

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 2010 This Form is Open to Public Inspection
---	--	--

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HESS PRINT SOLUTIONS EMPLOYEES RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1974</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1974</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/01/1974</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HESS PRINT SOLUTIONS</u> <u>1530 MCCONNELL DRIVE</u> <u>WOODSTOCK, IL 60098</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-2737313</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>815-334-6162</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-2737313</u>	2c Sponsor's telephone number <u>815-334-6162</u>	2d Business code (see instructions) <u>323100</u>	
2b Employer Identification Number (EIN) <u>36-2737313</u>					
2c Sponsor's telephone number <u>815-334-6162</u>					
2d Business code (see instructions) <u>323100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2011	FRED COOPER
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HESS PRINT SOLUTIONS 1530 MCCONNELL DRIVE WOODSTOCK, IL 60098	3b Administrator's EIN 36-2737313 3c Administrator's telephone number 815-334-6162
--	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	579
---	----------	-----

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	504
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	106
d Subtotal. Add lines 6a , 6b , and 6c	6d	610
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	611
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	611
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	30

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 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HESS PRINT SOLUTIONS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HESS PRINT SOLUTIONS	D Employer Identification Number (EIN) 36-2737313	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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

(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

(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

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

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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 56 59 60 62 63 72	RECORDKEEPER	1700	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HESS PRINT SOLUTIONS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HESS PRINT SOLUTIONS	D Employer Identification Number (EIN) 36-2737313	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	9562	
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		8141
(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)	1156587	1212672
(9) Value of interest in common/collective trusts.....	1c(9)	2389967	2501510
(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)	16537161	18108712
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	20093277	21831035

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	14812	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	14812	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	20078465	21831035
---	-----------	----------	----------

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: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	867533	
(C) Others (including rollovers)	2a(1)(C)	77635	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		945168

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	70069	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		70069

(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)	462962	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		462962

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		38439
(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)		1681550
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3198188

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1369738	
(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)		1369738
f Corrective distributions (see instructions)	2f		17027
g Certain deemed distributions of participant loans (see instructions).....	2g		50753
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)	8100	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8100
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1445618

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1752570
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: 415 GROUP, INC.

(2) EIN: 03-4134400

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>HESS PRINT SOLUTIONS EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HESS PRINT SOLUTIONS</u>	D Employer Identification Number (EIN) <u>36-2737313</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1687665</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

**AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2010 AND 2009

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

**AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2010 AND 2009

TABLE OF CONTENTS

	Page
AUDITED FINANCIAL STATEMENTS:	
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits - Form 5500 - Schedule H - Part I	2
Statement of Changes in Net Assets Available for Benefits - Form 5500 - Schedule H - Part II	3
Notes to Financial Statements	4-9
SUPPLEMENTAL SCHEDULE:	
Schedule of Assets Held (at Year End) - Form 5500 - Schedule H - Part IV, Line 4(i)	10

INDEPENDENT AUDITORS' REPORT

**Board of Trustees
The Hess Print Solutions
Employees Retirement Plan
Woodstock, IL**

We were engaged to audit the financial statements of **The Hess Print Solutions Employees Retirement Plan** (Employer Federal ID #36-2737313, Plan #001) as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010 as listed in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note D, which was certified by Bank of America, N.A., the custodian 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 custodian held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certification from the custodian as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan administrator by the custodian 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 investment information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Four - Fifteen Group

Certified Public Accountants

**Canton, Ohio
September 12, 2011**

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

(Form 5500 - Schedule H - Part I)

	December 31,	
	<u>2010</u>	<u>2009</u>
ASSETS:		
Investments, at fair value:		
Common collective trusts	\$ 2,501,510	\$ 2,227,449
Registered investment companies	<u>18,108,712</u>	<u>16,537,161</u>
Total investments	20,610,222	18,764,610
Receivables:		
Employee	-	9,562
Employer	-	-
Notes receivable from participants	<u>1,212,672</u>	<u>1,156,587</u>
Total receivables	1,212,672	1,166,149
Cash	<u>8,141</u>	<u>-</u>
Total assets	21,831,035	19,930,759
LIABILITIES	<u>-</u>	<u>14,812</u>
NET ASSETS (at fair value)	21,831,035	19,915,947
Adjustment from fair value to contract value for the fully benefit-responsive investment contract	<u>-</u>	<u>162,518</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 21,831,035</u>	<u>\$ 20,078,465</u>

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

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS**

(Form 5500 - Schedule H - Part II)

	Year Ended December 31, 2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in investments including realized and unrealized gains in fair value of investments at quoted market prices:	
Registered investment companies	\$ 1,681,550
Interest and dividends:	
Common collective trusts	38,439
Registered investment companies	462,962
Notes receivable from participants	70,069
	571,470
	2,253,020
Contributions:	
Employees	867,533
Rollovers	77,635
	945,168
Total additions	3,198,188
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	(1,437,518)
Administrative expenses	(8,100)
Total deductions	(1,445,618)
 NET INCREASE	 1,752,570
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	20,078,465
End of year	\$ 21,831,035

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

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2010 AND 2009

A. DESCRIPTION OF THE PLAN:

The following description of The Hess Print Solutions Employees Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement and the Summary Plan Description for a more complete description of the Plan’s provisions.

General - The Plan is a defined contribution plan covering all employees of Hess Print Solutions (“Company” and “Plan Sponsor”) who have attained the age of eighteen. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions - The Plan allows participants to contribute pre-tax annual compensation (as defined in the Plan) up to the maximum allowable amount as determined by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified plans. Participants who have attained the age of fifty before the end of the Plan year are eligible to make catch-up contributions. The Plan also accepts Roth elective deferrals. The Company has the option to make a matching contribution of which the amount and the allocation of the amount are at the discretion of the Company. The matching contribution is an amount equal to a discretionary percentage, or an amount of each participant’s elective deferral. The Company also has the option to make a discretionary profit sharing contribution to participants who were employed on the last day of the Plan year. There was no matching contribution or profit sharing contribution made for the years ended December 31, 2010 or 2009. Participants direct the investment of all contributions into certain individual investment options offered by the Plan. All contributions are limited to the maximum allowed as a deduction under the Internal Revenue Code.

Participant Accounts - Each participant’s account is credited with the participant’s contributions including elective deferrals and rollover contributions, allocations of the Company’s contributions and participant forfeitures and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account. All investments of the Plan are fully participant directed. As of December 31, 2010 and 2009 approximately \$592,000 and \$602,000, respectively, has been allocated to accounts of persons who have withdrawn from participation in future contributions to the Plan.

Vesting - Participants are immediately vested in their contributions (including rollover contributions) plus actual earnings thereon. Vesting in the Company discretionary matching and profit sharing contribution portions of their accounts plus actual earnings thereon is based on years of service. A vesting year of service is defined by the Plan as 1,000 hours of service worked by the participant. Participants vest in the Company’s contributions gradually over six years beginning at 20% after two years and an additional 20% in each of the following years becoming 100% vested after six years.

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN (CONTINUED):

Notes Receivable from Participants - Participants may borrow from their fund accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.25%, which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits - On termination of service, a participant having a balance of more than \$5,000 may elect to receive either a lump-sum distribution or a direct rollover distribution. A participant having less than \$5,000 will automatically receive a distribution as soon as administratively practicable following the participant's termination date. Balances greater than \$1,000 and less than or equal to \$5,000 will automatically be rolled over to an Individual Retirement Account. Balances of less than \$1,000 will be distributed to the participant. As of December 31, 2010 approximately \$8,100 has been allocated to accounts of participants who have requested a distribution, but have not been paid. Non-terminated employees may make withdrawals from their elective deferral account balance as a hardship withdrawal prior to reaching normal retirement age. Hardship withdrawals are subject to additional rules and conditions as outlined in the Plan agreement.

Forfeitures - Forfeitures of non-vested matching contributions shall be first used to offset the Plan administrative costs. Any remaining forfeitures will be used to reduce employer contributions. Finally, any remaining forfeitures will be allocated to the participants. As of December 31, 2010 and 2009, \$1,851 and \$31,261, respectively, of unallocated forfeitures were available.

Investment Options - Upon enrollment in the Plan, a participant is responsible for directing the investment of their respective account. The Plan provides a menu of investment options from which a participant may select their investments. Participant account balances are valued and investment elections may be modified each business day.

B. SUMMARY OF ACCOUNTING POLICIES:

Basis of Accounting - The Plan's financial statements and the Annual Report / Report of Employee Benefit Plan - Form 5500 have been prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of Net Assets Available for Plan Benefits as of December 31, 2009 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. There were no benefit-responsive investment contracts as of December 31, 2010.

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF ACCOUNTING POLICIES (CONTINUED):

Valuation of Investments and Income Recognition - The Plan's investments are stated at fair value as determined by the custodian, Bank of America, N.A. using quoted market prices and other available information. All asset values have been certified to by the custodian, Bank of America, N.A. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation / depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Administrative Expenses - Certain administrative expenses incurred by the Plan are paid for by the Plan Sponsor.

Payment of Benefits - Benefits are recorded when paid or deemed distributed.

Subsequent Events - The Plan Sponsor has evaluated subsequent events through September 12, 2011, which is the date the financial statements were available to be issued.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates that affect reported amounts in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. INVESTMENTS:

The Plan's custodian, Bank of America, N.A., is a party-in-interest of the Plan as defined by ERISA Section 3 (14) and accordingly, investment transactions in the respective funds are parties-in-interest transactions. The administrator has obtained certification from the custodian that the information in such statements is complete and accurate. Financial information relating to those investments is included in the accompanying financial statements based on information provided by the custodian. Information which has not been examined by us as independent auditors and represents 5% or more of the Plan's net assets:

	December 31,	
	<u>2010</u>	<u>2009</u>
Bank of America N.A. Ret Preservation Trust – GM	\$ 1,754,253	\$ 2,227,449
Alger Cap Appreciation Instl Port – GM	2,272,083	2,105,711
JP Morgan Government Bond – GM	2,560,041	2,480,838
Delaware Invstmnt Div Inc Cl A – GM	2,965,547	3,045,107
Thornburg International – GM	3,192,665	2,931,541
Blackrock Equity Dividend A – GM	3,163,996	2,895,126

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

NOTES TO FINANCIAL STATEMENTS

D. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian, Bank of America, N.A.

Net assets as certified on January 1, 2010	\$ 20,068,903
Contributions	979,591
Investment income	571,541
Net realized and unrealized appreciation in fair value of investments	1,664,869
Benefits paid to participants	(1,400,314)
Other debits, net	(45,455)
Administrative fees	<u>(8,100)</u>
Net assets as certified on December 31, 2010	<u>\$ 21,831,035</u>

E. FAIR VALUE MEASUREMENTS:

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

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

Level 2 - Inputs include quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

NOTES TO FINANCIAL STATEMENTS

E. FAIR VALUE MEASUREMENTS (CONTINUED):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 or 2009.

Common collective trusts: Valued at the net asset value (NAV) of shares held by the plan at year end.

Registered investment companies: Valued at the closing price reported on the active market on which the individual securities are traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets Measured at Fair Value at December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common collective trusts	\$ -	\$ 2,501,510	\$ -	\$ 2,501,510
Registered investment companies	<u>18,108,712</u>	<u>-</u>	<u>-</u>	<u>18,108,712</u>
Total assets at fair value	<u>\$18,108,712</u>	<u>\$ 2,501,510</u>	<u>\$ -</u>	<u>\$ 20,610,222</u>

Assets Measured at Fair Value at December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common collective trusts	\$ -	\$ 2,227,449	\$ -	\$ 2,227,449
Registered investment companies	<u>16,537,161</u>	<u>-</u>	<u>-</u>	<u>16,537,161</u>
Total assets at fair value	<u>\$16,537,161</u>	<u>\$ 2,227,449</u>	<u>\$ -</u>	<u>\$ 18,764,610</u>

F. LIABILITIES:

The Plan custodian reflects in the certified assets, investment transactions that are pending as of December 31, 2009 amounting to \$14,812. The Plan accordingly, has reflected a liability to fund the pending transactions from participant deferrals / withholding to be received subsequent to year end.

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

NOTES TO FINANCIAL STATEMENTS

G. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue 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.

H. INCOME TAX STATUS:

The plan has adopted a non-standardized, prototype plan document sponsored by Merrill Lynch, Pierce, Fenner & Smith, Inc. The prototype plan obtained a determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the prototype 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 believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The authoritative accounting guidance requires the plan administrator to evaluate uncertain tax positions taken by the Plan. The plan administrator has concluded that as of December 31, 2010, there were no uncertain income tax positions taken or expected to be taken by the Plan. The Plan has not recognized any interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Currently, the 2007, 2008 and 2009 tax years are open and subject to examination by the Internal Revenue Service.

I. 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 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.

J. TRANSACTIONS WITH PARTIES-IN-INTEREST:

All administrative expenses related to the Plan are paid by the Plan. Other than as described above or pursuant to a trust agreement (See Note D), the Plan has no agreements or transactions with any parties-in-interest.

**THE HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
(Employer Federal ID #36-2737313, Plan #001)**

SCHEDULE OF ASSETS HELD (AT YEAR END)

**Form 5500 - Schedule H - Part IV, Line 4(i)
December 31, 2010**

(See Independent Auditors' Report)

(a)	(b)	(c)	Units	Cost (d)	Current Value (e)
COMMON COLLECTIVE TRUSTS:					
*	Bank of America, N.A.	Bank of America, N.A. Ret Preservation Trust	747,257.5699	**	\$ 747,257
*	Bank of America, N.A.	Bank of America, N.A. Ret Preservation Trust - GM	1,754,252.8752	**	1,754,253
		Total common collective trusts			2,501,510
REGISTERED INVESTMENT COMPANIES:					
		Alger Cap Appreciation Instl Port	1,589.3099	**	32,915
		Alger Cap Appreciation Instl Port - GM	109,709.4420	**	2,272,083
		JP Morgan Government Bond	19,308.5146	**	209,884
		JP Morgan Government Bond - GM	235,514.3162	**	2,560,041
		JP Morgan Small Cap Growth Fund - A	947.9417	**	10,589
		The Oakmark EQ and Inc Fd - Cl II	294.1818	**	8,125
		Alliance Bern Intl Value Cl A	1,122.6524	**	15,335
		Janus Overseas Fund Cl A	707.8991	**	35,806
		American Cap World Gr & Inc R3	2,832.1190	**	100,654
		Columbia Mid Cap Value Fund A	10,251.9974	**	137,889
		Columbia Mid Cap Value Fund - GM	70,629.8678	**	949,972
		Delaware Invstmnt Div Inc Cl A	10,379.3305	**	95,594
		Delaware Invstmnt Div Inc Cl A - GM	321,992.0441	**	2,965,547
		ING Global Real Estate Fund Cl A	908.9118	**	14,797
		INVESCO Small Companies A	3,194.0993	**	55,354
		INVESCO Small Companies A	22,671.4939	**	392,897
		INVESCO Van Kampen Mid Cap A	1,243.5592	**	37,008
		INVESCO Van Kampen Mid Cap A	24,851.1617	**	739,571
		Janus Adviser Forty Fund A	674.2043	**	22,748
		Principal High Yield Fund	990.8102	**	7,897
		Thornburg International	2,410.2471	**	67,294
		Thornburg International - GM	114,350.4544	**	3,192,665
		Thornburg Value Fund Cl R4	1,231.1408	**	41,625
		Blackrock Global Alloc A	6,879.3977	**	133,598
		Blackrock Equity Dividend A	2,802.7064	**	49,103
		Blackrock Equity Dividend A - GM	180,593.3861	**	3,163,996
		Blackrock S&P500 Index I	4,308.4697	**	66,264
		Allianz NFJ Small-Cap Value Cl A	4,800.3555	**	137,002
		Allianz NFJ Small-Cap Value Cl A - GM	20,322.7730	**	580,012
		Victory Special Value Fund Class A	764.2529	**	12,447
		Total registered investment companies			18,108,712
NOTES RECEIVABLE FROM PARTICIPANTS:					
		Notes receivable from participants (4.25% to 9.25%)		-0-	1,212,672
					\$ 21,822,894

* Identifies party-in-interest to the Plan

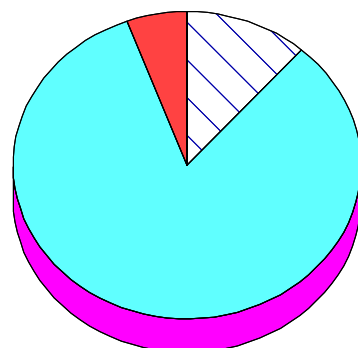
** Costs of investments have been omitted since all investments are participant directed

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2010 - 12/31/2010

HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



11.46% COMMON / COLLECTIVE TRUSTS
5.55% LOANS
0.04% CASH

82.95% MUTUAL FUNDS
0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON / COLLECTIVE TRUSTS</u>					
ML RET PRESERVATION TRUST	747,257.5699	1.000	747,257.57	747,257.57	3.42%
ML RET PRES TRUST-GM	1,754,252.8752	1.000	1,754,252.87	1,754,252.88	8.04%
TOTAL COMMON / COLLECTIVE TRUSTS			2,501,510.44	2,501,510.45	11.46%
<u>MUTUAL FUNDS</u>					
ALGER CAP APPRCTION INSTL PORT	1,589.3099	20.710	31,827.03	32,914.61	0.15%
ALG CP APPRCN INSTL PORT GM	109,709.4420	20.710	1,967,633.29	2,272,082.54	10.41%
JPMORGAN GOVERNMENT BOND	19,308.5146	10.870	206,597.47	209,883.55	0.96%
JPMORGAN GOVERNMENT BOND GM	235,514.3162	10.870	2,483,327.36	2,560,040.62	11.73%
JPMORGAN SMALL CAP GROWTH FD A	947.9417	11.170	7,136.81	10,588.51	0.05%
THE OAKMARK EQ & INC FD CL II	294.1818	27.620	7,134.06	8,125.30	0.04%

Balances include the effect of pending trades



STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2010 - 12/31/2010

HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ALLIANCE BERN INTL VAL CL A	1,122.6524	13.660	14,343.40	15,335.43	0.07%
JANUS OVERSEAS FD CL A	707.8991	50.580	31,569.92	35,805.54	0.16%
AMERICAN CAP WORLD GR & INC R3	2,832.1190	35.540	91,781.65	100,653.51	0.46%
COLUMBIA MID CAP VALUE FUND A	10,251.9974	13.450	117,060.57	137,889.37	0.63%
COLUMBIA MID CAP VALUE FUND GM	70,629.8678	13.450	828,052.97	949,971.72	4.35%
DELAWARE INVSTMNT DIV INC CL A	10,379.3305	9.210	94,733.57	95,593.63	0.44%
DELAWARE INVST DIV INC CL A GM	321,992.0441	9.210	2,862,686.45	2,965,546.73	13.58%
ING GLOBAL REAL ESTATE FD CL A	908.9118	16.280	12,979.94	14,797.08	0.07%
INVESCO SMALL COMPANIES A	3,194.0993	17.330	45,936.20	55,353.74	0.25%
INVESCO SMALL COMPANIES A	22,671.4939	17.330	268,488.04	392,896.99	1.80%
INVESCO VAN KAMPEN MID CAP A	1,243.5592	29.760	27,994.62	37,008.32	0.17%
INVESCO VAN KAMPEN MID CAP A	24,851.1617	29.760	583,991.37	739,570.57	3.39%
JANUS FORTY FD CL A	674.2043	33.740	20,642.49	22,747.65	0.10%
PRINCIPAL HIGH YIELD FUND	990.8102	7.970	7,784.26	7,896.76	0.04%
THORNBURG INTERNATIONAL	2,410.2471	27.920	59,650.43	67,294.10	0.31%
THORNBURG INTERNATIONAL GM	114,350.4544	27.920	3,089,211.69	3,192,664.69	14.62%
THORNBURG VALUE FD CL R4	1,231.1408	33.810	36,086.77	41,624.87	0.19%
BLACKROCK GLOBAL ALLOC A	6,879.3977	19.420	121,853.45	133,597.90	0.61%
BLACKROCK EQ DIVIDEND A	2,802.7064	17.520	47,631.06	49,103.42	0.22%
BLACKROCK EQ DIVIDEND A GM	180,593.3861	17.520	3,134,941.81	3,163,996.12	14.49%
BLACKROCK S&P500 INDEX I	4,308.4697	15.380	60,150.04	66,264.26	0.30%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2010 - 12/31/2010

HESS PRINT SOLUTIONS
EMPLOYEES RETIREMENT PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ALLIANZ NFJ SM-CAP VALUE CL A	4,800.3555	28.540	110,891.37	137,002.15	0.63%
ALLIANZ NFJ SM-CAP VL CL A GM	20,322.7730	28.540	514,616.74	580,011.94	2.66%
VICTORY SPECL VAL FD C-A	764.2529	16.290	8,584.69	12,449.68	0.06%
TOTAL MUTUAL FUNDS			16,895,319.52	18,108,711.30	82.95%
<u>LOANS</u>					
LOAN FUND	1,212,672.3300	1.000	1,212,672.33	1,212,672.33	5.55%
INVESTMENT TOTAL			20,609,502.29	21,822,894.08	99.96%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			29.56	29.56	0.00%
CASH			8,111.48	8,111.48	0.04%
TOTAL ASSETS			20,617,643.33	21,831,035.12	100.00%

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

Balances include the effect of pending trades

