

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1986</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan <u>04/01/1986</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, including room or suite number (Employer, if for single-employer plan) <u>WRIGHT BUSINESS FORMS, INC.</u> <u>PO BOX 20489</u> <u>18440 N.E. SAN RAFAEL</u> <u>PORTLAND, OR 97294-0489</u> <u>PORTLAND, OR 97230-7009</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>93-0586475</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>503-661-2525</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> </table>	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>	
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	Filed with authorized/valid electronic signature.	09/05/2012	BRIAN CICERCHI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/05/2012	BRIAN CICERCHI
	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 (2011)
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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	312
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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	277
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	34
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	296
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	34

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2S 2T 3D 3H

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

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

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

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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 59 60 62 63 72	RECORDKEEPER	7439	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 ☐

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST

b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.

c EIN-PN <u>22-6484011-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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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)
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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)
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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)
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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)
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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)
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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)
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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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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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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
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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;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>WRIGHT BUSINESS FORMS, INC. EMPLOYEES' QUALIFIED SAVINGS & INVESTMENT PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">333</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WRIGHT BUSINESS FORMS, INC.</u>	D Employer Identification Number (EIN) <u>93-0586475</u>	

Part I	Asset and Liability Statement
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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	200	425
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)	0	
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1185	884429
(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)	293545	292668
(9) Value of interest in common/collective trusts.....	1c(9)	1106935	0
(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)	9968741	9471637
(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	11370606	10649159

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	11370606	10649159
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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)	218129	
(B) Participants	2a(1)(B)	541496	
(C) Others (including rollovers)	2a(1)(C)	3658	
(2) Noncash contributions	2a(2)	0	763283
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3127	
(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)	11031	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14158

(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)	305819	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		305819

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

(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)		172
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-567869
c Other income.....	2c		3956
d Total income. Add all income amounts in column (b) and enter total.....	2d		519519

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1197539	
(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)		1197539
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		27998
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)	15429	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15429
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1240966

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-721447
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.			
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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	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 or other authority 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
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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. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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): _____

- 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, 2011 and 2010

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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
2501 S.W. FIRST AVENUE, SUITE 260
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, 2011 and 2010, and for the years then ended, and the supplemental schedule as of and for the year then ended December 31, 2011. 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 and for the years then ended December 31, 2011 and 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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

Ford Black & Co., P.C.

July 12, 2012
Portland, Oregon

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS AND INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ASSETS:		
Investments at fair value	\$ 10,356,491	\$ 11,077,061
Receivables:		
Participants' contributions	40	17,723
Employer's contributions	319	7,222
Notes receivable from participants	292,668	293,545
Total receivables	293,027	318,490
Total Assets	10,649,518	11,395,551
LIABILITIES	0	0
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	10,649,518	11,395,551
Adjustment from fair value to contract value for fully benefit responsive investment contract	0	0
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,649,518</u>	<u>\$ 11,395,551</u>

The accompanying notes are an
integral part of these financial statements

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation)		
in fair value of assets	\$(567,869)	\$ 996,016
Interest and dividends	<u>313,128</u>	<u>189,938</u>
Total Investment Income (Loss)	<u>(254,741)</u>	<u>1,185,954</u>
Interest income participant notes receivable	<u>11,031</u>	<u>11,602</u>
Contributions:		
Rollovers	3,658	130,996
Participants	523,820	484,257
Employer	<u>203,273</u>	<u>189,934</u>
Total Contributions	<u>730,751</u>	<u>805,187</u>
Total Additions	<u>487,041</u>	<u>2,002,743</u>
DEDUCTIONS:		
Deductions from net assets attributed to:		
Distributions to participants	1,225,615	1,572,062
Administrative fees	<u>7,459</u>	<u>5,535</u>
Total Deductions	<u>1,233,074</u>	<u>1,577,597</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(746,033)	425,146
NET ASSETS AVAILABLE FOR BENEFITS,		
beginning of year	<u>11,395,551</u>	<u>10,970,405</u>
NET ASSETS AVAILABLE FOR BENEFITS,		
end of year	<u>\$ 10,649,518</u>	<u>\$ 11,395,551</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, 2011 AND 2010

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. Notes 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, 2011 range from 3.25% to 8.25%.

E. Payment of 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. In 2011, employer contributions were reduced by \$7,971 from forfeited nonvested accounts. At December 31, 2011 and 2010, forfeited nonvested amounts totaled \$5,313 and \$8,987, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

A. Basis of Accounting

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

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. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

B. Estimates

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

C. Investment Valuation and Income Recognition

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

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

D. 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.

E. Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

F. Payment of Benefits

Benefits are recorded when paid.

G. Operating Expenses

The majority of the expenses of maintaining the Plan are paid by the Company. 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.

H. Date of Management's Review

Subsequent events were evaluated through July 12, 2012, which is the date the financial statements were available to be issued.

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>2011</u>	<u>2010</u>
Mutual fund investments in registered investment companies, at fair value (participant directed)	<u>\$ 10,356,491</u>	<u>\$ 9,970,126</u>
Investment Contract in Merrill Lynch Retirement Preservation Trust (participant directed):		
At Contract Value	<u>\$ 0</u>	<u>\$ 1,106,935</u>
Loans to participants	<u>\$ 292,668</u>	<u>\$ 293,545</u>
Investment Income (Loss)	<u>\$ (254,741)</u>	<u>\$ 1,185,954</u>
Interest Income Participant Notes Receivable	<u>\$ 11,031</u>	<u>\$ 11,602</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, 2011</u>			
Money Market	\$ 884,854	\$ 884,854	\$ 0
Mutual Funds:			
Growth equity funds	3,281,521	3,281,521	0
Growth and income funds	936,282	936,282	0
International funds	1,710,042	1,710,042	0
Income funds	3,037,402	3,037,402	0
Government funds	506,390	506,390	0
Total mutual funds	9,471,637	9,471,637	0
Investment contract	0	0	0
Total Assets at Fair Value	<u>\$ 10,356,491</u>	<u>\$ 10,356,491</u>	<u>\$ 0</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	1,243,368	1,243,368	0
Total mutual funds	9,970,126	9,970,126	0
Investment contract	1,106,935	0	1,106,935
Total Assets at Fair Value	<u>\$ 11,077,061</u>	<u>\$ 9,970,126</u>	<u>\$ 1,106,935</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, 2011

Beginning balance December 31, 2010	\$ 1,106,935
Total gains and losses (realized and unrealized) plus interest income is included in changes in net assets available for benefits	0
Purchases, sales, issues, and settlements (net)	<u>(1,106,935)</u>
Ending Balance December 31, 2011	<u>\$ 0</u>

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)	<u>(161,408)</u>
Ending Balance December 31, 2010	<u>\$ 1,106,935</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, N.A. 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 administrative services amounted to \$ 7,459 and \$5,535 for the years ended December 31, 2011 and 2010, respectively.

6. INVESTMENTS:

The following investments represent 5% or more of net assets available for benefits at December 31, 2011 and 2010:

	2011		2010	
	Balance	Percent	Balance	Percent
J.P. Morgan Core Plus Bond Fund	\$ 1,615,265	15 %	\$ 0	0 %
American Europacific Growth Fund	\$ 1,332,771	13 %	\$ 1,486,863	13 %
Pioneer Strategic Income Fund	\$ 1,303,981	12 %	\$ 56,870	0 %
Columbia Marsico Focused Equities	\$ 1,137,398	11 %	\$ 1,553,405	14 %
Eaton Vance LG-Cap Value Fund	\$ 899,110	8 %	\$ 1,252,123	11 %
Retirement Bank Account	\$ 884,535	8 %	\$ 0	0 %
Goldman Sachs Small-Mid Cap Fund	\$ 567,377	5 %	\$ 0	0 %
American Bond Fund of America	\$ 0	0 %	\$ 2,361,349	21 %
Federated Government Income Fund	\$ 0	0 %	\$ 1,241,983	11 %
Merrill Lynch Retirement Preservation Trust	\$ 0	0 %	\$ 1,106,935	10 %

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, 2011 was 1.75%.

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.

The Retirement Preservation Trust was terminated February 28, 2011.

8. RECONCILIATION TO FORM 5500:

Certain items reported on the Form 5500 have been reclassified for presentation in the December 31, 2011 financial statements as follows:

	BEGINNING OF YEAR			
	Asset and Liability Statement		Accrual & Fair Value Adjustment	Financial Statement
	Form 5500	Reclassification		
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	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>

	END OF YEAR			
	Asset and Liability Statement		Accrual & Fair Value Adjustment	Financial Statement
	Form 5500	Reclassification		
Cash	\$ 884,854	\$ 0	\$ 0	\$ 884,854
Employee Contribution Receivable	0	0	40	40
Employer Contribution Receivable	0	0	319	319
Participant Loans	292,668	0	0	292,668
Mutual Funds	9,471,637	(9,471,637)	0	0
Investments	0	9,471,637	0	9,471,637
Benefit-Responsive Investment Contract	0	0	0	0
Total	<u>\$ 10,649,159</u>	<u>\$ 0</u>	<u>\$ 359</u>	<u>\$ 10,649,518</u>

	END OF YEAR			
	Income and Expense Statement			
	Form 5500	Reclassification	Accrual & Fair Value Adjustment	Financial Statement
Net Investment Gain - Common/Collective Trust	\$ 172	\$ (172)	\$ 0	\$ 0
Net Investment Loss - Mutual Funds	(567,869)	567,869	0	0
Net Depreciation	0	(567,869)	0	(567,869)
Participant Loan Interest	11,031	0	0	11,031
Mutual Fund Earnings	305,819	(305,819)	0	0
Other Income	3,956	(3,956)	0	0
Interest and Dividends	3,127	309,947	54	313,128
Rollover Contributions	3,658	0	0	3,658
Participants Contributions	541,496	0	(17,676)	523,820
Employer Contributions	218,129	(7,970)	(6,886)	203,273
Benefit Payments	(1,197,539)	(27,998)	(78)	(1,225,615)
Deemed Distributions	(27,998)	27,998	0	0
Administrative Expenses	(15,429)	7,970	0	(7,459)
Net Income	<u>\$ (721,447)</u>	<u>\$ 0</u>	<u>\$ (24,586)</u>	<u>\$ (746,033)</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. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the plan is qualified and the related trust is tax-exempt.

Plan management evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2011, Plan management 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 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 tax examinations for years prior to 2008.

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, 2011
EIN: 93-0586475
PLAN NO. 333

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	Merrill Lynch Retirement Group	Retirement Bank Account	\$ 884,535	\$ 884,535
*	Merrill Lynch Retirement Group	American Europacific GR FD R3	\$ 1,533,295	1,332,771
*	Merrill Lynch Retirement Group	Blackrock Energy and Resources A	\$ 438,713	366,309
*	Merrill Lynch Retirement Group	Blackrock Global Allocation A	\$ 11,671	10,962
*	Merrill Lynch Retirement Group	Columbia Marsico Focused EQ A	\$ 1,186,109	1,137,398
*	Merrill Lynch Retirement Group	Davis NY Venture Fund CL A	\$ 28,796	27,395
*	Merrill Lynch Retirement Group	Goldman Sachs Small-Mid Cap	\$ 619,680	567,377
*	Merrill Lynch Retirement Group	Goldman Sachs Mid Cap Value A	\$ 405,235	379,890
*	Merrill Lynch Retirement Group	Eaton Vance Large Cap	\$ 946,589	899,110
*	Merrill Lynch Retirement Group	Invesco Van Kampen Equity	\$ 10,092	9,778
*	Merrill Lynch Retirement Group	J.P. Morgan Small Cap Value Fund A	\$ 220,244	212,774
*	Merrill Lynch Retirement Group	Lazard Emerging Markets	\$ 450,111	372,794
*	Merrill Lynch Retirement Group	Pioneer Strategic Income CL A	\$ 1,353,938	1,303,981

(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	\$ 16,636	16,158
*	Merrill Lynch Retirement Group	Pioneer Oak Ridge Small Cap Growth A	\$ 338,685	324,847
*	Merrill Lynch Retirement Group	Victory Spec Value Fund Class A	\$ 36,202	32,334
*	Merrill Lynch Retirement Group	Virtus Multi-Sector Short Term A	\$ 120,146	118,156
*	Merrill Lynch Retirement Group	Virtus Real Estate Security Fund A	\$ 225,538	237,949
*	Merrill Lynch Retirement Group	J.P. Morgan Core Plus Bond Fund	\$ 1,599,574	1,615,265
*	Merrill Lynch Retirement Group	Sentinel Government	\$ 496,298	506,389
*	Merrill Lynch Retirement Group	Participant Loan (3.25% - 8.25%)	\$ 0	292,668
*	Merrill Lynch Retirement Group	Pending Settlement Fund	\$ 319	<u>319</u>
				<u>\$ 10,649,159</u>

* Represents party-in-interest

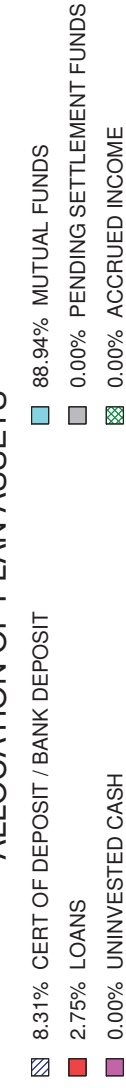
STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2011 - 12/31/2011

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS
CONSOLIDATION

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ALLOCATION OF PLAN ASSETS



Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	% Total Value
<u>CERT OF DEPOSIT / BANK DEPOSIT</u>					
RETIREMENT BANK ACCOUNT	800,475.6700	1.000	800,475.67	800,475.67	7.52%
RETIREMENT BANK ACCOUNT	84,059.7501	1.000	84,059.75	84,059.75	0.79%
TOTAL CERT OF DEPOSIT / BANK DEPOSIT			884,535.42	884,535.42	8.31%
<u>MUTUAL FUNDS</u>					
LAZARD EMERGING MARKETS OPEN	5,286.8605	17.200	102,854.04	90,934.00	0.85%
LAZARD EMRGING MRKTS OPEN - GM	16,387.2269	17.200	334,827.36	281,860.30	2.65%
PIONEER STRATEGIC INCOME CL A	6,362.7791	10.630	65,126.16	67,636.34	0.64%
PIONEER STRATEGIC INCOME A GM	116,307.1188	10.630	1,284,163.78	1,236,344.67	11.61%
OPPENHEIMER MAIN STREET SML A	814.4197	19.840	11,126.64	16,158.09	0.15%
JPMORGAN CORE PLUS BOND FD A	116,482.6001	8.260	950,882.57	962,146.28	9.03%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2011 - 12/31/2011

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS
CONSOLIDATION

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Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
JPMORGAN CORE PLUS BOND A GM	79,070.0478	8.260	648,717.11	653,118.59	6.13%
JPMORGAN SMALL CAP VALUE FD A	1,820.4553	17.270	26,860.56	31,439.26	0.30%
JPMORGAN SMALL CAP VALUE A GM	10,499.9549	17.270	170,578.33	181,334.22	1.70%
AMERICAN EUROPACIFIC GR FD R3	1,591.4106	34.520	64,043.00	54,935.49	0.52%
AMERICAN EUROPACIF GR FD R3 GM	37,017.2487	34.520	1,461,387.23	1,277,835.43	12.00%
PIONEER OAK RIDGE SM CAP GRW A	278.7555	27.770	4,996.69	7,741.04	0.07%
PIONEER OAK RDGSM CP GRW A GM	11,419.0270	27.770	227,235.93	317,106.38	2.98%
INVESCO VAN KAMPEN EQUITY FD A	1,175.2292	8.320	10,379.01	9,777.91	0.09%
GOLDMAN SACHS SMALL-MID CAP GM	42,152.7860	13.460	619,988.38	567,376.50	5.33%
SENTINEL GOVERNMENT	259.0744	10.760	2,712.52	2,787.64	0.03%
SENTINEL GOVERNMENT GM	46,803.1108	10.760	493,628.70	503,601.47	4.73%
BLACKROCK GLOBAL ALLOC A	603.6471	18.160	11,396.02	10,962.23	0.10%
VIRTUS REAL ESTATE SECUR FD A	2,558.4109	30.250	71,086.10	77,391.93	0.73%
VIRTUS REAL ESTATE SEC FD A GM	5,307.6790	30.250	154,185.16	160,557.29	1.51%
GOLDMAN SACHS MID CAP VAL A	1,304.5672	33.360	40,862.91	43,520.36	0.41%
GOLDMAN SACHS MID CAP VAL A GM	10,083.0338	33.360	326,686.37	336,370.01	3.16%
COLUMBIA MARSICO FOCUSED EQ GM	52,174.2013	21.800	1,070,172.16	1,137,397.59	10.68%
VICTORY SPECL VAL FD C-A	2,222.2926	14.550	25,523.15	32,334.36	0.30%
VIRTUS MULTI-SEC SHORT TERM A	24,980.2243	4.730	116,298.35	118,156.46	1.11%
BLACKROCK ENERGY & RESOURCES A	3,775.3898	32.250	129,700.11	121,756.32	1.14%
BLACKROCK ENERGY & RESOURCES GM	7,583.0250	32.250	291,594.09	244,552.56	2.30%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2011 - 12/31/2011

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS
CONSOLIDATION

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Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
EATON VANCE LG-CAP VALUE FD A	2,354.1795	17.130	39,593.77	40,327.09	0.38%
EATON VANCE LG-CAP VAL FD A GM	50,133.2476	17.130	914,611.51	858,782.53	8.06%
DAVIS NY VENTURE FD CL A	842.9119	32.500	30,651.54	27,394.64	0.26%
TOTAL MUTUAL FUNDS			9,701,869.25	9,471,636.98	88.94%
<u>LOANS</u>					
LOAN FUND	292,668.1500	1.000	292,668.15	292,668.15	2.75%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	425.0000	1.000	425.00	425.00	0.00%
INVESTMENT TOTAL			10,879,497.82	10,649,265.55	100.00%
UNINVESTED CASH			0.01	0.01	0.00%
ACCRUED INCOME			165.23	165.23	0.00%
CASH			(271.82)	(271.82)	0.00%
TOTAL ASSETS			10,879,391.24	10,649,158.97	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