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 01/01/2010 and ending 12/31/2010

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
ALL COPY PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1999

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

4141 COLORADO BLVD
DENVER, CO 80216

2b Employer Identification Number (EIN)
90-0117005

2c Sponsor's telephone number
720-241-0414

2d Business code (see instructions)
453210

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.	10/10/2011	ELIZABETH A CALLAWAY
	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")
ALL COPY PRODUCTS, INC.

4141 COLORADO BLVD
DENVER, CO 80216

3b Administrator's EIN
90-0117005

3c Administrator's telephone number
720-241-0414

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
ALL COPY PRODUCTS INC

4b EIN
90-0117005

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	146
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**	124
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	137
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	137
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	84
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
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 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ALL COPY PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL COPY PRODUCTS, INC.

D Employer Identification Number (EIN)
90-0117005

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

ALLIANCEBERNSTEIN L.P.

13-4064930

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

OPPENHEIMER FUNDS INC.

13-2527171

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

THORNBURG SECURITIES CORPORATION

2300 NORTH RIDGETOP RD.
SANTA FE, NM 87506

(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 & SMITH

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?
59 60 63	BROKERAGE	0	Yes [X] No [ ]	Yes [ ] No [X]	15586	Yes [ ] No [X]

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

ADP

22-1467904

(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?
37 50 15 64	RECORD KEEPER	2250	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ADP BROKER-DEALER

22-3319984

(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?
63	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	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 ☐

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
MERRILL LYNCH PIERCE FENNER & SMITH	59 60 63	15586

(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.
UNAVAILABLE UNAVAILABLE UNAVAILABLE, NJ 07932	SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES DISTRIBUTION (12B-1) FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	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.
ALLIANCEBERNSTEIN L.P. 13-4064930	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	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.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	63	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.
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	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.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	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.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	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.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	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.
THORNBURG SECURITIES CORPORATION 2300 NORTH RIDGETOP RD. SANTA FE, NM 87506	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
ALL COPY PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALL COPY PRODUCTS, INC.

D Employer Identification Number (EIN)
90-0117005

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MERRILL RETIREMENT PRES TRUST

b Name of sponsor of entity listed in (a): MERRILL LYNCH RETIRE PRESRV TR

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)
22-6484011-001	C	73861

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
ALL COPY PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL COPY PRODUCTS, INC.

D Employer Identification Number (EIN)
90-0117005

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	31793	73154
(9) Value of interest in common/collective trusts	1c(9)	65882	73861
(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)	1561419	1874556
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1659094	2021571
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	1659094	2021571

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)	45536	
(B) Participants	2a(1)(B)	239219	
(C) Others (including rollovers)	2a(1)(C)	18960	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		303715
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)	2364	
(F) Other	2b(1)(F)	1	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2365
(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)	22376	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22376
(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)		888
(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)		198111
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		527455
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	138595	
(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)		138595
f Corrective distributions (see instructions)	2f		12059
g Certain deemed distributions of participant loans (see instructions)	2g		12074
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)	2250	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2250
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		164978
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		362477
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: UYEN PAVELIS (2) EIN: 84-1157425

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		166000
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			

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
ALL COPY PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL COPY PRODUCTS, INC.

D Employer Identification Number (EIN)
90-0117005

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): 57-1198022

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):

ALL COPY PRODUCTS, INC.
401(k) PROFIT SHARING PLAN

Financial Statements (Audited) and Independent Auditors' Report

For the year ended
December 31, 2010

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Ryan, Gunsauls & O'Donnell, P.C.
Certified Public Accountants

Independent Auditors' Report

To the Administrative Committee of the
All Copy Products, Inc.
401(k) Profit Sharing Plan
4582 S Ulster Street Parkway Suite
Denver, CO 80237

We were engaged to audit the accompanying statements of net assets available for benefits of All Copy Products, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of assets (held at year end) for the year ended December 31, 2010. These financial statements and the supplemental schedule are the responsibility of All Copy Products, Inc. 401(k) Profit Sharing Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Merrill Lynch, the custodian, holds the Plan's investment assets and executes investment transactions. The Plan trustee, Reliance Trust Company, advises on all investment transactions. The plan administrator has obtained a certification from the trustee 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 trustee is complete and accurate.

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

The supplemental schedule of assets (held at year end) for the year ended December 31, 2010 is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has not been subjected to the auditing procedures applied in the audits of the basic financial statements.



Denver, Colorado
September 9, 2011

ALL COPY PRODUCTS, INC.
401(k) PROFIT SHARING PLAN
Statements of Net Assets Available For Benefits
December 31, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value	$ 1,948,417	$ 1,627,303
Contributions receivable:		
Employee - 401(k)	7,473	8,826
Employer	1,742	2,046
Notes receivable from participants	85,121	33,988
Total assets	**2,042,753**	**1,672,163**
LIABILITIES		
Corrective distributions:		
Employee - 401(k)	33,367	-
Employer	4,926	-
Total liabilities	**38,293**	**-**
Net assets available for benefits	**$ 2,004,460**	**$ 1,672,163**

See accompanying independent auditors' report and notes to financial statements.

ALL COPY PRODUCTS, INC.
401(k) PROFIT SHARING PLAN
Statement of Changes In Net Assets Available For Benefits
For the Year Ended December 31, 2010

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of assets	$	198,999
Dividends		22,376
Interest - participant loans		2,365
Total investment income		223,740
Contributions:		
Employee - 401(k)		204,499
Employee - rollover		18,960
Employer		40,306
Total contributions		263,765
Total additions		**487,505**
Deductions from net assets attributed to:		
Loans and benefits paid to participants		152,958
Administrative expenses		2,250
Total deductions		**155,208**
Net increase		**332,297**
Assets available for benefits:		
Beginning of year		1,672,163
End of year	**$**	**2,004,460**

See acompanying independent auditors' report and notes to financial statements.

Note 1: Description of Plan

The following brief description of All Copy Products Inc.'s ("the Company") 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering substantially all employees of the Company over the age of 21 and not covered by a collective bargaining agreement. Employees are eligible for participation in the Plan after one year of eligibility service defined by the Plan as 1,000 hours of service in any 12 months of employment. Participants may enter the Plan on the first day of the month following the completion of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was adopted on June 1, 1999 and most recently amended on March 9, 2011. The Plan is intended to be a qualified defined contribution plan which satisfies the requirements of Section 401(k) of the Internal Revenue Code. Under the Code, participants are not liable for federal income taxes on employee contributions, company contributions, or plan earnings until such time as they are partially or completely withdrawn from the Plan.

Contributions

Each year, participants may contribute up to 86% of pretax annual compensation to the Plan. Contributions are subject to certain limitations and are invested at the direction of the participant. Participants may also rollover amounts from other qualified plans. The Plan currently offers twenty-eight mutual funds and one trust as investment options for participants and all assets in the Plan are subject to participants' investment direction. The Company makes matching contributions to qualifying participants equal to 25% of the first 8% of participant compensation to be determined each payroll period. The Company may also make discretionary non-elective contributions. Employees are eligible for matching contributions from the employer after meeting the eligibility requirements and being an active participant. Non-elective contributions will be allocated to all employees eligible to participate in the Plan and will be allocated in proportion to participant's eligible earnings compared to total eligible participant earnings.

Participants Accounts

Each participant's account is adjusted by the following increases and decreases: (a) Plan earnings; (b) payment of benefits; (c) increase (or decrease) in the fair value of applicable investments; (d) Company contributions; (e) participant contributions; and (f) administrative expenses incurred in the operations and maintenance of the Plan and its investments. Allocations to each participant's account are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is that which can be provided from the participant's vested account.

Note 1: Description of Plan, continued

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Participants are vested in the Company's matching and non-elective contributions based upon the following graded vesting schedule:

Years of Vesting Service	Non-forfeitable Percentage
Less than 2	0%
At least 2, but less than 3	20%
At least 3, but less than 4	40%
At least 4, but less than 5	60%
At least 5, but less than 6	80%
6 or more	100%

Administration of Plan Assets

Reliance Trust Company is the trustee of the Plan and advises Merrill Lynch (custodian of assets) on all investment transactions. Contributions are held by Merrill Lynch to invest the monies and allocate interest and dividends under directions of Reliance Trust Company. Merrill Lynch is also responsible for processing distributions under participants' directions through the Company's payroll company, ADP. Employees of the Company perform certain administration functions of the Plan. Such employees do not receive compensation from the Plan. Administrative expenses can be paid directly by the Company or through the Plan.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested account. Each participant can have only one loan outstanding at a time. The loans are secured by the balance in the participant's account and bear interest at rates that range from 5.25% to 9.25%, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions. During the year ended December 31, 2010, the Plan issued 8 loans to participants. At December 31, 2010 and 2009, the balance of participant loans totaled $85,121 and $33,988, respectively.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, 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, receive payment in installments, or roll

Note 1: Description of Plan, continued

Payment of Benefits

over the account balance to an IRA or to another employer's qualified plan in accordance with the terms of the Plan agreement. At termination, participants whose:

- Account balance is $1,000 or less, only a lump-sum cash distribution is available.
- Roth elective deferrals are greater than $1,000 but do not exceed $5,000, and if the participants choose to not make a distribution, the distribution will be automatically rolled over to a Roth IRA selected by the Plan administrator.
- Other elective deferrals are greater than $1,000 but do not exceed $5,000 and if the participants' choose to not make a distribution, the distribution will be rolled over to a traditional IRA.
- Account balance exceeds $5,000, the participants can request a lump sum or direct rollover to another qualified plan or IRA; or may choose to receive installments or defer receiving payments until age 70 1/2; or by leaving the assets in the Plan.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting from information supplied by the Company, the Company's payroll company, the trustee, and the asset custodian.

Use of Estimates

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Note 2: Summary of Significant Accounting Policies, continued

Corrective Distributions

Based on compliance testing performed for actual deferral percentage and actual contribution percentage, corrective distributions were made after the Plan's year end for seven participants whose contributions were greater than allowable limits. These corrective distributions are classified as liabilities on the Statement of Net Assets Available for Benefits.

Fair Values of Financial Instruments

The Plan has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10-50, *Fair Value Measurements*, which provides the framework for measuring fair value under generally accepted accounting principles. ASC 820-10-50 defines fair values, establishes a consistent framework for measuring fair value and expands disclosure requirements for fair value measurements.

Under ASC 820-10-50, assets and liabilities are grouped in three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

- Level 1 – Valuation is based upon quoted prices for identical instruments traded in active markets.

- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.

- Level 3 – Valuation is generated from model-based techniques that use significant assumptions not observable in the market. These unobserved assumptions reflect the Company's own estimates of assumptions that market participants would use in pricing the asset or liability. Valuation techniques include use of option pricing models, discounted cash flow models and similar techniques.

Under ASC 820-10-50, the Plan bases fair values on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements for assets and liabilities where there exists limited or no observable market data and, therefore, are based primarily upon the Company's estimates, are often calculated based on current pricing policy, the economic and competitive environment, the characteristics of the asset, and other such factors. Therefore, the results cannot be determined with precision and may not be realized in an actual sale or immediate settlement of the assets. Additionally, there may be inherent weaknesses in any calculation technique, and changes in the underlying assumptions used,

Note 2: Summary of Significant Accounting Policies, continued

Fair Values of Financial Instruments, continued

including discount rates and estimates of future cash flows, that could significantly affect the results of current or future values.

Fair value measurements for assets and liabilities recorded at fair value on a recurring basis at December 31, 2010 are as follows:

	Fair Value	Level 1	Level 2	Level 3
Common/collective trust	73,861	-	73,861	-
Mutual funds	1,874,556	1,874,556	-	-
Total assets	$ 1,948,417	$ 1,874,556	$ 73,861	$ -

Fair value measurements for assets and liabilities recorded at fair value on a recurring basis at December 31, 2009 are as follows:

	Fair Value	Level 1	Level 2	Level 3
Common/collective trust	65,882	-	65,882	-
Mutual funds	1,561,421	1,561,421	-	-
Total assets	$ 1,627,303	$ 1,561,421	$ 65,882	$ -

Level 2 securities consist of a common/collective trust. The common/collective trust holds private equity and other investments that are not publically traded, but based on quoted prices.

Note 3: Investments

The following presents the fair values of the Plan's investments that represent 5% or more of the Plan's net assets as certified by the trustee and asset custodian on December 31:

Note 3: Investments, continued

	2010	2009
Thornburg International Value Fund, 7,709 and 7,599 shares	$ 216,384	$ 188,842
Alliance 2030 Ret Strategy Fund, 20,151 and 19,522 shares	201,710	176,672
Blackrock Global Allocation, 11,174 and 8,894 shares	210,181	154,314
Oppenheimer Main St Small Cap Fund, 8,321 and 9,201 shares	164,922	148,420
Alliance 2035 Ret Strategy Fund, 14,642 and 15,964 shares	145,540	143,196
Oppenheimer Equity Fund, 12,579 and 16,588 shares	108,682	128,889
Blackrock Equity Dividend Fund, 5,732 shares	-	91,145
	$ 1,047,419	$ 1,031,478

During 2010 and 2009, the Plan's mutual fund investments and insurance contracts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $198,999 and $341,955, respectively.

Note 4: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 5: Tax Status

The Internal Revenue Service has determined and informed the Company that the Plan is qualified under the applicable sections of the Internal Revenue Code, with the latest letter dated March 31, 2008. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax council believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that "more likely than not" would be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income examinations prior to 2007.

Note 6: Party-in-Interest Transactions

The Plan invests in shares of mutual funds and securities managed by Reliance Trust Company (Reliance) and held by Merrill Lynch. Transactions with Reliance, Merrill Lynch, and various other providers qualify as party-in-interest transactions. Many investment options have charges and restrictions that apply when transactions are made, and vary depending in the type. These transactions are exempt from the prohibited transaction rules of ERISA.

Note 7: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8: Plan Expenses

The Company may pay administrative and trust expenses in whole or in part. All expenses not paid by the Company shall be paid by the Plan. As of December 31, 2010, the Company paid $4,814 in administrative expenses, which were not charged to the Plan. The Company also pays the salaries of the benefits administrators and other personnel who perform services for the Plan as part of their duties. These expenses are not recorded as Plan expenses.

The Plan paid $2,250 in expenses for the year ending December 31, 2010 for other administrative expenses.

Note 9: Forfeited Accounts

For the year ended December 31, 2010, forfeited accounts totaled $8,264. Forfeitures may first be used to pay administrative expenses, and the remaining will be used to reduce the employer contributions.

Note 10: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

Note 10: Reconciliation of Financial Statements to Form 5500, continued

	2010	2009
Net assets available for benefits, per the financial statements	$ 2,004,460	$ 1,672,163
Contributions receivable	(9,215)	(10,872)
Corrective distributions	38,293	-
Distributed loan principal and interest	(11,967)	(2,197)
Net assets available for benefits, per the Form 5500	$ 2,021,571	$ 1,659,094

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2010:

Net increase in net assets available for benefits, per the financial statements	$ 332,297
Change in distributed loan principal and interest	(9,770)
Change in corrective distributions	38,293
Change in contributions receivable	1,657
Net increase in assets available for benefits, per the Form 5500	$ 362,477

The trust report used to prepare the annual Form 5500 represents information on a cash basis. Balances include deemed distribution loan (DDL) principal and interest. However, for Form 5500 reporting, DDL principal and interest are excluded to report on a fair market value basis.

Note 11: Summary of Information Furnished by Trustee (Unaudited)

In accordance with Section 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 has received certification from the Trustee of the Plan as to the accuracy and completeness of certain financial information of the Plan. The following items were provided by, or were derived from data provided by, the Trustee of the Plan:

- Statements of Net Assets available for Plan Benefits at December 31, 2010:

  Investments including mutual funds, common/collective trusts and notes receivable from participants.

- Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2010:

  Interest, dividends, and net appreciation in the fair value of investments.

Note 11: Summary of Information Furnished by Trustee (Unaudited), continued

Changes in net assets arising from investment activities.

- Supplemental Schedule – all information included in the schedule.

Note 12: ERISA Bond Requirements

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total Plan assets and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the Plan year or $500,000. At December 31, 2010, the Plan's sponsor maintained bond coverage for 10% of plan assets subject to a maximum limit of $500,000.

Note 13: Subsequent Events

The Company has evaluated subsequent events through September 9, 2011, the date at which the financial statements were available to be issued, and determined that no events have occurred that required disclosure.

SUPPLEMENTARY INFORMATION
(See Independent Auditors' Report)

ALL COPY PRODUCTS, INC. 401(k) PROFIT SHARING PLAN
EIN 90-0117005, Plan No. 001

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

December 31, 2010

	(B)	(C)		(D)	(E)	
(A)	Identity, of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current value	
		Maturity Date	Interest Rate			
	Participant Loans	**2011-2041**	**5.25-9.25%**	**$ -**	**$ 85,121**	4.19%
	Mutual Funds	**Shares**				
	Thornburg International Value Fund	7,709		221,588	216,384	10.64%
	Blackrock Global Allocation	11,174		194,966	210,181	10.34%
	Alliance 2030 Ret Strategy FD CL R	20,151		205,875	201,710	9.92%
	Oppenheimer Main Street Small Cap Fund	8,321		145,141	164,922	8.11%
	Alliance 2035 Ret Strategy Fund	14,642		122,211	145,541	7.16%
	Oppenheimer Equity Fund Class N	12,579		109,550	108,681	5.34%
	Blackrock Equity Dividend Fund	5,365		96,617	94,481	4.65%
	Blackrock S&P 500 Index Fund	6,115		88,167	93,863	4.62%
	Alliance 2045 Ret Strategy Fund	7,985		67,804	79,372	3.90%
	American Capital Income Builder Fund	1,573		81,619	78,528	3.86%
*	Merrill Lynch Retirement Pres Trust	73,861		73,861	73,861	3.63%
	Blackrock Small Cap Growth Fund II	5,180		62,133	67,498	3.32%
	Thornburg Core Growth Fund Class R3	4,234		62,781	65,960	3.24%
	Janus Overseas Fund	1,164		42,678	58,657	2.88%
	Alliance International Value FD R	3,998		65,379	54,376	2.67%
	Alliance 2040 Ret Strategy Fund	5,076		44,173	51,623	2.54%
	Alliance 2025 Ret Strategy Fund	4,981		43,596	50,307	2.47%
	Pimco Total Return Fund CL R	2,683		29,052	29,108	1.43%
	Blackrock Large Cap Core Fund	2,033		22,999	21,222	1.04%
	Blackrock High Yield Bond	2,571		18,775	19,690	0.97%
	Alliance Small/Mid Cap Value	830		11,031	14,520	0.71%
	Blackrock Mid Cap Value Opportunities	847		10,600	13,121	0.65%
	Alliance 2015 Retirement Strategy	949		8,384	9,591	0.47%
	Alliance 2020 Ret Strategy Fund	947		8,222	9,437	0.46%
	Perkins Small Cap Value Fund Cl R	314		5,678	7,474	0.37%
	Blackrock Conservative Prepared Port	579		5,479	6,001	0.30%
	Blackrock Balanced Capital Fund	57		1,095	1,163	0.06%
	Goldman Sachs Short Duration Gov't Serv	76		784	779	0.04%
	Blackrock Short Term Bond Fund	37		364	366	0.02%
	Total mutual funds			**1,850,602**	**1,948,417**	**95.81%**
	Total investments at fair value and participant loans			**$ 1,850,602**	**$ 2,033,538**	**100.00%**

* Party-in-interest
(A) Merrill Lynch

See notes to financial statements.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

ALL COPY PRODUCTS, INC.
401(k) PROFIT SHARING PLAN

Financial Statements (Audited) and Independent Auditors' Report

For the year ended
December 31, 2010

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Ryan, Gunsauls & O'Donnell, P.C.
Certified Public Accountants

Independent Auditors' Report

To the Administrative Committee of the
All Copy Products, Inc.
401(k) Profit Sharing Plan
4582 S Ulster Street Parkway Suite
Denver, CO 80237

We were engaged to audit the accompanying statements of net assets available for benefits of All Copy Products, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of assets (held at year end) for the year ended December 31, 2010. These financial statements and the supplemental schedule are the responsibility of All Copy Products, Inc. 401(k) Profit Sharing Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Merrill Lynch, the custodian, holds the Plan's investment assets and executes investment transactions. The Plan trustee, Reliance Trust Company, advises on all investment transactions. The plan administrator has obtained a certification from the trustee 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 trustee is complete and accurate.

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

The supplemental schedule of assets (held at year end) for the year ended December 31, 2010 is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has not been subjected to the auditing procedures applied in the audits of the basic financial statements.



Denver, Colorado
September 9, 2011

ALL COPY PRODUCTS, INC.
401(k) PROFIT SHARING PLAN
Statements of Net Assets Available For Benefits
December 31, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value	$ 1,948,417	$ 1,627,303
Contributions receivable:		
Employee - 401(k)	7,473	8,826
Employer	1,742	2,046
Notes receivable from participants	85,121	33,988
Total assets	**2,042,753**	**1,672,163**
LIABILITIES		
Corrective distributions:		
Employee - 401(k)	33,367	-
Employer	4,926	-
Total liabilities	**38,293**	**-**
Net assets available for benefits	**$ 2,004,460**	**$ 1,672,163**

See accompanying independent auditors' report and notes to financial statements.

ALL COPY PRODUCTS, INC.
401(k) PROFIT SHARING PLAN
Statement of Changes In Net Assets Available For Benefits
For the Year Ended December 31, 2010

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of assets	$	198,999
Dividends		22,376
Interest - participant loans		2,365
Total investment income		223,740
Contributions:		
Employee - 401(k)		204,499
Employee - rollover		18,960
Employer		40,306
Total contributions		263,765
Total additions		**487,505**
Deductions from net assets attributed to:		
Loans and benefits paid to participants		152,958
Administrative expenses		2,250
Total deductions		**155,208**
Net increase		**332,297**
Assets available for benefits:		
Beginning of year		1,672,163
End of year	**$**	**2,004,460**

See acompanying independent auditors' report and notes to financial statements.

Note 1: Description of Plan

The following brief description of All Copy Products Inc.'s ("the Company") 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering substantially all employees of the Company over the age of 21 and not covered by a collective bargaining agreement. Employees are eligible for participation in the Plan after one year of eligibility service defined by the Plan as 1,000 hours of service in any 12 months of employment. Participants may enter the Plan on the first day of the month following the completion of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was adopted on June 1, 1999 and most recently amended on March 9, 2011. The Plan is intended to be a qualified defined contribution plan which satisfies the requirements of Section 401(k) of the Internal Revenue Code. Under the Code, participants are not liable for federal income taxes on employee contributions, company contributions, or plan earnings until such time as they are partially or completely withdrawn from the Plan.

Contributions

Each year, participants may contribute up to 86% of pretax annual compensation to the Plan. Contributions are subject to certain limitations and are invested at the direction of the participant. Participants may also rollover amounts from other qualified plans. The Plan currently offers twenty-eight mutual funds and one trust as investment options for participants and all assets in the Plan are subject to participants' investment direction. The Company makes matching contributions to qualifying participants equal to 25% of the first 8% of participant compensation to be determined each payroll period. The Company may also make discretionary non-elective contributions. Employees are eligible for matching contributions from the employer after meeting the eligibility requirements and being an active participant. Non-elective contributions will be allocated to all employees eligible to participate in the Plan and will be allocated in proportion to participant's eligible earnings compared to total eligible participant earnings.

Participants Accounts

Each participant's account is adjusted by the following increases and decreases: (a) Plan earnings; (b) payment of benefits; (c) increase (or decrease) in the fair value of applicable investments; (d) Company contributions; (e) participant contributions; and (f) administrative expenses incurred in the operations and maintenance of the Plan and its investments. Allocations to each participant's account are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is that which can be provided from the participant's vested account.

Note 1: Description of Plan, continued

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Participants are vested in the Company's matching and non-elective contributions based upon the following graded vesting schedule:

Years of Vesting Service	Non-forfeitable Percentage
Less than 2	0%
At least 2, but less than 3	20%
At least 3, but less than 4	40%
At least 4, but less than 5	60%
At least 5, but less than 6	80%
6 or more	100%

Administration of Plan Assets

Reliance Trust Company is the trustee of the Plan and advises Merrill Lynch (custodian of assets) on all investment transactions. Contributions are held by Merrill Lynch to invest the monies and allocate interest and dividends under directions of Reliance Trust Company. Merrill Lynch is also responsible for processing distributions under participants' directions through the Company's payroll company, ADP. Employees of the Company perform certain administration functions of the Plan. Such employees do not receive compensation from the Plan. Administrative expenses can be paid directly by the Company or through the Plan.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested account. Each participant can have only one loan outstanding at a time. The loans are secured by the balance in the participant's account and bear interest at rates that range from 5.25% to 9.25%, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions. During the year ended December 31, 2010, the Plan issued 8 loans to participants. At December 31, 2010 and 2009, the balance of participant loans totaled $85,121 and $33,988, respectively.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, 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, receive payment in installments, or roll

Note 1: Description of Plan, continued

Payment of Benefits

over the account balance to an IRA or to another employer's qualified plan in accordance with the terms of the Plan agreement. At termination, participants whose:

- Account balance is $1,000 or less, only a lump-sum cash distribution is available.
- Roth elective deferrals are greater than $1,000 but do not exceed $5,000, and if the participants choose to not make a distribution, the distribution will be automatically rolled over to a Roth IRA selected by the Plan administrator.
- Other elective deferrals are greater than $1,000 but do not exceed $5,000 and if the participants' choose to not make a distribution, the distribution will be rolled over to a traditional IRA.
- Account balance exceeds $5,000, the participants can request a lump sum or direct rollover to another qualified plan or IRA; or may choose to receive installments or defer receiving payments until age 70 1/2; or by leaving the assets in the Plan.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting from information supplied by the Company, the Company's payroll company, the trustee, and the asset custodian.

Use of Estimates

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Note 2: Summary of Significant Accounting Policies, continued

Corrective Distributions

Based on compliance testing performed for actual deferral percentage and actual contribution percentage, corrective distributions were made after the Plan's year end for seven participants whose contributions were greater than allowable limits. These corrective distributions are classified as liabilities on the Statement of Net Assets Available for Benefits.

Fair Values of Financial Instruments

The Plan has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10-50, *Fair Value Measurements*, which provides the framework for measuring fair value under generally accepted accounting principles. ASC 820-10-50 defines fair values, establishes a consistent framework for measuring fair value and expands disclosure requirements for fair value measurements.

Under ASC 820-10-50, assets and liabilities are grouped in three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

- Level 1 – Valuation is based upon quoted prices for identical instruments traded in active markets.

- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.

- Level 3 – Valuation is generated from model-based techniques that use significant assumptions not observable in the market. These unobserved assumptions reflect the Company's own estimates of assumptions that market participants would use in pricing the asset or liability. Valuation techniques include use of option pricing models, discounted cash flow models and similar techniques.

Under ASC 820-10-50, the Plan bases fair values on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements for assets and liabilities where there exists limited or no observable market data and, therefore, are based primarily upon the Company's estimates, are often calculated based on current pricing policy, the economic and competitive environment, the characteristics of the asset, and other such factors. Therefore, the results cannot be determined with precision and may not be realized in an actual sale or immediate settlement of the assets. Additionally, there may be inherent weaknesses in any calculation technique, and changes in the underlying assumptions used,

Note 2: Summary of Significant Accounting Policies, continued

Fair Values of Financial Instruments, continued

including discount rates and estimates of future cash flows, that could significantly affect the results of current or future values.

Fair value measurements for assets and liabilities recorded at fair value on a recurring basis at December 31, 2010 are as follows:

	Fair Value	Level 1	Level 2	Level 3
Common/collective trust	73,861	-	73,861	-
Mutual funds	1,874,556	1,874,556	-	-
Total assets	$ 1,948,417	$ 1,874,556	$ 73,861	$ -

Fair value measurements for assets and liabilities recorded at fair value on a recurring basis at December 31, 2009 are as follows:

	Fair Value	Level 1	Level 2	Level 3
Common/collective trust	65,882	-	65,882	-
Mutual funds	1,561,421	1,561,421	-	-
Total assets	$ 1,627,303	$ 1,561,421	$ 65,882	$ -

Level 2 securities consist of a common/collective trust. The common/collective trust holds private equity and other investments that are not publically traded, but based on quoted prices.

Note 3: Investments

The following presents the fair values of the Plan's investments that represent 5% or more of the Plan's net assets as certified by the trustee and asset custodian on December 31:

Note 3: Investments, continued

	2010	2009
Thornburg International Value Fund, 7,709 and 7,599 shares	$ 216,384	$ 188,842
Alliance 2030 Ret Strategy Fund, 20,151 and 19,522 shares	201,710	176,672
Blackrock Global Allocation, 11,174 and 8,894 shares	210,181	154,314
Oppenheimer Main St Small Cap Fund, 8,321 and 9,201 shares	164,922	148,420
Alliance 2035 Ret Strategy Fund, 14,642 and 15,964 shares	145,540	143,196
Oppenheimer Equity Fund, 12,579 and 16,588 shares	108,682	128,889
Blackrock Equity Dividend Fund, 5,732 shares	-	91,145
	$ 1,047,419	$ 1,031,478

During 2010 and 2009, the Plan's mutual fund investments and insurance contracts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $198,999 and $341,955, respectively.

Note 4: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 5: Tax Status

The Internal Revenue Service has determined and informed the Company that the Plan is qualified under the applicable sections of the Internal Revenue Code, with the latest letter dated March 31, 2008. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax council believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that "more likely than not" would be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income examinations prior to 2007.

Note 6: Party-in-Interest Transactions

The Plan invests in shares of mutual funds and securities managed by Reliance Trust Company (Reliance) and held by Merrill Lynch. Transactions with Reliance, Merrill Lynch, and various other providers qualify as party-in-interest transactions. Many investment options have charges and restrictions that apply when transactions are made, and vary depending in the type. These transactions are exempt from the prohibited transaction rules of ERISA.

Note 7: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8: Plan Expenses

The Company may pay administrative and trust expenses in whole or in part. All expenses not paid by the Company shall be paid by the Plan. As of December 31, 2010, the Company paid $4,814 in administrative expenses, which were not charged to the Plan. The Company also pays the salaries of the benefits administrators and other personnel who perform services for the Plan as part of their duties. These expenses are not recorded as Plan expenses.

The Plan paid $2,250 in expenses for the year ending December 31, 2010 for other administrative expenses.

Note 9: Forfeited Accounts

For the year ended December 31, 2010, forfeited accounts totaled $8,264. Forfeitures may first be used to pay administrative expenses, and the remaining will be used to reduce the employer contributions.

Note 10: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

Note 10: Reconciliation of Financial Statements to Form 5500, continued

	2010	2009
Net assets available for benefits, per the financial statements	$ 2,004,460	$ 1,672,163
Contributions receivable	(9,215)	(10,872)
Corrective distributions	38,293	-
Distributed loan principal and interest	(11,967)	(2,197)
Net assets available for benefits, per the Form 5500	$ 2,021,571	$ 1,659,094

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2010:

Net increase in net assets available for benefits, per the financial statements	$ 332,297
Change in distributed loan principal and interest	(9,770)
Change in corrective distributions	38,293
Change in contributions receivable	1,657
Net increase in assets available for benefits, per the Form 5500	$ 362,477

The trust report used to prepare the annual Form 5500 represents information on a cash basis. Balances include deemed distribution loan (DDL) principal and interest. However, for Form 5500 reporting, DDL principal and interest are excluded to report on a fair market value basis.

Note 11: Summary of Information Furnished by Trustee (Unaudited)

In accordance with Section 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 has received certification from the Trustee of the Plan as to the accuracy and completeness of certain financial information of the Plan. The following items were provided by, or were derived from data provided by, the Trustee of the Plan:

- Statements of Net Assets available for Plan Benefits at December 31, 2010:

  Investments including mutual funds, common/collective trusts and notes receivable from participants.

- Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2010:

  Interest, dividends, and net appreciation in the fair value of investments.

Note 11: Summary of Information Furnished by Trustee (Unaudited), continued

Changes in net assets arising from investment activities.

- Supplemental Schedule – all information included in the schedule.

Note 12: ERISA Bond Requirements

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total Plan assets and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the Plan year or $500,000. At December 31, 2010, the Plan's sponsor maintained bond coverage for 10% of plan assets subject to a maximum limit of $500,000.

Note 13: Subsequent Events

The Company has evaluated subsequent events through September 9, 2011, the date at which the financial statements were available to be issued, and determined that no events have occurred that required disclosure.

SUPPLEMENTARY INFORMATION
(See Independent Auditors' Report)

ALL COPY PRODUCTS, INC. 401(k) PROFIT SHARING PLAN
EIN 90-0117005, Plan No. 001

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

December 31, 2010

	(B)	(C)		(D)	(E)	
(A)	Identity, of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current value	
		Maturity Date	Interest Rate			
	Participant Loans	**2011-2041**	**5.25-9.25%**	**$ -**	**$ 85,121**	4.19%
	Mutual Funds	**Shares**				
	Thornburg International Value Fund	7,709		221,588	216,384	10.64%
	Blackrock Global Allocation	11,174		194,966	210,181	10.34%
	Alliance 2030 Ret Strategy FD CL R	20,151		205,875	201,710	9.92%
	Oppenheimer Main Street Small Cap Fund	8,321		145,141	164,922	8.11%
	Alliance 2035 Ret Strategy Fund	14,642		122,211	145,541	7.16%
	Oppenheimer Equity Fund Class N	12,579		109,550	108,681	5.34%
	Blackrock Equity Dividend Fund	5,365		96,617	94,481	4.65%
	Blackrock S&P 500 Index Fund	6,115		88,167	93,863	4.62%
	Alliance 2045 Ret Strategy Fund	7,985		67,804	79,372	3.90%
	American Capital Income Builder Fund	1,573		81,619	78,528	3.86%
*	Merrill Lynch Retirement Pres Trust	73,861		73,861	73,861	3.63%
	Blackrock Small Cap Growth Fund II	5,180		62,133	67,498	3.32%
	Thornburg Core Growth Fund Class R3	4,234		62,781	65,960	3.24%
	Janus Overseas Fund	1,164		42,678	58,657	2.88%
	Alliance International Value FD R	3,998		65,379	54,376	2.67%
	Alliance 2040 Ret Strategy Fund	5,076		44,173	51,623	2.54%
	Alliance 2025 Ret Strategy Fund	4,981		43,596	50,307	2.47%
	Pimco Total Return Fund CL R	2,683		29,052	29,108	1.43%
	Blackrock Large Cap Core Fund	2,033		22,999	21,222	1.04%
	Blackrock High Yield Bond	2,571		18,775	19,690	0.97%
	Alliance Small/Mid Cap Value	830		11,031	14,520	0.71%
	Blackrock Mid Cap Value Opportunities	847		10,600	13,121	0.65%
	Alliance 2015 Retirement Strategy	949		8,384	9,591	0.47%
	Alliance 2020 Ret Strategy Fund	947		8,222	9,437	0.46%
	Perkins Small Cap Value Fund Cl R	314		5,678	7,474	0.37%
	Blackrock Conservative Prepared Port	579		5,479	6,001	0.30%
	Blackrock Balanced Capital Fund	57		1,095	1,163	0.06%
	Goldman Sachs Short Duration Gov't Serv	76		784	779	0.04%
	Blackrock Short Term Bond Fund	37		364	366	0.02%
	Total mutual funds			**1,850,602**	**1,948,417**	**95.81%**
	Total investments at fair value and participant loans			**$ 1,850,602**	**$ 2,033,538**	**100.00%**

* Party-in-interest
(A) Merrill Lynch

See notes to financial statements.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ALL COPY PRODUCTS, INC. 401(K) PROFIT SHARING PLAN **EIN:** 90-0117005
Plan Sponsor's Name ALL COPY PRODUCTS, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BLACKROCK HIGH YIELD BOND - R	REGISTERED INVESTMENT COMPANY		19,690
	AB SMALL/MID CAP VALUE - R	REGISTERED INVESTMENT COMPANY		14,520
	BLACKROCK GLOBAL ALLOCATION R	REGISTERED INVESTMENT COMPANY		210,181
	ALLIANCEBERN2040RETSTRAT-R	REGISTERED INVESTMENT COMPANY		51,623
	ALLIANCEBERN 2030 RET STRAT -R	REGISTERED INVESTMENT COMPANY		201,710
	BLACKROCK SHORT TERM BD FD - R	REGISTERED INVESTMENT COMPANY		366
	THORNBURG INTERN VALUE FD - R3	REGISTERED INVESTMENT COMPANY		216,384

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BLACKROCK LG CAP CORE FD -R	REGISTERED INVESTMENT COMPANY		21,222
	PERKINS SMALL CAP VALUE FD - R	REGISTERED INVESTMENT COMPANY		7,474
	OPPENHEIMER EQUITY - N	REGISTERED INVESTMENT COMPANY		108,681
	ALLIANCEBERN2045RETSTRAT-R	REGISTERED INVESTMENT COMPANY		79,372
	JANUS OVERSEAS FUND - R	REGISTERED INVESTMENT COMPANY		58,657
	ALLIANCEBERN 2020 RET STRAT -R	REGISTERED INVESTMENT COMPANY		9,437
	OPP MAIN ST SM & MID CAP N	REGISTERED INVESTMENT COMPANY		164,922

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	GOLDMAN SHORT DUR GOV - SRV	REGISTERED INVESTMENT COMPANY		779
	ALLIANCEBERN 2015 RET STRAT -R	REGISTERED INVESTMENT COMPANY		9,591
	BLACKROCK MID CAP VAL OPP FD-R	REGISTERED INVESTMENT COMPANY		13,121
	BLACKROCK CONSERV PREP - R	REGISTERED INVESTMENT COMPANY		6,001
	PIMCO TOTAL RETURN FUND - R	REGISTERED INVESTMENT COMPANY		29,108
	BLACKROCK BALANCED CAPITAL - R	REGISTERED INVESTMENT COMPANY		1,163
	BLACKROCK EQUITY DIVIDEND - R	REGISTERED INVESTMENT COMPANY		94,481

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BLACKROCK S&P 500 - A	REGISTERED INVESTMENT COMPANY		93,863
	BLACKROCK SM CAP GRTH II - R	REGISTERED INVESTMENT COMPANY		67,498
	ALLIANCEBERN 2035 RET STRAT -R	REGISTERED INVESTMENT COMPANY		145,541
	THORNBURG CORE GROWTH FD- R3	REGISTERED INVESTMENT COMPANY		65,960
	AM FNDS CAPITAL INC BUILDER-R2	REGISTERED INVESTMENT COMPANY		78,528
	ALLIANCEBER INTL VALUE FD -R	REGISTERED INVESTMENT COMPANY		54,376
	ALLIANCEBERN 2025 RET STRAT -R	REGISTERED INVESTMENT COMPANY		50,307

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	INTEREST RATES (5.25% TO 9.25%)		73,154
	MERRILL RETIREMENT PRES TRUST	COMMON/COLLECTIVE TRUST		73,861