

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS & INVESTMENT PLAN</u>	1b Three-digit plan number (PN) ►	333	
	1c Effective date of plan	<u>04/01/1986</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>WRIGHT BUSINESS FORMS, INC.</u> <u>PO BOX 20489</u> <u>PORTLAND, OR 97294-0489</u>	2b Employer Identification Number (EIN) <u>93-0586475</u>	2c Sponsor's telephone number <u>503-661-2525</u>	2d Business code (see instructions) <u>323100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2011</u>	<u>DANIEL ADKISON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2011</u>	<u>DANIEL ADKISON</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WRIGHT BUSINESS FORMS, INC. PO BOX 20489 PORTLAND, OR 97294-0489	3b Administrator's EIN 93-0586475 3c Administrator's telephone number 503-661-2525
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	296
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	292
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	19
d Subtotal. Add lines 6a , 6b , and 6c	6d	312
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	312
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	295
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	20
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 3H 2S 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 WRIGHT BUSINESS FORMS, INC.	D Employer Identification Number (EIN) 93-0586475	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 56 59 60 62 63 72	RECORDKEEPER	5555	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 WRIGHT BUSINESS FORMS, INC.	D Employer Identification Number (EIN) 93-0586475	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	-38381	1385
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	217206	293545
(9) Value of interest in common/collective trusts.....	1c(9)	1182096	1106935
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(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)	9488604	9968741
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	10849525	11370606

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10849525	11370606
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	198671	
(B) Participants	2a(1)(B)	490535	
(C) Others (including rollovers)	2a(1)(C)	130996	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		820202

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	11602	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11602

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	162484	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		162484

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(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)		106236
(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)		996016
c Other income.....	2c		7537
d Total income. Add all income amounts in column (b) and enter total.....	2d		2104077

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1539415	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1539415
f Corrective distributions (see instructions)	2f		12770
g Certain deemed distributions of participant loans (see instructions).....	2g		19949
h Interest expense.....	2h		0
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)	10862	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10862
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1582996

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		521081
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FORD BLACK & COMPANY

(2) EIN: 93-0690981

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS & INVESTMENT PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 WRIGHT BUSINESS FORMS, INC.		D Employer Identification Number (EIN) 93-0586475
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): 94-1687665		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

WRIGHT BUSINESS FORMS, INC.

Employees' Qualified Savings And
Investment Plan

Independent Auditor's Report and Financial Statements
December 31, 2010 and 2009

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FORD BLACK & Co., P. C.

JAMES E. BISIO, C. P. A.
JEFFERY S. SCHILLING, C. P. A.
JAMES E. HARNISH, C. P. A.

CERTIFIED PUBLIC ACCOUNTANTS
2400 S. W. FOURTH AVENUE
PORTLAND, OREGON 97201

TELEPHONE (503) 228-0228
FACSIMILE (503) 223-3038

INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying financial statements of Wright Business Forms, Inc. Employees' Qualified Savings and Investment Plan as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedule as of December 31, 2010 as listed in the Table of Contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

As discussed in Note 2 to the financial statements, the Plan changed its method of accounting for Participant Loans in 2010 as required by provisions of FASB Accounting Standards Update 2010-25.

Ford Black & Co., P.C.

September 30, 2011
Portland, Oregon

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS AND INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS:		
Investments at fair value	\$ 11,077,061	\$ 10,632,319
Receivables:		
Participant - 401(k)	17,723	24,001
Employer match and profit sharing	7,222	10,632
Notes receivable from participants	293,545	217,206
Total receivables	318,490	251,839
Total Assets	11,395,551	10,884,158
LIABILITIES	0	0
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	11,395,551	10,884,158
Adjustment from fair value to contract value for fully benefit responsive investment contract	0	86,247
NET ASSETS AVAILABLE FOR BENEFITS	\$ 11,395,551	\$ 10,970,405

The accompanying notes are an
integral part of these financial statements

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of assets	\$ 996,016	\$ 1,616,322
Interest and dividends	<u>189,938</u>	<u>201,829</u>
Total Investment Income	<u>1,185,954</u>	<u>1,818,151</u>
Interest income participant notes receivable	<u>11,602</u>	<u>16,359</u>
Contributions:		
Rollovers	130,996	80,502
Participant - 401(k)	484,257	478,117
Employer matching - 401(k)	189,934	162,947
Employer profit sharing	<u>0</u>	<u>66,350</u>
Total Contributions	<u>805,187</u>	<u>787,916</u>
Total Additions	<u>2,002,743</u>	<u>2,622,426</u>
DEDUCTIONS:		
Deductions from net assets attributed to:		
Distributions to participants	1,572,062	1,207,424
Administrative fees	<u>5,535</u>	<u>6,258</u>
Total Deductions	<u>1,577,597</u>	<u>1,213,682</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	425,146	1,408,744
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>10,970,405</u>	<u>9,561,661</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u>\$ 11,395,551</u>	<u>\$ 10,970,405</u>

The accompanying notes are an
integral part of these financial statements

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

1. PLAN DESCRIPTION:

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

A. General Descriptions and Contributions

The Plan is a qualified savings and investment plan (defined contribution) under Sections 401(a) and 401(k) of the Internal Revenue Code of 1986, as amended. The Plan became effective on April 1, 1986, and was amended and restated January 1, 2009. The plan entry dates are the first day of each month. Contributions to the Plan consist of:

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

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

B. Participant Accounts

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

C. Eligibility and Vesting

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

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

Employees who meet eligibility requirements are automatically enrolled in the plan with a 3% deferral to a money market fund.

Notes to Financial Statements - continued

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

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

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

D. Note Receivable from Participants

Participants may borrow from their accounts at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the present value of their vested account balance. Loans to participants are treated as a transfer from the investment fund to the loan fund. Repayments are treated as a transfer from the loan fund to the investment fund. Loans greater than \$5,000 are made upon demonstration by the participant of "immediate and heavy financial need". Loans are repayable through payroll deductions over a period of up to 60 months. The loans are secured by the vested interest in the participant's account. The interest rate is determined by the Plan Administrator based on prevailing market conditions and is fixed over the life of each of the respective loans. Interest rates at December 31, 2010 range from 3.25% to 8.25%.

E. Benefits

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

F. Distributions

Distributions are allowed in the event of:

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

Distributions are recorded when paid.

G. Forfeitures

Forfeitures, if any, shall be first used to reduce Employer contributions; second, any remaining forfeitures shall be used to offset the Employer's Plan administration costs; and third, any remaining forfeitures shall be allocated to participants. At December 31, 2010 and 2009, forfeited nonvested amounts totaled \$8,987 and \$6,297, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

A. Method and Basis of Accounting

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

In accordance with ASC 946, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

B. Estimates

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

C. Uncertain Tax Positions

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2010, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan's income tax returns are subject to examination by the appropriate regulatory authorities as of December 31, 2010, the Plan's federal tax returns generally remain open for the last 6 years.

D. Investment Valuation and Income Recognition

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

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

E. Net Change in Fair Value of Investments

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net change in the fair value of its investments, which consists of the realized gains or losses and the net unrealized increase (decrease) on these investments.

F. Concentration of Credit Risk

Financial instruments that potentially subject the Plan to concentrations of credit risk are part of the holdings in Plan's investments. Management believes that the Custodian maintains the Plan's investments with high credit quality institutions and attempts to limit the credit exposure to any particular investment.

G. Payment of Benefits

Benefits are recorded when paid.

H. Administration Fees

Participants who borrow from their accounts are charged an application fee and loan administration fees. These fees are paid by the participants and deducted from their individual investment accounts by Merrill Lynch Retirement Services. Participant administration fees for December 31, 2010 and 2009 are \$5,535 and \$6,258, respectively.

I. Reclassifications

Certain amounts in the Plan year 2009 financial statements have been reclassified to conform to the Plan year 2010 presentation, with no effect on the net assets available for benefits

J. Subsequent Events

Subsequent events were evaluated through September 30, 2011, which is the date the financial statements were available to be issued.

K. New Pronouncements

In January 2010, the FASB issued Accounting Standards Update 2010-06, Improving Disclosures about Fair Value Measurements (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and presents information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Adoption of ASU 2010-06 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In January 2010, the FASB issued Accounting Standards Update 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans (ASU 2010-25). This Accounting Standard Update requires that loans to the participants in an entity's defined contribution pension plan be classified as notes receivable. These loans are to be reported separately from plan investments. The proper measurement of these loans is their unpaid principal balances, plus all accrued but unpaid interest. The guidance in ASU 2010-25 becomes effective for reporting periods after December 15, 2010 and must be applied retrospectively. Adoption of ASU 2010-25 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

3. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE:

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

	<u>2010</u>	<u>2009</u>
Mutual fund investments in registered investment companies, at fair value (participant directed)	<u>\$ 9,970,126</u>	<u>\$ 9,450,223</u>
Investment Contract in Merrill Lynch Retirement Preservation Trust (participant directed): At Contract Value	<u>\$ 1,106,935</u>	<u>\$ 1,268,343</u>
Loans to participants	<u>\$ 293,545</u>	<u>\$ 217,206</u>
Investment Income	<u>\$ 1,185,954</u>	<u>\$ 1,818,151</u>
Interest Income Participant Notes Receivable	<u>\$ 11,602</u>	<u>\$ 16,359</u>

4. FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Notes to Financial Statements - continued

		Fair Value Measurements Using:	
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
	<u>Fair Value</u>		
<u>December 31, 2010</u>			
Mutual Funds:			
Growth equity funds	\$ 2,823,292	\$ 2,823,292	\$ 0
Growth and income funds	1,745,621	1,745,621	0
International funds	1,632,322	1,632,322	0
Income funds	2,525,523	2,525,523	0
Government funds	<u>1,243,368</u>	<u>1,243,368</u>	<u>0</u>
Total mutual funds	9,970,126	9,970,126	0
Investment contract	<u>1,106,935</u>	<u>0</u>	<u>1,106,935</u>
Total Assets at Fair Value	<u>\$ 11,077,061</u>	<u>\$ 9,970,126</u>	<u>\$ 1,106,935</u>
<u>December 31, 2009</u>			
Mutual Funds:			
Growth equity funds	\$ 3,095,363	\$ 3,095,363	\$ 0
Growth and income funds	1,178,915	1,178,915	0
International funds	1,585,185	1,585,185	0
Income funds	1,177,268	1,177,268	0
Government funds	<u>2,413,492</u>	<u>2,413,492</u>	<u>0</u>
Total mutual funds	9,450,223	9,450,223	0
Investment contract	<u>1,182,096</u>	<u>0</u>	<u>1,182,096</u>
Total Assets at Fair Value	<u>\$ 10,632,319</u>	<u>\$ 9,450,223</u>	<u>\$ 1,182,096</u>

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

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

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

December 31, 2010

Beginning balance December 31, 2009	\$ 1,182,096
Total gains and losses (realized and unrealized) plus interest income is included in changes in net assets available for benefits	86,247
Purchases, sales, issues, and settlements (net)	(161,408)
Ending Balance December 31, 2010	<u>\$ 1,106,935</u>

December 31, 2009

Beginning balance December 31, 2008	\$ 1,228,604
Total gains and losses (realized and unrealized) plus interest income is included in changes in net assets available for benefits	112,099
Purchases, sales, issues, and settlements (net)	(158,607)
Ending Balance December 31, 2009	<u>\$ 1,182,096</u>

5. PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are shares of registered investment companies (mutual funds) managed by Bank of America Merrill Lynch. Bank of America is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$2,967 for the year ended December 31, 2010.

6. INVESTMENTS:

The following investments represent 5% or more of net assets available for benefits at December 31, 2010 and 2009:

	2010		2009	
	Balance	Percent	Balance	Percent
American Bond Fund of America	<u>\$ 2,361,349</u>	<u>21 %</u>	<u>\$ 2,356,193</u>	<u>21 %</u>
Columbia Marsico Focused Equity A	<u>\$ 1,553,405</u>	<u>14 %</u>	<u>\$ 1,453,067</u>	<u>13 %</u>
American Europacific Growth Fund	<u>\$ 1,486,863</u>	<u>13 %</u>	<u>\$ 1,325,458</u>	<u>12 %</u>
Eaton Vance LG-Cap Value Fund	<u>\$ 1,252,123</u>	<u>11 %</u>	<u>\$ 1,116,781</u>	<u>10 %</u>
Federated Government Income	<u>\$ 1,241,983</u>	<u>11 %</u>	<u>\$ 1,214,473</u>	<u>11 %</u>
Merrill Lynch Retirement Preservation Trust - contract value	<u>\$ 1,106,935</u>	<u>10 %</u>	<u>\$ 1,268,343</u>	<u>12 %</u>

7. INVESTMENT CONTRACT WITH INSURANCE COMPANY:

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

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

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

The average yield earned by participants in the Plan is the percentage earnings credited to participants in the RPT, based on the fair value of RPT assets as of the last day of the period. These earnings represent the entire investment return of the RPT investment within this contract. The average yield earned by participants in the Plan for the years ending December 31, 2010 and 2009 are 1.75% and 2.35%, respectively.

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

Notes to Financial Statements - continued

8. RECONCILIATION TO FORM 5500:

Certain items reported on the Form 5500 have been reclassified for presentation in the December 31, 2010 financial statements as follows:

	BEGINNING OF YEAR			
	Asset and Liability Statement		Accrual &	Financial
	Form 5500	Reclassification	Fair Value Adjustment	Statement
Cash	\$ (38,381)	\$ 38,381	\$ 0	\$ 0
Employee Contribution Receivable	0	0	24,001	24,001
Employer Contribution Receivable	0	0	10,632	10,632
Participant Loans	217,206	0	0	217,206
Common/Collective Trusts	1,182,096	(1,182,096)	0	0
Mutual Funds	9,488,604	(9,488,604)	0	0
Investments	0	10,632,319	0	10,632,319
Benefit-Responsive Investment Contract	0	0	86,247	86,247
Total	<u>\$ 10,849,525</u>	<u>\$ 0</u>	<u>\$ 120,880</u>	<u>\$ 10,970,405</u>

	END OF YEAR			
	Asset and Liability Statement		Accrual &	Financial
	Form 5500	Reclassification	Fair Value Adjustment	Statement
Cash	\$ 1,385	\$ (1,385)	\$ 0	\$ 0
Employee Contribution Receivable	0	0	17,723	17,723
Employer Contribution Receivable	0	0	7,222	7,222
Participant Loans	293,545	0	0	293,545
Common/Collective Trusts	1,106,935	(1,106,935)	0	0
Mutual Funds	9,968,741	(9,968,741)	0	0
Investments	0	11,077,061	0	11,077,061
Benefit-Responsive Investment Contract	0	0	0	0
Total	<u>\$ 11,370,606</u>	<u>\$ 0</u>	<u>\$ 24,945</u>	<u>\$ 11,395,551</u>

Notes to Financial Statements - continued

END OF YEAR				
Income and Expense Statement				
			Accrual & Fair Value Adjustment	Financial Statement
	Form 5500	Reclassification		
Net Investment Gain - Common/Collective Trust	\$ 106,236	\$ (19,989)	\$ (86,247)	\$ 0
Net Investment Gain - Mutual Funds	996,016	(996,016)	0	0
Net Appreciation	0	996,016	0	996,016
Participant Loan Interest	11,602	0	0	11,602
Mutual Fund Earnings	162,484	(162,484)	0	0
Other Income	7,537	(7,537)	0	0
Interest and Dividends	0	189,938	0	189,938
Rollover Contributions	130,996	0	0	130,996
Participants Contributions	490,535	0	(6,278)	484,257
Employer Contributions	198,671	(198,671)	0	0
Employer Matching Contribution	0	193,344	(3,410)	189,934
Employer Profit Sharing Contribution	0	0	0	0
Benefit Payments	(1,539,415)	(32,647)	0	(1,572,062)
Corrective Distributions	(12,770)	12,770	0	0
Deemed Distributions	(19,949)	19,949	0	0
Administrative Expenses	(10,862)	5,327	0	(5,535)
Net Income	\$ <u>521,081</u>	\$ <u>0</u>	\$ (<u>95,935</u>)	\$ <u>425,146</u>

9. TAX STATUS:

The Internal Revenue Service has informed Bank of America, N.A. by letter that the Prototype Plan (as amended) is designed in accordance with applicable sections of the Internal Revenue Code.

10. 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.

11. PLAN TERMINATION:

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

SUPPLEMENTAL SCHEDULE

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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

DECEMBER 31, 2010

EIN: 93-0586475

PLAN NO. 333

(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
*	Merrill Lynch Retirement Group	American Bond Fund of America	\$ 2,298,825	\$ 2,361,349
*	Merrill Lynch Retirement Group	American Europacific GR FD R3	\$ 1,376,105	1,486,863
*	Merrill Lynch Retirement Group	Blackrock Energy and Resources A	\$ 114,267	141,018
*	Merrill Lynch Retirement Group	Blackrock Global Allocation A	\$ 4,150	4,441
*	Merrill Lynch Retirement Group	Columbia Marsico Focused EQ A	\$ 1,316,673	1,553,406
*	Merrill Lynch Retirement Group	Davis NY Venture Fund CL A	\$ 19,892	22,003
*	Merrill Lynch Retirement Group	Eaton Vance Large Cap Value Fund	\$ 1,151,990	1,252,123
*	Merrill Lynch Retirement Group	Federated Government Income	\$ 1,228,860	1,241,983
*	Merrill Lynch Retirement Group	Goldman Sachs Mid Cap Value A	\$ 335,742	411,908
*	Merrill Lynch Retirement Group	Invesco Capital Development	\$ 389,717	461,627
*	Merrill Lynch Retirement Group	Invesco Van Kampen Equity	\$ 8,957	9,868
*	Merrill Lynch Retirement Group	J.P. Morgan Small Cap Value Fund A	\$ 210,465	259,505
*	Merrill Lynch Retirement Group	Lazard Emerging Markets	\$ 86,888	104,973
*	Merrill Lynch Retirement Group	Pioneer Strategic Income CL A	\$ 54,275	56,870

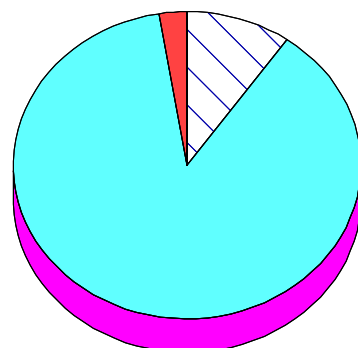
(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Merrill Lynch Retirement Group	Oppenheimer Main Street	\$ 13,485	16,602
*	Merrill Lynch Retirement Group	Pioneer Oak Ridge Small Cap Growth A	\$ 292,069	372,661
*	Merrill Lynch Retirement Group	Victory Spec Value Fund Class A	\$ 30,083	36,193
*	Merrill Lynch Retirement Group	Virtus Multi-Sector Short Term A	\$ 103,457	107,304
*	Merrill Lynch Retirement Group	Virtus Real Estate Security Fund A	\$ 55,311	68,044
*	Merrill Lynch Retirement Group	Retirement Preservation Trust	\$ 1,106,935	1,106,935
*	Merrill Lynch Retirement Group	Participant Loan (3.25% - 8.25%)	\$ 0	293,545
*	Merrill Lynch Retirement Group	Pending Settlement & Fund	\$ 1,385	<u>1,385</u>
				<u>\$ 11,370,606</u>

* Represents party-in-interest

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

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



9.74% COMMON / COLLECTIVE TRUSTS

2.58% LOANS

0.00% ACCRUED INCOME

87.67% MUTUAL FUNDS

0.00% PENDING SETTLEMENT FUNDS

0.01% CASH

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON / COLLECTIVE TRUSTS</u>					
ML RET PRESERVATION TRUST	771,760.2801	1.000	771,760.28	771,760.28	6.79%
ML RET PRES TRUST-GM	335,174.4804	1.000	335,174.50	335,174.48	2.95%
TOTAL COMMON / COLLECTIVE TRUSTS			1,106,934.78	1,106,934.76	9.74%
<u>MUTUAL FUNDS</u>					
LAZARD EMERGING MARKETS OPEN	4,730.6857	22.190	92,496.01	104,973.92	0.92%
PIONEER STRATEGIC INCOME CL A	5,198.3726	10.940	52,395.10	56,870.20	0.50%
OPPENHEIMER MAIN STREET SML A	812.6448	20.430	11,091.83	16,602.33	0.15%
JPMORGAN SMALL CAP VALUE FD A	1,650.6681	18.200	23,880.78	30,042.16	0.26%
JPMORGAN SMALL CAP VALUE A GM	12,607.8629	18.200	206,201.44	229,463.10	2.02%
AMERICAN BOND FD. OF AMERICA	75,579.3645	12.190	959,486.42	921,312.45	8.10%

Balances include the effect of pending trades



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

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
AMERICAN BOND FD OF AMERICA GM	118,132.6002	12.190	1,463,319.79	1,440,036.40	12.66%
AMERICAN EUROPACIFIC GR FD R3	1,459.5217	40.630	58,993.26	59,300.37	0.52%
AMERICAN EUROPACIF GR FD R3 GM	35,135.6863	40.630	1,415,510.19	1,427,562.93	12.55%
PIONEER OAK RIDGE SM CAP GRW A	263.5991	28.980	4,583.25	7,639.10	0.07%
PIONEER OAK RDGESM CP GRW A GM	12,595.6615	28.980	226,380.71	365,022.27	3.21%
INVESCO VAN KAMPEN EQUITY FD A	1,148.8038	8.590	10,155.44	9,868.22	0.09%
BLACKROCK GLOBAL ALLOC A	228.6694	19.420	4,135.09	4,440.76	0.04%
VIRTUS REAL ESTATE SECUR FD A	2,443.2220	27.850	67,638.88	68,043.73	0.60%
INVESCO CAPITAL DEVELOPMENT FD	2.8820	16.400	40.11	47.26	0.00%
INVESCO CAPITAL DVLPMNT GM A	28,145.0764	16.400	418,151.74	461,579.25	4.06%
FEDERATED GOVT INCOME	208.7530	9.000	1,865.84	1,878.78	0.02%
FEDERATED GOVT INCOME - GM	137,789.3665	9.000	1,226,783.97	1,240,104.30	10.91%
GOLDMAN SACHS MID CAP VAL A	1,296.0430	35.900	40,567.26	46,527.94	0.41%
GOLDMAN SACHS MID CAP VAL A GM	10,177.7217	35.900	326,147.11	365,380.21	3.21%
COLUMBIA MARSICO FOCUSED EQ A	2.0664	22.720	40.17	46.95	0.00%
COLUMBIA MARSICO FOCUSED EQ GM	68,369.6505	22.720	1,380,552.01	1,553,358.46	13.66%
VICTORY SPECL VAL FD C-A	2,221.7323	16.290	25,510.08	36,192.02	0.32%
VIRTUS MULTI-SEC SHORT TERM A	22,308.4991	4.810	103,456.43	107,303.88	0.94%
BLACKROCK ENERGY & RESOURCES A	3,588.2498	39.300	120,386.31	141,018.22	1.24%
EATON VANCE LG-CAP VALUE FD A	2,178.9524	18.220	36,542.18	39,700.51	0.35%
EATON VANCE LG-CAP VAL FD A GM	66,543.4711	18.220	1,228,692.97	1,212,422.04	10.66%

Balances include the effect of pending trades

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

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
DAVIS NY VENTURE FD CL A	640.7513	34.340	23,859.40	22,003.40	0.19%
TOTAL MUTUAL FUNDS			9,528,863.77	9,968,741.16	87.67%
<u>LOANS</u>					
LOAN FUND	293,545.1900	1.000	293,545.19	293,545.19	2.58%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	200.0000	1.000	200.00	200.00	0.00%
INVESTMENT TOTAL			10,929,543.74	11,369,421.11	99.99%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			165.18	165.18	0.00%
CASH			1,020.00	1,020.00	0.01%
TOTAL ASSETS			10,930,728.92	11,370,606.29	100.00%

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

Balances include the effect of pending trades

