Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ENGLISH COLOR PBE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

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

808 N. GROVE RD
RICHARDSON, TX 75081

808 N. GROVE RD
RICHARDSON, TX 75081

2b Employer Identification Number (EIN)
75-1309760

2c Sponsor's telephone number
972-235-3104

2d Business code (see instructions)
811110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	DONNA DEETS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ENGLISH COLOR & SUPPLY, INC.

808 N. GROVE RD
RICHARDSON, TX 75081

3b Administrator's EIN
75-1309760

3c Administrator's telephone number
972-235-3104

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
ENGLISH COLOR PBE

4b EIN
75-1309760

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	210
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	230
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	7
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	237
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	237
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	167
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
ENGLISH COLOR PBE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
ENGLISH COLOR & SUPPLY, INC.

D Employer Identification Number (EIN)
75-1309760

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	160-80218	0	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	262345
c	Additions: (1) Contributions deposited during the year	7c(1)	12896		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1189		
	(4) Transferred from separate account	7c(4)	94897		
	(5) Other (specify below)	7c(5)	847		
	▶ LOAN PMT & TRANSF IN NW-PRINCIPAL				
	(6) Total additions			7c(6)	109829
d	Total of balance and additions (add **b** and **c(6)**)			7d	372174
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2916		
	(2) Administration charge made by carrier	7e(2)	53		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	369205		
	▶ LOAN WITHDR & TRANSF TO SUCCESSOR				
	(5) Total deductions			7e(5)	372174
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan	B Three-digit plan number (PN) ▶	
ENGLISH COLOR PBE 401(K) PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
ENGLISH COLOR & SUPPLY, INC.	75-1309760

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	6570	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLNZ NFJ DIV VAL AD - BOSTON FINAN 04-2526037	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VAL - BOSTON FINANC 04-2526037	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF MID CAP GRTH P - JPMORGAN INVE 22-2382028	0.35%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RAINIER LARGE CAP EQ - US BANCORP F 39-0281260	0.40%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

a	Name: THOMAS STEPHEN & COMPANY	**b** EIN:	75-2805390
c	Position: ACCOUNTANT		
d	Address: 250 W SOUTHLAKE BLVD SUITE 230 SOUTHLAKE, TX 76092	**e** Telephone:	817-552-3100

Explanation: FEES

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
ENGLISH COLOR PBE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ENGLISH COLOR & SUPPLY, INC.

D Employer Identification Number (EIN)
75-1309760

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2216	0
(2) Participant contributions	1b(2)	9541	0
(3) Other	1b(3)	1799	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	323694
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	144839	218636
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1491898	2198112
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	262345	0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1912638	2740442
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1912638	2740442

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	82351	
	(B) Participants	2a(1)(B)	361094	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		443445
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	215	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	8752	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8967
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	33926	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		33926
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		425092
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		911430
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	59358	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		59358
f Corrective distributions (see instructions)	2f		10657
g Certain deemed distributions of participant loans (see instructions)	2g		2434
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	11177	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11177
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		83626
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		827804
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: MCDONALD AND SIMMONS, P.C. (2) EIN: 75-2268179

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		125000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
ENGLISH COLOR PBE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ENGLISH COLOR & SUPPLY, INC.

D Employer Identification Number (EIN)
75-1309760

Part I Distributions

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

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

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

EIN(s): 04-6568107 31-1592130

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Financial Statements
For the Years Ended
December 31, 2009 and 2008

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

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Supplemental Information:	
Schedule of Assets Held for Investment Purposes at End of the Plan Year	11 - 12
Schedule of Reportable Events	None Present
Schedule of Assets Acquired and Disposed of Within the Plan Year	None Present
Schedule of Leases in Default or Classified as Uncollectible	None Present
Schedule of Reportable Transactions	None Present
Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible	None Present

McDONALD and SIMMONS, P.C.

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760
Richardson, Texas

We were engaged to audit the financial statements and supplemental schedules of English Color PBE 401(k) Plan (the Plan) as of December 31, 2009, and for the year ended, as listed in the table of contents. These financial statements and schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Nationwide Trust Company, FSB, the custodian of the Plan. Their report, dated October 12, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the custodian, were 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.

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 H, which were certified by Fidelity Management Trust Company, the trustee of the Plan at December 31, 2009, except for comparing the information with the related information included in the 2009 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 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and schedules taken as a whole. The form and content of the information included in the 2009 financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McDonald and Simmons, P.C.

Dallas, Texas
October 5, 2010

8330 Meadow Road, Suite 210 • Dallas, Texas 75231 • (214) 265-9792 FAX (214) 265-1947

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Statement of Net Assets Available for Benefits

	2009	2008
ASSETS		
Investments:		
At fair value:		
Interest-bearing cash	$ 323,694	$ 0
Interest with registered investment companies	2,198,112	1,491,898
Indexed fixed contracts	0	262,345
Participant notes receivable	218,636	144,839
	2,740,442	1,899,082
Receivables:		
Employee contribution receivable	0	9,541
Employer contribution receivable	0	2,216
Other contributions	0	1,799
	0	13,556
TOTAL ASSETS	2,740,442	1,912,638
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,740,442	$ 1,912,638

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

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

Additions to net assets attributed to:		
Investment income:		
Net appreciation (loss) in fair value of investments	$	425,092
Interest and dividends		42,893
		467,985
Employee contributions		361,094
Employer contributions		82,351
		443,445
TOTAL ADDITIONS		911,430
Deductions from net assets attributable to:		
Benefits paid to participants		61,792
Excess contribution		10,657
Operating expenses		11,177
TOTAL DEDUCTIONS		83,626
NET INCREASE		827,804
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		1,912,638
End of year	$	2,740,442

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

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Notes to Financial Statements
December 31, 2009 and 2008

Note A – Description of plan

English Color and Supply, Inc. (the Plan Sponsor) established the English Color PBE 401(k) Plan (the Plan) effective November 3, 1999. The Plan was established as a qualified defined contribution profit sharing plan which has a qualified salary deferral feature under Section 401(k) of the Internal Revenue Code of 1986. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution prototype plan covering all full-time employees of the Employer, who have six months of service and are age twenty one years or older. Enrollment is permitted on the first day of each calendar quarter immediately following satisfaction of eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute up to $16,500 of pretax annual compensation, as defined in the plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions of an additional $5,500. Participants direct the investment of their contributions into various investment options offered by the plan.

Company matching. The Employer shall make a discretionary matching contribution based on the amount of salary reduction contributions. The Employer evaluates the match annually, and can modify the percentage at their discretion. The Employer matching contribution in 2009 was 25% up to the first 6% of participants' compensation.

Participant accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's contribution and, (b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is not vested in any portion until the completion of two years at which time they become 20 percent vested, and an additional 20 percent for each year thereafter, reaching 100 percent vested in at the completion of six years of credited service for the Company.

Participant notes receivable. Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range from 1-5 years or more for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates range from 3.25% to 8.25%. Principal and interest is paid ratably through monthly payroll deductions.

Payment of benefits. On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Note A – Description of plan (continued)

Investment options. Upon enrollment in the Plan, a participant may direct employee and employer contributions in a variety of investment options. Participants may change their investment options as often as they choose by contacting the trustee via telephone or via the internet. However, participants may only change their deferral percentage quarterly by providing a written request to the human resources department of English Color and Supply, Inc. Participants may terminate deferrals at any time.

Rollovers. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Contributions are subject to certain limitations. All contributions are paid in cash.

Note B – Summary of significant accounting policies

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

Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition. The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices that represent the net asset value of shares held by the Plan at year-end. Participant notes receivable are valued at cost that approximates fair value.

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.

Payment of benefits. Benefits are recorded when paid.

Forfeitures. Forfeitures are held by the Plan to determine if amounts should be restored to terminated participants. Thereafter, forfeitures are used to reduce employer-matching contributions. In 2009, employer contributions were reduced by $1,438 for forfeited non-vested amounts.

Operating expenses. Operating expenses consist of fees for auditing, recordkeeping and other administrative services. Some fees are deducted from participant accounts in accordance with the plan documents for services received, however most costs are paid by the employer.

Contributions receivable. Contributions receivable represent deferrals withheld from participant's paychecks plus the employer match for December.

Note C – Reconciliation of financial statements to form 5500

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2009:

There were no differences between the Form 5500 and these financial statements for the year ended December 31, 2009 and 2008.

Note D – Tax status

The plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note E – Plan termination

Although it has not expressed any intent to do so, the employer 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 would become 100% vested in their employer contributions.

Note F – Risk/uncertainties

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 value 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.

Note G – Investment contract with insurance company

At December 31, 2008, the Plan had an investment contract with Nationwide Trust Company (Principal). Principal maintains the contributions in separate pooled accounts and a common collective trust fund. The accounts were credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses charged by Principal. The contract was included in the financial statements at fair market value because it is not fully benefit-responsive. For example, there was a possible market value adjustment for transfers to other investment options from the guaranteed account. There were no reserves against the contract value for credit risk of the contract issuer or otherwise. As of December 31, 2009, the Plan no longer maintains a balance in the fund. This fund was closed when the assets were transferred to Fidelity Management Trust Company.

Note H – Investments

Plan assets are held by Fidelity Management Trust Company, the trustee, as of December 31, 2009 and were held by Nationwide Trust Company, the custodian, as of December 31, 2008. The trustee or the custodian holds the plan's investment assets and executes investment transactions in accordance with the plan documents. The information provided by the trustee or the custodian is certified as accurate and complete in accordance with 29 CF 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and disclosure under Employee Retirement Income Security Act of 1974. The trustee's or the custodian's certification covers all information as shown below, and the supplemental schedules.

Investments that individually represented 5% or more of the Plan's assets are separately identified as follows:

	Year ended December 31,	
	2009	2008
Investments at fair value as determined by quoted market price:		
MSIF Mid Cap Grth P	$ 251,935	$ 0
Rainer Large Cap Eq	446,151	0
Fidelity Govt Income	209,344	0
Fid Balanced	191,654	0
Spartan Intl Index	208,328	0
Spartan 500 Index	126,422	0
Fidelity Retire MMKT	323,694	0
Goldman Sachs Gov't Income Fund A	0	125,900
Janus Fund	0	99,653
Janus Twenty Fund	0	212,507
NW S&P 500 Index Sc	0	147,481
NW Indexed Fixed Contract	0	262,345
	1,757,528	847,886
Investments less than 5% individually	982,914	1,051,196
	$ 2,740,442	$ 1,899,082

The Plan's investments (including gains and losses on investments bought and sold, as well as held during 2009) appreciated/ (depreciated) in value as follows:

Interest in registered investment companies	$ 425,092

All investments of the Plan are participant-directed.

Note I – Fair value measurements

The carrying values of various financial instruments, such as receivables and payables approximate their fair value due to their short maturity.

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

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

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

Note I – Fair value measurements (cont'd)

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

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

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 2,521,806	$ 0	$ 0	$ 2,521,806
Participant loans	0	0	218,636	218,636
Total assets at fair value	$ 2,521,806	$ 0	$ 218,636	$ 2,740,442

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

	Participant loans
Balance, beginning of year	$ 144,839
Realized gains (losses)	0
Unrealized gains (losses) relating to instruments still held at the reporting date	0
Purchases, sales, issuances, and settlements (net)	73,797
Balance, end of year	$ 218,636

Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the year ended December 31, 2009 are reported in net appreciation in fair value of investments.

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

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,491,898	$ 0	$ 0	$ 1,491,898
Indexed fixed contract	0	0	262,345	262,345
Participant loans	0	0	144,839	144,839
Total assets at fair value	$ 1,491,898	$ 0	$ 407,184	$ 1,899,082

Note I – Fair value measurements (cont'd)

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

	Fixed Contracts	Participant Loans
Balance, beginning of year	$ 199,054	$ 119,772
Realized gains (losses)	0	0
Unrealized gains (losses) relating to instruments still held at the reporting date	63,291	0
Purchases, sales, issuances, and settlements (net)	0	25,067
Balance, end of year	$ 262,345	$ 144,839

Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the year ended December 31, 2008 are reported in net appreciation in fair value of investments

Note J – Subsequent events

Plan management reviewed its operations and transactions occurring since December 31, 2009 through October 5, 2010, the date of which the financial statements were issued, and did not identify any subsequent events.

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Schedule of Assets Held for Investment Purposes at End of the Plan Year
December 31, 2009

Form 5500, Schedule H, Line 4i — Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or simmilar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity	Pimco Total Return Adm	$	$ 19,043
*	Fidelity	MSIF Mid Cap Grth P		251,935
*	Fidelity	Allnz NFJ Div Val Ad		86,073
*	Fidelity	Rainer Large Cap Eq		446,151
*	Fidelity	Artisan Mid Cap Val		117,176
*	Fidelity	Fid Fidelity		22,533
*	Fidelity	Fid Sel Cons Staples		2,652
*	Fidelity	Fidelity Govt Income		209,344
*	Fidelity	Fid Sel Energy		5,977
*	Fidelity	Fid Sel Healthcare		24,894
*	Fidelity	Fid Sel Technology		31,424
*	Fidelity	Fid Sel Utilities		608
*	Fidelity	Fid Sel Telecom		65
*	Fidelity	Fid Leveraged Co Stk		33,808
*	Fidelity	Fid Real Estate Invs		14,051
*	Fidelity	Fid Balanced		191,654
*	Fidelity	Fid Intl Discovery		11,997
*	Fidelity	Fid Disciplined Eqty		205
*	Fidelity	Fid Emerg Mrkts		93,770
*	Fidelity	Fid Growth Discovery		5,103
*	Fidelity	Fid Freedom Income		1,649
*	Fidelity	Fid Freedom 2000		1,847
*	Fidelity	Fid Freedom 2010		12,003
*	Fidelity	Fid Freedom 2020		37,003
*	Fidelity	Fid Freedom 2030		43,443
*	Fidelity	Spartan Extnd Mkt Index		879
*	Fidelity	Spartan Intl Index		208,328
*	Fidelity	Fid High Income		1,918
*	Fidelity	Fid Sel Materials		6,476
*	Fidelity	Fidelity Retire MKKT		323,694
*	Fidelity	Spartan 500 Index		126,422
*	Fidelity	Fid Large Cap Value		25,673
*	Fidelity	Fid Freedom 2040		30,316

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Schedule of Assets Held for Investment Purposes at End of the Plan Year
December 31, 2009

Form 5500, Schedule H, Line 4i — Schedule of Assets (Held at End of Year) – (cont'd)

(a)	(b) Identity of issue, borrower, lessor, or simmilar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity	Fid Freedom 2005		3,009
*	Fidelity	Fid Freedom 2015		48,992
*	Fidelity	Fid Freedom 2025		31,160
*	Fidelity	Fid Freedom 2035		13,654
*	Fidelity	Fid Small Cap Growth		3,267
*	Fidelity	Fid Small Cap Value		24,608
*	Fidelity	Fid Strat Real Ret		55
*	Fidelity	Fid Freedom 2045		6,693
*	Fidelity	Fid Freedom 2050		2,254
	Total interest with registered investment companies		$ 0	$ 2,521,806
*	Participant loans	3.25% - 8.25%	0	218,636
	Grand Total		$ 0	$ 2,740,442

* Party in interest
Cost omitted for all participant directed investments

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Financial Statements
For the Years Ended
December 31, 2009 and 2008

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

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Schedule of Assets Held for Investment Purposes at End of the Plan Year	11 - 12
Schedule of Reportable Events	None Present
Schedule of Assets Acquired and Disposed of Within the Plan Year	None Present
Schedule of Leases in Default or Classified as Uncollectible	None Present
Schedule of Reportable Transactions	None Present
Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible	None Present

McDONALD and SIMMONS, P.C.

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760
Richardson, Texas

We were engaged to audit the financial statements and supplemental schedules of English Color PBE 401(k) Plan (the Plan) as of December 31, 2009, and for the year ended, as listed in the table of contents. These financial statements and schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Nationwide Trust Company, FSB, the custodian of the Plan. Their report, dated October 12, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the custodian, were 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.

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 H, which were certified by Fidelity Management Trust Company, the trustee of the Plan at December 31, 2009, except for comparing the information with the related information included in the 2009 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 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and schedules taken as a whole. The form and content of the information included in the 2009 financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McDonald and Simmons, P.C.

Dallas, Texas
October 5, 2010

8330 Meadow Road, Suite 210 • Dallas, Texas 75231 • (214) 265-9792 FAX (214) 265-1947

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Statement of Net Assets Available for Benefits

	2009	2008
ASSETS		
Investments:		
At fair value:		
Interest-bearing cash	$ 323,694	$ 0
Interest with registered investment companies	2,198,112	1,491,898
Indexed fixed contracts	0	262,345
Participant notes receivable	218,636	144,839
	2,740,442	1,899,082
Receivables:		
Employee contribution receivable	0	9,541
Employer contribution receivable	0	2,216
Other contributions	0	1,799
	0	13,556
TOTAL ASSETS	2,740,442	1,912,638
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,740,442	$ 1,912,638

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

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

Additions to net assets attributed to:		
Investment income:		
Net appreciation (loss) in fair value of investments	$	425,092
Interest and dividends		42,893
		467,985
Employee contributions		361,094
Employer contributions		82,351
		443,445
TOTAL ADDITIONS		911,430
Deductions from net assets attributable to:		
Benefits paid to participants		61,792
Excess contribution		10,657
Operating expenses		11,177
TOTAL DEDUCTIONS		83,626
NET INCREASE		827,804
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		1,912,638
End of year	$	2,740,442

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

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Notes to Financial Statements
December 31, 2009 and 2008

Note A – Description of plan

English Color and Supply, Inc. (the Plan Sponsor) established the English Color PBE 401(k) Plan (the Plan) effective November 3, 1999. The Plan was established as a qualified defined contribution profit sharing plan which has a qualified salary deferral feature under Section 401(k) of the Internal Revenue Code of 1986. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution prototype plan covering all full-time employees of the Employer, who have six months of service and are age twenty one years or older. Enrollment is permitted on the first day of each calendar quarter immediately following satisfaction of eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute up to $16,500 of pretax annual compensation, as defined in the plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions of an additional $5,500. Participants direct the investment of their contributions into various investment options offered by the plan.

Company matching. The Employer shall make a discretionary matching contribution based on the amount of salary reduction contributions. The Employer evaluates the match annually, and can modify the percentage at their discretion. The Employer matching contribution in 2009 was 25% up to the first 6% of participants' compensation.

Participant accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's contribution and, (b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is not vested in any portion until the completion of two years at which time they become 20 percent vested, and an additional 20 percent for each year thereafter, reaching 100 percent vested in at the completion of six years of credited service for the Company.

Participant notes receivable. Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range from 1-5 years or more for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates range from 3.25% to 8.25%. Principal and interest is paid ratably through monthly payroll deductions.

Payment of benefits. On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Note A – Description of plan (continued)

Investment options. Upon enrollment in the Plan, a participant may direct employee and employer contributions in a variety of investment options. Participants may change their investment options as often as they choose by contacting the trustee via telephone or via the internet. However, participants may only change their deferral percentage quarterly by providing a written request to the human resources department of English Color and Supply, Inc. Participants may terminate deferrals at any time.

Rollovers. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Contributions are subject to certain limitations. All contributions are paid in cash.

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Although it has not expressed any intent to do so, the employer 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 would become 100% vested in their employer contributions.

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Level 2 — Inputs to the valuation methodology include:

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

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

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

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

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

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

Note I – Fair value measurements (cont'd)

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

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

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 2,521,806	$ 0	$ 0	$ 2,521,806
Participant loans	0	0	218,636	218,636
Total assets at fair value	$ 2,521,806	$ 0	$ 218,636	$ 2,740,442

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

	Participant loans
Balance, beginning of year	$ 144,839
Realized gains (losses)	0
Unrealized gains (losses) relating to instruments still held at the reporting date	0
Purchases, sales, issuances, and settlements (net)	73,797
Balance, end of year	$ 218,636

Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the year ended December 31, 2009 are reported in net appreciation in fair value of investments.

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

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,491,898	$ 0	$ 0	$ 1,491,898
Indexed fixed contract	0	0	262,345	262,345
Participant loans	0	0	144,839	144,839
Total assets at fair value	$ 1,491,898	$ 0	$ 407,184	$ 1,899,082

Note I – Fair value measurements (cont'd)

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

	Fixed Contracts	Participant Loans
Balance, beginning of year	$ 199,054	$ 119,772
Realized gains (losses)	0	0
Unrealized gains (losses) relating to instruments still held at the reporting date	63,291	0
Purchases, sales, issuances, and settlements (net)	0	25,067
Balance, end of year	$ 262,345	$ 144,839

Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the year ended December 31, 2008 are reported in net appreciation in fair value of investments

Note J – Subsequent events

Plan management reviewed its operations and transactions occurring since December 31, 2009 through October 5, 2010, the date of which the financial statements were issued, and did not identify any subsequent events.

English Color PBE 401(k) Plan
Plan 001: EIN # 75-1309760

Schedule of Assets Held for Investment Purposes at End of the Plan Year
December 31, 2009

Form 5500, Schedule H, Line 4i — Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or simmilar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity	Pimco Total Return Adm	$	$ 19,043
*	Fidelity	MSIF Mid Cap Grth P		251,935
*	Fidelity	Allnz NFJ Div Val Ad		86,073
*	Fidelity	Rainer Large Cap Eq		446,151
*	Fidelity	Artisan Mid Cap Val		117,176
*	Fidelity	Fid Fidelity		22,533
*	Fidelity	Fid Sel Cons Staples		2,652
*	Fidelity	Fidelity Govt Income		209,344
*	Fidelity	Fid Sel Energy		5,977
*	Fidelity	Fid Sel Healthcare		24,894
*	Fidelity	Fid Sel Technology		31,424
*	Fidelity	Fid Sel Utilities		608
*	Fidelity	Fid Sel Telecom		65
*	Fidelity	Fid Leveraged Co Stk		33,808
*	Fidelity	Fid Real Estate Invs		14,051
*	Fidelity	Fid Balanced		191,654
*	Fidelity	Fid Intl Discovery		11,997
*	Fidelity	Fid Disciplined Eqty		205
*	Fidelity	Fid Emerg Mrkts		93,770
*	Fidelity	Fid Growth Discovery		5,103
*	Fidelity	Fid Freedom Income		1,649
*	Fidelity	Fid Freedom 2000		1,847
*	Fidelity	Fid Freedom 2010		12,003
*	Fidelity	Fid Freedom 2020		37,003
*	Fidelity	Fid Freedom 2030		43,443
*	Fidelity	Spartan Extnd Mkt Index		879
*	Fidelity	Spartan Intl Index		208,328
*	Fidelity	Fid High Income		1,918
*	Fidelity	Fid Sel Materials		6,476
*	Fidelity	Fidelity Retire MKKT		323,694
*	Fidelity	Spartan 500 Index		126,422
*	Fidelity	Fid Large Cap Value		25,673
*	Fidelity	Fid Freedom 2040		30,316

English Color PBE 401(k) Plan
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Schedule of Assets Held for Investment Purposes at End of the Plan Year
December 31, 2009

Form 5500, Schedule H, Line 4i — Schedule of Assets (Held at End of Year) – (cont'd)

(a)	(b) Identity of issue, borrower, lessor, or simmilar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity	Fid Freedom 2005		3,009
*	Fidelity	Fid Freedom 2015		48,992
*	Fidelity	Fid Freedom 2025		31,160
*	Fidelity	Fid Freedom 2035		13,654
*	Fidelity	Fid Small Cap Growth		3,267
*	Fidelity	Fid Small Cap Value		24,608
*	Fidelity	Fid Strat Real Ret		55
*	Fidelity	Fid Freedom 2045		6,693
*	Fidelity	Fid Freedom 2050		2,254
	Total interest with registered investment companies		$ 0	$ 2,521,806
*	Participant loans	3.25% - 8.25%	0	218,636
	Grand Total		$ 0	$ 2,740,442

* Party in interest
Cost omitted for all participant directed investments