                        | <b>2b(2)(B)</b> | 0      |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 182954 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....            | <b>2b(2)(D)</b> |        | 182954 |
| (3) Rents .....                                                                                      | <b>2b(3)</b>    |        |        |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 0      |        |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 0      |        |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |        | 0      |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 130909    |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 1612077   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 7362      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 2785720   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 1160988 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> | 0       |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 1160988 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 165     |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 46271   |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         | 0       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 28219   |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 28219   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1235643 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1550077 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 0       |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0       |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: FORD BLACK & COMPANY

(2) EIN: 93-0690981

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |        |
| <b>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                                     |                                                             |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS & INVESTMENT PLAN | <b>B</b> Three-digit plan number (PN) ▶<br>333              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>WRIGHT BUSINESS FORMS, INC.        | <b>D</b> Employer Identification Number (EIN)<br>93-0586475 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                        |          |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                  | <b>1</b> | 0 |
| <b>2</b> 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):<br><br>EIN(s): 22-3513863 94-1687665 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                       |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                        | <b>3</b> |   |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**WRIGHT BUSINESS FORMS, INC.**

Employees' Qualified Savings And  
Investment Plan

Independent Auditor's Report and Financial Statements  
December 31, 2009 and 2008

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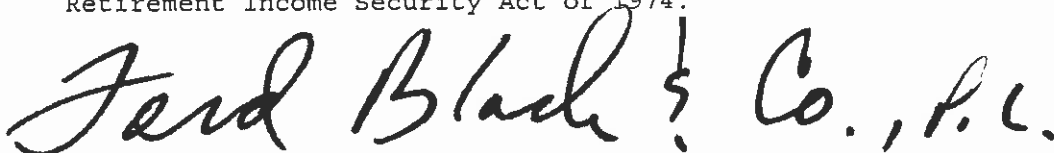
## INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of Wright Business Forms, Inc.  
Employees' Qualified Savings and Investment Plan:

We were engaged to audit the accompanying financial statements of Wright Business Forms, Inc. Employees' Qualified Savings and Investment Plan as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedule as of December 31, 2009 as listed in the Table of Contents. These financial statements and schedule are the responsibility of the Plan's administrators.

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

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



July 19, 2010  
Portland, Oregon

WRIGHT BUSINESS FORMS, INC.  
EMPLOYEES' QUALIFIED SAVINGS AND INVESTMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2009 AND 2008

|                                                                                                     | <u>2009</u>          | <u>Restated<br/>2008</u> |
|-----------------------------------------------------------------------------------------------------|----------------------|--------------------------|
| ASSETS:                                                                                             |                      |                          |
| Investments (at fair value)                                                                         | \$ 10,849,525        | \$ 9,299,448             |
| Receivables:                                                                                        |                      |                          |
| Participant - 401(k)                                                                                | 24,001               | 39,554                   |
| Employer match and profit sharing                                                                   | <u>10,632</u>        | <u>24,312</u>            |
| Total Assets                                                                                        | <u>10,884,158</u>    | <u>9,363,314</u>         |
| LIABILITIES                                                                                         | <u>0</u>             | <u>0</u>                 |
| NET ASSETS REFLECTING INVESTMENTS<br>AT FAIR VALUE                                                  | 10,884,158           | 9,363,314                |
| Adjustment from fair value to contract<br>value for fully benefit responsive<br>investment contract | <u>86,247</u>        | <u>198,347</u>           |
| NET ASSETS AVAILABLE FOR BENEFITS                                                                   | <u>\$ 10,970,405</u> | <u>\$ 9,561,661</u>      |

The accompanying notes are an  
integral part of these financial statements

WRIGHT BUSINESS FORMS, INC.  
EMPLOYEES' QUALIFIED SAVINGS AND INVESTMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

|                                                         | <u>2009</u>          | <u>Restated<br/>2008</u> |
|---------------------------------------------------------|----------------------|--------------------------|
| ADDITIONS:                                              |                      |                          |
| Additions to net assets attributed to:                  |                      |                          |
| Investment income:                                      |                      |                          |
| Net appreciation (depreciation)                         |                      |                          |
| in fair value of assets                                 | \$ 1,616,322         | \$( 3,632,761)           |
| Interest and dividends                                  | <u>218,188</u>       | <u>499,988</u>           |
| Total Investment Income (Loss)                          | <u>1,834,510</u>     | <u>( 3,132,773)</u>      |
| Contributions:                                          |                      |                          |
| Rollovers                                               | 80,502               | 1,693,383                |
| Participant - 401(k)                                    | 478,117              | 602,731                  |
| Employer matching - 401(k)                              | 162,947              | 224,566                  |
| Employer profit sharing                                 | <u>66,350</u>        | <u>176,332</u>           |
| Total Contributions                                     | <u>787,916</u>       | <u>2,697,012</u>         |
| Total Additions (Deductions)                            | <u>2,622,426</u>     | <u>( 435,761)</u>        |
| DEDUCTIONS:                                             |                      |                          |
| Deductions from net assets attributed to:               |                      |                          |
| Distributions to participants                           | 1,207,424            | 2,724,975                |
| Administrative fees                                     | <u>6,258</u>         | <u>4,897</u>             |
| Total Deductions                                        | <u>1,213,682</u>     | <u>2,729,872</u>         |
| CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS            | 1,408,744            | ( 3,165,633)             |
| NET ASSETS AVAILABLE FOR BENEFITS,<br>beginning of year | <u>9,561,661</u>     | <u>12,727,294</u>        |
| NET ASSETS AVAILABLE FOR BENEFITS,<br>end of year       | <u>\$ 10,970,405</u> | <u>\$ 9,561,661</u>      |

The accompanying notes are an  
integral part of these financial statements

WRIGHT BUSINESS FORMS, INC.  
EMPLOYEES' QUALIFIED SAVINGS AND INVESTMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2009 AND 2008

1. PLAN DESCRIPTION:

The following description of the Wright Business Forms, Inc. (Company) Employees' Qualified Savings and Investment Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General Descriptions and Contributions

The Plan is a qualified savings and investment plan (defined contribution) under Sections 401(a) and 401(k) of the Internal Revenue Code of 1986, as amended. The Plan became effective on April 1, 1986, and was amended and restated January 1, 2000. The plan entry dates are the first day of each month. Contributions to the Plan consist of:

- 1) Participants may contribute a minimum of 1% of eligible compensation (as defined in the Plan), not to exceed statutory limitations.
- 2) Employer matching contributions of 50% of each participant's eligible contributions with a maximum matching contribution of 3% of the participant's eligible compensation.
- 3) Discretionary non-elective contributions (profit sharing) up to 2% of eligible compensation by employer.

Eligible compensation includes all wages paid, including elective deferrals. Participants may also contribute amounts representing distributions from other qualified plans (Rollovers). The plan is subject to provisions of the Employee Retirement Income Security Act (ERISA) of 1974, as amended.

B. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

C. Eligibility and Vesting

An eligible employee is defined as "an employee who is not included in a unit of employees covered by a collective bargaining agreement with the employer pursuant to which retirement benefits were the subject of good faith bargaining." An employee is eligible to participate in the Plan if he/she meets the following requirements:

- 1) is at least 21 years old, and
- 2) has been an employee for at least six consecutive months

The Plan features a six year vesting schedule for profit sharing contributions as follows:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| less than 2             | 0%                       |
| 2                       | 20%                      |
| 3                       | 40%                      |
| 4                       | 60%                      |
| 5                       | 80%                      |
| 6 or more               | 100%                     |

All participants are 100% vested in employee elective deferrals, rollovers and employer matching contributions. Participants are also 100% vested upon death, disability or attainment of age 65.

D. Loans to Participants

Participants may borrow from their accounts at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the present value of their vested account balance. Loans to participants are treated as a transfer from the investment fund to the loan fund. Repayments are treated as a transfer from the loan fund to the investment fund. Loans greater than \$5,000 are made upon demonstration by the participant of "immediate and heavy financial need". Loans are repayable through payroll deductions over a period of up to 60 months. The loans are secured by the vested interest in the participant's account. The interest rate is determined by the Plan Administrator based on prevailing market conditions and is fixed over the life of each of the respective loans. Interest rates at December 31, 2009 range from 3.25% to 8.25%.

E. Benefits

Upon termination of service due to death, disability, retirement or other reason, a participant may receive either a lump-sum amount equal to the value of the participant's vested interest or annual installments over life expectancy. Lump sum distributions will be made for vested interests of less than \$5,000.

F. Distributions

Distributions are allowed in the event of:

- Termination of employment
- Disability
- Death
- Retirement
- Age 59½

Distributions are recorded when paid.

G. Forfeitures

Forfeitures, if any, shall be first used to reduce Employer contributions; second, any remaining forfeitures shall be used to offset the Employer's Plan administration costs; and third, any remaining forfeitures shall be allocated to participants. At December 31, 2009 and 2008, forfeited nonvested amounts totaled \$7,089 and \$6,556, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

A. Method and Basis of Accounting

The Plan uses the accrual method of accounting with an adjustment to market value for listed securities.

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP)*, 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. As required by the FSP, 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 fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

B. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

D. Payment of Benefits

Benefits are recorded when paid.

E. Participant Loan Administration Fees

Participants who borrow from their accounts are charged an application fee and loan administration fees. These fees are paid by the participants and deducted from their individual investment accounts by Merrill Lynch Retirement Services. Participant loan administration fees for December 31, 2009 and 2008 are \$6,258 and \$4,897, respectively.

F. Date of Management's Review

Subsequent events were evaluated through July 19, 2010, which is the date the financial statements were available to be issued.

Notes to Financial Statements - continued

3. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE:

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

|                                                                                                                 | <u>2009</u>         | <u>2008</u>           |
|-----------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|
| Mutual fund investments in registered investment companies, at fair value (participant directed)                | <u>\$ 9,450,223</u> | <u>\$ 7,721,818</u>   |
| Investment Contract in Merrill Lynch Retirement Preservation Trust (participant directed):<br>At Contract Value | <u>\$ 1,268,343</u> | <u>\$ 1,426,951</u>   |
| Loans to participants                                                                                           | <u>\$ 217,206</u>   | <u>\$ 349,026</u>     |
| Investment Income (Loss)                                                                                        | <u>\$ 1,834,510</u> | <u>\$ (3,132,773)</u> |

4. FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other 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.

|                                                                            |                      | Fair Value Measurements Using:                                             |                                                    |
|----------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------|----------------------------------------------------|
|                                                                            |                      | Quoted Prices<br>In Active<br>Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                                                                            | <u>Fair Value</u>    |                                                                            |                                                    |
| <u>December 31, 2009</u>                                                   |                      |                                                                            |                                                    |
| Mutual Funds                                                               | \$ 9,450,223         | \$ 9,450,223                                                               | \$ 0                                               |
| Investment contract with<br>Merrill Lynch Retirement<br>Preservation Trust | 1,182,096            | 0                                                                          | 1,182,096                                          |
| Participant loans                                                          | <u>217,206</u>       | <u>0</u>                                                                   | <u>217,206</u>                                     |
| Total                                                                      | <u>\$ 10,849,525</u> | <u>\$ 9,450,223</u>                                                        | <u>\$ 1,399,302</u>                                |
| <u>December 31, 2008</u>                                                   |                      |                                                                            |                                                    |
| Mutual Funds                                                               | \$ 7,721,818         | \$ 7,721,818                                                               | \$ 0                                               |
| Investment contract with<br>Merrill Lynch Retirement<br>Preservation Trust | 1,228,604            | 0                                                                          | 1,228,604                                          |
| Participant loans                                                          | <u>349,026</u>       | <u>0</u>                                                                   | <u>349,026</u>                                     |
| Total                                                                      | <u>\$ 9,299,448</u>  | <u>\$ 7,721,818</u>                                                        | <u>\$ 1,577,630</u>                                |

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

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end (level 1). The guaranteed investment contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (level 3). The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance (Level 3). The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

|                                                                                                                                   | Investment<br>Contract | Participant<br>Loans | Total               |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|---------------------|
| <u>December 31, 2009</u>                                                                                                          |                        |                      |                     |
| Beginning balance December 31, 2008                                                                                               | \$ 1,228,604           | \$ 349,026           | \$ 1,577,630        |
| Total gains and losses (realized and unrealized) plus interest income is included in changes in net assets available for benefits | 112,099                | 0                    | 112,099             |
| Purchases, sales, issues, and settlements (net)                                                                                   | ( 158,607)             | ( 131,820)           | ( 290,427)          |
| Ending Balance December 31, 2009                                                                                                  | <u>\$ 1,182,096</u>    | <u>\$ 217,206</u>    | <u>\$ 1,399,302</u> |
| <u>December 31, 2008</u>                                                                                                          |                        |                      |                     |
| Beginning balance December 31, 2007                                                                                               | \$ 1,517,386           | \$ 288,849           | \$ 1,806,235        |
| Total gains and losses (realized and unrealized) plus interest income is included in changes in net assets available for benefits | ( 184,565)             | 0                    | ( 184,565)          |
| Purchases, sales, issues, and settlements (net)                                                                                   | ( 104,217)             | 60,177               | ( 44,040)           |
| Ending Balance December 31, 2008                                                                                                  | <u>\$ 1,228,604</u>    | <u>\$ 349,026</u>    | <u>\$ 1,577,630</u> |

Notes to Financial Statements - continued

5. INVESTMENTS:

The following investments represent 5% or more of net assets available for benefits at December 31, 2009 and 2008:

|                                             | 2009                |             | 2008                |             |
|---------------------------------------------|---------------------|-------------|---------------------|-------------|
|                                             | Balance             | Percent     | Balance             | Percent     |
| American Bond Fund of America               | <u>\$ 2,356,193</u> | <u>21 %</u> | <u>\$ 1,942,129</u> | <u>20 %</u> |
| Columbia Marsico Focused Equity A           | <u>\$ 1,453,067</u> | <u>13 %</u> | <u>\$ 1,164,749</u> | <u>12 %</u> |
| American Europacific GR FD R3               | <u>\$ 1,325,458</u> | <u>12 %</u> | <u>\$ 1,061,604</u> | <u>11 %</u> |
| Merrill Lynch Retirement Preservation Trust | <u>\$ 1,268,343</u> | <u>12 %</u> | <u>\$ 1,426,949</u> | <u>15 %</u> |
| Federated Government Income                 | <u>\$ 1,214,473</u> | <u>11 %</u> | <u>\$ 1,076,538</u> | <u>11 %</u> |
| Eaton Vance LG-Cap Value Fund               | <u>\$ 1,116,781</u> | <u>10 %</u> | <u>\$ 910,967</u>   | <u>10 %</u> |

Certified participant loan balances at December 31, 2009 and 2008 are \$217,206 and \$349,026, respectively.

6. INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2006, the Plan entered into a benefit-responsive investment contract with Merrill Lynch Retirement Preservation Trust (RPT). RPT is a collective trust fund with underlying investments in investment contracts that are valued based on the underlying investments and then adjusted by the issuers to contract values. The fund may invest in fixed interest insurance investment contracts, money market funds, corporate, and government bonds, mortgage-backed securities, bond funds, and other fixed income securities. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

The contract value of funds held in RPT generally represents principal plus accrued interest. The fair value of these funds reflects the relationship between credited rates earned by funds held in the Deposit Account and current market rates. Higher credited rates will produce a higher fair value than lower credited rates under similar market interest rate environments.

The average yield earned by participants in the Plan is the percentage earnings credited to participants in the RPT, based on the fair value of RPT assets as of the last day of the period. These earnings represent the entire investment return of the RPT investment within this contract. The average yield earned by participants in the Plan for the years ending December 31, 2009 and 2008 are 2.35% and 4.28%, respectively.

Certain events may limit the ability of the plan sponsor and/or plan participants to transact at contract value with RPT. Such events include termination of the contract, spinoffs, divestitures, layoffs, corporate relocation, partial or total plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment may apply.

Notes to Financial Statements - continued

7. RECONCILIATION TO FORM 5500:

Certain items reported on the Form 5500 have been reclassified for presentation in the December 31, 2009 financial statements as follows:

|                                        | BEGINNING OF YEAR             |                  |                                 |                     |
|----------------------------------------|-------------------------------|------------------|---------------------------------|---------------------|
|                                        | Asset and Liability Statement |                  |                                 |                     |
|                                        | Form 5500                     | Reclassification | Accrual & Fair Value Adjustment | Financial Statement |
| Cash                                   | \$ 713                        | \$ ( 713)        | \$ 0                            | \$ 0                |
| Employee Contribution Receivable       | 0                             | 0                | 39,554                          | 39,554              |
| Employer Contribution Receivable       | 0                             | 0                | 24,312                          | 24,312              |
| Participant Loans                      | 349,026                       | ( 349,026)       | 0                               | 0                   |
| Common/Collective Trusts               | 1,228,604                     | ( 1,228,604)     | 0                               | 0                   |
| Mutual Funds                           | 7,721,105                     | ( 7,721,105)     | 0                               | 0                   |
| Investments                            | 0                             | 9,299,448        | 0                               | 9,299,448           |
| Benefit-Responsive Investment Contract | 0                             | 0                | 198,347                         | 198,347             |
| Total                                  | <u>\$ 9,299,448</u>           | <u>\$ 0</u>      | <u>\$ 262,213</u>               | <u>\$ 9,561,661</u> |

|                                        | END OF YEAR                   |                  |                                 |                      |
|----------------------------------------|-------------------------------|------------------|---------------------------------|----------------------|
|                                        | Asset and Liability Statement |                  |                                 |                      |
|                                        | Form 5500                     | Reclassification | Accrual & Fair Value Adjustment | Financial Statement  |
| Cash                                   | \$ ( 38,381)                  | \$ 38,381        | \$ 0                            | \$ 0                 |
| Employee Contribution Receivable       | 0                             | 0                | 24,001                          | 24,001               |
| Employer Contribution Receivable       | 0                             | 0                | 10,632                          | 10,632               |
| Participant Loans                      | 217,206                       | ( 217,206)       | 0                               | 0                    |
| Common/Collective Trusts               | 1,182,096                     | ( 1,182,096)     | 0                               | 0                    |
| Mutual Funds                           | 9,488,604                     | ( 9,488,604)     | 0                               | 0                    |
| Investments                            | 0                             | 10,849,525       | 0                               | 10,849,525           |
| Benefit-Responsive Investment Contract | 0                             | 0                | 86,247                          | 86,247               |
| Total                                  | <u>\$ 10,849,525</u>          | <u>\$ 0</u>      | <u>\$ 120,880</u>               | <u>\$ 10,970,405</u> |

Notes to Financial Statements - continued

|                                                     | END OF YEAR                  |                  |                                       |                        |
|-----------------------------------------------------|------------------------------|------------------|---------------------------------------|------------------------|
|                                                     | Income and Expense Statement |                  |                                       |                        |
|                                                     | Form 5500                    | Reclassification | Accrual &<br>Fair Value<br>Adjustment | Financial<br>Statement |
| Net Investment Gain -<br>Common/Collective<br>Trust | \$ 130,909                   | \$ ( 18,809)     | \$ ( 112,100)                         | \$ 0                   |
| Net Investment Gain -<br>Mutual Funds               | 1,612,077                    | ( 1,612,077)     | 0                                     | 0                      |
| Net Appreciation                                    | 0                            | 1,612,077        | 4,245                                 | 1,616,322              |
| Interest Income                                     | 12                           | ( 12)            | 0                                     | 0                      |
| Participant Loan Interest                           | 16,359                       | ( 16,359)        | 0                                     | 0                      |
| Mutual Fund Earnings                                | 182,954                      | ( 182,954)       | 0                                     | 0                      |
| Other Income                                        | 7,362                        | ( 7,362)         | 0                                     | 0                      |
| Interest and Dividends                              | 0                            | 218,186          | 2                                     | 218,188                |
| Rollover Contributions                              | 80,502                       | 0                | 0                                     | 80,502                 |
| Participants                                        |                              |                  |                                       |                        |
| Contributions                                       | 493,683                      | 0                | ( 15,566)                             | 478,117                |
| Employer Contributions                              | 261,862                      | ( 261,862)       | 0                                     | 0                      |
| Employer Matching<br>Contribution                   | 0                            | 171,719          | ( 8,772)                              | 162,947                |
| Employer Profit<br>Sharing Contribution             | 0                            | 75,492           | ( 9,142)                              | 66,350                 |
| Benefit Payments                                    | ( 1,160,988)                 | ( 46,436)        | 0                                     | ( 1,207,424)           |
| Corrective Distributions                            | ( 165)                       | 165              | 0                                     | 0                      |
| Deemed Distributions                                | ( 46,271)                    | 46,271           | 0                                     | 0                      |
| Administrative Expenses                             | ( 28,219)                    | 21,961           | 0                                     | ( 6,258)               |
| Net Income                                          | <u>\$ 1,550,077</u>          | <u>\$ 0</u>      | <u>\$ ( 141,333)</u>                  | <u>\$ 1,408,744</u>    |

8. TAX STATUS:

The Internal Revenue Service has determined and informed the Company by letter dated January 21, 2003, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended (January 1, 2009) since receiving the favorable opinion letter, the Plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

10. PLAN TERMINATION:

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

11. RESTATEMENT:

The December 31, 2008 financial statement has been restated to reflect generally accepted accounting principles for Fair Value Measurements. The adjustment from fair value to contract value for fully benefit responsive investment contract was incorrectly reported as net depreciation in fair value of assets for the following years:

|      |                   |
|------|-------------------|
| 2007 | \$ 13,781         |
| 2008 | <u>184,566</u>    |
|      | <u>\$ 198,347</u> |

This restatement has changed the December 31, 2008 financial statements as follows:

Statement of Changes in Net Assets Available for Benefits

|                                                            |                       |
|------------------------------------------------------------|-----------------------|
| Net depreciation in assets - originally                    | \$( 3,817,327)        |
| Fully benefit responsive investment<br>contract adjustment | <u>184,566</u>        |
| Net depreciation in assets - Restated                      | <u>\$( 3,632,761)</u> |

Statements of Net Assets Available for Benefits

|                                                                     |                      |
|---------------------------------------------------------------------|----------------------|
| Net Assets Available for Benefits -<br>beginning of year            | \$ 12,713,513        |
| Fully benefit responsive investment<br>contract adjustment          | <u>13,781</u>        |
| Net Assets Available for Benefits -<br>beginning of year - Restated | <u>\$ 12,727,294</u> |
| Net Assets Available for Benefits - originally<br>end of year       | \$ 9,363,314         |
| Fully benefit responsive investment<br>contract adjustment          | <u>198,347</u>       |
| Net Assets Available for Benefits<br>end of year - Restated         | <u>\$ 9,561,661</u>  |

SUPPLEMENTAL SCHEDULE

WRIGHT BUSINESS FORMS, INC.  
EMPLOYEES' QUALIFIED SAVINGS AND INVESTMENT PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

SCHEDULE H, PART IV, ITEM 4i, FORM 5500

DECEMBER 31, 2009

EIN: 93-0586475

PLAN NO. 333

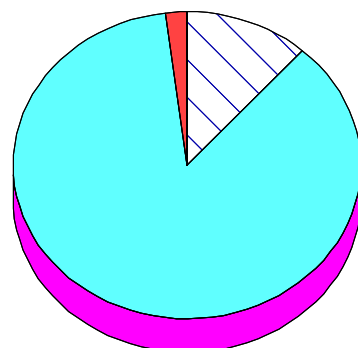
| <u>(a)</u> | <u>(b) Identity of issue,<br/>borrower, lessor,<br/>or similar party</u> | <u>(c) Description of investment<br/>including maturity date,<br/>rate of interest, collateral,<br/>par, or maturity value</u> | <u>(d) Cost</u> | <u>(e) Current<br/>Value</u> |
|------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| *          | Merrill Lynch Retirement Group                                           | AIM Capital Development                                                                                                        | \$ 311,115      | \$ 432,214                   |
| *          | Merrill Lynch Retirement Group                                           | American Bond Fund of America                                                                                                  | \$ 2,171,262    | \$ 2,356,193                 |
| *          | Merrill Lynch Retirement Group                                           | American Europacific GR FD R3                                                                                                  | \$ 1,033,209    | \$ 1,369,653                 |
| *          | Merrill Lynch Retirement Group                                           | Blackrock Energy and Resources A                                                                                               | \$ 130,724      | \$ 215,421                   |
| *          | Merrill Lynch Retirement Group                                           | Blackrock Global Allocation A                                                                                                  | \$ 98           | \$ 112                       |
| *          | Merrill Lynch Retirement Group                                           | Columbia Marsico Focused EQ A                                                                                                  | \$ 1,126,141    | \$ 1,453,074                 |
| *          | Merrill Lynch Retirement Group                                           | Davis NY Venture Fund CL A                                                                                                     | \$ 14,319       | \$ 18,705                    |
| *          | Merrill Lynch Retirement Group                                           | Eaton Vance Large Cap Value Fund                                                                                               | \$ 985,215      | \$ 1,151,647                 |
| *          | Merrill Lynch Retirement Group                                           | Federated Government Income                                                                                                    | \$ 1,180,140    | \$ 1,177,268                 |
| *          | Merrill Lynch Retirement Group                                           | Goldman Sachs Mid Cap Value A                                                                                                  | \$ 290,113      | \$ 377,447                   |
| *          | Merrill Lynch Retirement Group                                           | J.P. Morgan Small Cap Value Fund A                                                                                             | \$ 188,090      | \$ 233,971                   |
| *          | Merrill Lynch Retirement Group                                           | Lazard Emerging Markets                                                                                                        | \$ 71,726       | \$ 112,579                   |
| *          | Merrill Lynch Retirement Group                                           | Oppenheimer Main Street                                                                                                        | \$ 43,569       | \$ 58,205                    |
| *          | Merrill Lynch Retirement Group                                           | Pioneer Oak Ridge Small Cap Growth A                                                                                           | \$ 282,405      | \$ 349,859                   |
| *          | Merrill Lynch Retirement Group                                           | Pioneer Strategic Income CL A                                                                                                  | \$ 35,445       | \$ 42,129                    |

| <u>(a)</u> | <u>(b) Identity of issue,<br/>borrower, lessor,<br/>or similar party</u> | <u>(c) Description of investment<br/>including maturity date,<br/>rate of interest, collateral,<br/>par, or maturity value</u> | <u>(d) Cost</u> | <u>(e) Current<br/>Value</u> |
|------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| *          | Merrill Lynch Retirement Group                                           | Van Kempen Equity and Income A                                                                                                 | \$ 7,103        | \$ 8,563                     |
| *          | Merrill Lynch Retirement Group                                           | Victory Spec Value Fund Class A                                                                                                | \$ 20,995       | \$ 27,754                    |
| *          | Merrill Lynch Retirement Group                                           | Virtus Multi-Sector Short Term A                                                                                               | \$ 12,519       | \$ 15,169                    |
| *          | Merrill Lynch Retirement Group                                           | Virtus Real Estate Security Fund A                                                                                             | \$ 40,042       | \$ 50,259                    |
| *          | Merrill Lynch Retirement Group                                           | Retirement Preservation Trust                                                                                                  | \$ 1,268,343    | \$ 1,182,095                 |
| *          | Merrill Lynch Retirement Group                                           | Participant Loan (3.25% - 8.25%)                                                                                               | \$ 0            | \$ 217,206                   |
| *          | Represents party-in-interest                                             |                                                                                                                                |                 |                              |

STATEMENT OF ASSETS  
FOR THE PERIOD 01/01/2009 - 12/31/2009

WRIGHT BUSINESS FORMS, INC.  
EMPLOYEES' QUALIFIED SAVINGS  
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



11.60% COMMON / COLLECTIVE TRUSTS

1.99% LOANS

0.00% ACCRUED INCOME

86.77% MUTUAL FUNDS

0.00% PENDING SETTLEMENT FUNDS

| Investment Category               | Shares/<br>Units | Price/<br>NAV | Cost/Book<br>Value | Market<br>Value | % Total<br>Value |
|-----------------------------------|------------------|---------------|--------------------|-----------------|------------------|
| <u>COMMON / COLLECTIVE TRUSTS</u> |                  |               |                    |                 |                  |
| ML RET PRESERVATION TRUST         | 920,534.7799     | 1.000         | 920,534.78         | 920,534.78      | 8.42%            |
| ML RET PRES TRUST-GM              | 347,807.9003     | 1.000         | 347,807.90         | 347,807.90      | 3.18%            |
| TOTAL COMMON / COLLECTIVE TRUSTS  |                  |               | 1,268,342.68       | 1,268,342.68    | 11.60%           |
| <u>MUTUAL FUNDS</u>               |                  |               |                    |                 |                  |
| LAZARD EMERGING MARKETS OPEN      | 6,158.6087       | 18.280        | 120,510.27         | 112,579.37      | 1.03%            |
| PIONEER STRATEGIC INCOME CL A     | 4,066.5376       | 10.360        | 40,244.21          | 42,129.33       | 0.39%            |
| OPPENHEIMER MAIN STREET           | 3,508.4515       | 16.590        | 65,153.77          | 58,205.21       | 0.53%            |
| JPMORGAN SMALL CAP VALUE FD A     | 1,569.7663       | 14.570        | 22,495.82          | 22,871.49       | 0.21%            |
| JPMORGAN SMALL CAP VALUE A GM     | 14,488.6601      | 14.570        | 237,759.37         | 211,099.78      | 1.93%            |
| AMERICAN BOND FD. OF AMERICA      | 82,187.8606      | 11.800        | 1,049,880.27       | 969,816.76      | 8.87%            |

Balances include the effect of pending trades



**STATEMENT OF ASSETS**  
FOR THE PERIOD 01/01/2009 - 12/31/2009

WRIGHT BUSINESS FORMS, INC.  
EMPLOYEES' QUALIFIED SAVINGS  
CONSOLIDATION

| Investment<br>Category         | Shares/<br>Units | Price/<br>NAV | Cost/Book<br>Value | Market<br>Value | % Total<br>Value |
|--------------------------------|------------------|---------------|--------------------|-----------------|------------------|
| AMERICAN BOND FD OF AMERICA GM | 117,489.5500     | 11.800        | 1,464,501.10       | 1,386,376.69    | 12.68%           |
| AMERICAN EUROPACIFIC GR FD R3  | 1,172.8927       | 37.680        | 51,949.09          | 44,194.60       | 0.40%            |
| AMERICAN EUROPACIF GR FD R3 GM | 35,176.6995      | 37.680        | 1,439,638.29       | 1,325,458.04    | 12.12%           |
| PIONEER OAK RIDGE SM CAP GRW A | 254.2895         | 22.480        | 4,359.65           | 5,716.43        | 0.05%            |
| PIONEER OAK RDGESM CP GRW A GM | 15,308.8399      | 22.480        | 260,110.19         | 344,142.72      | 3.15%            |
| MUNDER MICRO-CAP EQTY GM       | 0.0004           | 22.700        | 0.02               | 0.01            | 0.00%            |
| BLACKROCK GLOBAL ALLOC A       | 6.2360           | 17.890        | 96.42              | 111.56          | 0.00%            |
| VIRTUS REAL ESTATE SECUR FD A  | 2,272.0960       | 22.120        | 65,875.99          | 50,258.76       | 0.46%            |
| AIM CAPITAL DEVELOPMENT        | 0.5107           | 13.770        | 6.80               | 7.03            | 0.00%            |
| AIM CAP DEVLMT GM              | 31,387.5968      | 13.770        | 467,797.35         | 432,207.21      | 3.95%            |
| FEDERATED GOVT INCOME          | 132.6965         | 8.860         | 1,175.49           | 1,175.69        | 0.01%            |
| FEDERATED GOVT INCOME - GM     | 137,073.6850     | 8.860         | 1,214,320.98       | 1,214,472.85    | 11.11%           |
| GOLDMAN SACHS MID CAP VAL A    | 1,295.6681       | 28.980        | 40,390.09          | 37,548.46       | 0.34%            |
| GOLDMAN SACHS MID CAP VAL A GM | 11,728.7197      | 28.980        | 376,504.26         | 339,898.30      | 3.11%            |
| COLUMBIA MARSICO FOCUSED EQ A  | 0.3592           | 19.170        | 6.82               | 6.89            | 0.00%            |
| COLUMBIA MARSICO FOCUSED EQ GM | 75,799.0023      | 19.170        | 1,530,813.21       | 1,453,066.87    | 13.29%           |
| VICTORY SPECL VAL FD C-A       | 2,048.2688       | 13.550        | 23,011.28          | 27,754.04       | 0.25%            |
| VIRTUS MULTI-SEC SHORT TERM A  | 3,304.8382       | 4.590         | 15,484.28          | 15,169.21       | 0.14%            |
| BLACKROCK ENERGY & RESOURCES A | 6,763.6152       | 31.850        | 253,070.03         | 215,421.14      | 1.97%            |
| EATON VANCE LG-CAP VALUE FD A  | 2,082.8375       | 16.740        | 35,010.70          | 34,866.70       | 0.32%            |
| EATON VANCE LG-CAP VAL FD A GM | 66,713.2922      | 16.740        | 1,249,673.84       | 1,116,780.51    | 10.21%           |

Balances include the effect of pending trades

STATEMENT OF ASSETS  
FOR THE PERIOD 01/01/2009 - 12/31/2009

WRIGHT BUSINESS FORMS, INC.  
EMPLOYEES' QUALIFIED SAVINGS  
CONSOLIDATION

| Investment<br>Category          | Shares/<br>Units | Price/<br>NAV | Cost/Book<br>Value | Market<br>Value | % Total<br>Value |
|---------------------------------|------------------|---------------|--------------------|-----------------|------------------|
| DAVIS NY VENTURE FD CL A        | 603.7924         | 30.980        | 22,672.75          | 18,705.49       | 0.17%            |
| VAN KAMPEN EQUITY & INCOME A    | 1,099.2006       | 7.790         | 9,761.01           | 8,562.77        | 0.08%            |
| TOTAL MUTUAL FUNDS              |                  |               | 10,062,273.35      | 9,488,603.91    | 86.77%           |
| <u>LOANS</u>                    |                  |               |                    |                 |                  |
| LOAN FUND                       | 217,206.2300     | 1.000         | 217,206.23         | 217,206.23      | 1.99%            |
| <u>PENDING SETTLEMENT FUNDS</u> |                  |               |                    |                 |                  |
| PENDING SETTLEMENT FUND         | 200.0000         | 1.000         | 200.00             | 200.00          | 0.00%            |
| INVESTMENT TOTAL                |                  |               | 11,548,022.26      | 10,974,352.82   | 100.35%          |
| UNINVESTED CASH                 |                  |               | 0.00               | 0.00            | 0.00%            |
| ACCRUED INCOME                  |                  |               | 164.97             | 164.97          | 0.00%            |
| CASH                            |                  |               | (38,745.76)        | (38,745.76)     | -0.35%           |
| TOTAL ASSETS                    |                  |               | 11,509,441.47      | 10,935,772.03   | 100.00%          |

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades

