

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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> 2a Plan sponsor's name and address; include room or suite number (employer, if for a 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>	1b Three-digit plan number (PN) ▶	<u>333</u>	
	1c Effective date of plan	<u>04/01/1986</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.	<u>10/10/2013</u>	<u>SHANTELE HAMPTON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/10/2013</u>	<u>SHANTELE HAMPTON</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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 312
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	273
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	308
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	308
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	290
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	24
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 Characteristics 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 Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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	6829	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.	

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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: FEDERATED CAPITAL PRES CL ISP

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST CO

c EIN-PN <u>22-2712853-001</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>43521</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)

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
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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

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
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
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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	425	150
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)	884429	1041754
(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)	292668	267631
(9) Value of interest in common/collective trusts.....	1c(9)	0	43521
(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)	9471637	10218968
(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	10649159	11572024

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	10649159	11572024
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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)	208370	
(B) Participants	2a(1)(B)	506482	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		714852

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1543	
(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)	9151	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10694
(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)	493952	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		493952
(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
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		358
(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)		683309
c Other income.....	2c		-1342
d Total income. Add all income amounts in column (b) and enter total.....	2d		1901823

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	953673	
(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)		953673
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		18456
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)	6829	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6829
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		978958

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		922865
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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	
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 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, 2012 and 2011

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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 and Participants of Wright Business Forms, Inc. Employees',
Qualified Savings and Investment Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Wright Business Forms, Inc. Employees' Savings and Investment Plan which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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, NA, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held for Investment purposes at End of Year, which is the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ind Black + Co., P.C.

June 26, 2013
Portland, Oregon

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS AND INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS:		
Investments at fair value	\$ 11,331,241	\$ 10,356,491
Receivables:		
Participants' contributions	0	40
Employer contributions	0	319
Notes receivable from participants	267,631	292,668
Interest receivable	214	0
Total receivables	267,845	293,027
Total Assets	11,599,086	10,649,518
LIABILITIES		
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	11,599,086	10,649,518
Adjustment from fair value to contract value for fully benefit responsive investment contract	0	0
NET ASSETS AVAILABLE FOR BENEFITS	\$ 11,599,086	\$ 10,649,518

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, 2012 AND 2011

	2012	2011
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation)	\$ 683,668	\$ (567,869)
in fair value of assets		
Interest and dividends	494,193	313,128
Total Investment Income (Loss)	1,177,861	(254,741)
Interest income participant notes receivable	9,365	11,031
Contributions:		
Rollovers	0	3,658
Participants	525,521	523,820
Employer	215,779	203,273
Total Contributions	741,300	730,751
Total Additions	1,928,526	487,041
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	972,129	1,225,615
Administrative fees	6,829	7,459
Total Deductions	978,958	1,233,074
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	949,568	(746,033)
NET ASSETS AVAILABLE FOR BENEFITS,		
beginning of year	10,649,518	11,395,551
NET ASSETS AVAILABLE FOR BENEFITS,		
end of year	\$ 11,599,086	\$ 10,649,518

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, 2012 AND 2011

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

All participant accounts are self directed for investment purposes. 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.

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

Years of Service	Vested Percentage
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, 2012 range from 3.25% to 6.0%.

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. At December 31, 2012 and 2011, forfeited nonvested amounts totaled \$6,746 and \$5,313, 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 a 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. Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

E. Payment of Benefits

Benefits are recorded when paid.

F. Expenses

Certain expenses of maintaining the Plan are paid directly by the company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

G. Subsequent Events

Subsequent events were evaluated through June 26, 2013, 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:

	2012	2011
Mutual fund investments in registered investment companies, at fair value (participant directed)	\$ 11,287,720	\$ 10,356,491
Common Trust Fund (participant directed), at fair value	\$ 43,521	\$ 0
Notes receivable from participants	\$ 267,631	\$ 292,668
Investment Income (Loss)	\$ 1,177,861	\$ (254,741)
Interest Income Participant Notes Receivable	\$ 9,365	\$ 11,031

4. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

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

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets

Level 2

Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Guaranteed investment contract: Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer (see Note 7). Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the investment committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration of payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

Assets at Fair Value			
Total	(Level 1)	(Level 2)	(Level 3)
December 31, 2012			
Money Market	\$ 1,068,752	\$ 1,068,752	\$ 0
Mutual Funds:			
Growth equity funds	3,519,639	3,519,639	0
Growth and income funds	1,000,622	1,000,622	0
International funds	1,782,253	1,782,253	0
Income funds	3,284,092	3,284,092	0
Government funds	632,362	632,362	0
Total mutual funds	10,218,968	10,218,968	0
Collective Trust Fund	43,521	43,521	0
Investment contract	0	0	0
Total Assets at Fair Value	\$ 11,331,241	\$ 11,287,720	\$ 43,521
December 31, 2011			
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	\$ 10,356,491	\$ 10,356,491	\$ 0

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

December 31, 2012		December 31, 2011	
Beginning balance December 31, 2011	\$ 0	Beginning balance December 31, 2010	\$ 1,106,935
Total gains and losses (realized and unrealized) plus		Total gains and losses (realized and unrealized) plus	
interest income is included in changes in net assets		interest income is included in changes in net assets	
available for benefits		available for benefits	
Purchases, sales, issues, and settlements (net)	0	Purchases, sales, issues, and settlements (net)	0
Ending Balance December 31, 2012	\$ 0	Ending Balance December 31, 2011	\$ 0

5. RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are shares of 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 incurred by the Plan for the investment management services are included in the net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the third party administrator of \$6,829 which was not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations.

6. INVESTMENTS:

The following investments represent 5% or more of net assets available for benefits at December 31, 2012 and 2011:

2012		2011	
Balance	Percent	Balance	Percent
\$ 1,740,390	15 %	\$ 1,615,265	15 %
\$ 1,424,313	12 %	\$ 1,332,771	13 %
\$ 1,438,947	12 %	\$ 1,303,981	12 %
\$ 1,208,625	10 %	\$ 1,137,398	11 %
\$ 1,072,068	9 %	\$ 884,535	8 %
\$ 951,118	8 %	\$ 899,110	8 %
\$ 632,362	5 %	\$ 506,389	5 %
\$ 606,339	5 %	\$ 567,377	5 %

J.P. Morgan Core Plus Bond Fund
 American Europacific Growth Fund
 Pioneer Strategic Income Fund
 Columbia Marsico Focused Equities
 Retirement Bank Account
 Eaton Vance LG-Cap Value Fund
 Sentinel Government Income Fund
 Goldman Sachs Small-Mid Cap Fund

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 attributable 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.

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, 2012 financial statements as follows:

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

END OF YEAR				
Asset and Liability Statement	Accrual & Fair Value Adjustment	Reclassification	Form 5500	
Cash	\$	\$ (1,041,904)	\$ 1,041,904	Total
Employee Contribution	0	0	0	
Receivable	0	0	0	
Employer Contribution	214	0	267,631	
Receivable	0	0	10,218,968	
Participant Loans	0	(10,218,968)	0	
Mutual Funds	26,848	11,304,393	43,521	
Investments	0	(43,521)	0	
Common Trust Fund	11,331,241	0	0	
	\$ 0	\$ 0	\$ 1,041,904	Total
	\$ 11,599,086		\$ 11,572,024	

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.

10. RISKS AND UNCERTAINTIES:

Plan management evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2012, 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 2009.

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.

9. TAX STATUS:

END OF YEAR			
Income and Expense Statement	Accrual & Fair Value Adjustment	Reclassification	Form 5500
Financial Statement			
Net Investment Gain -			
Common/Collective			
Trust			
Net Investment Loss -			
Mutual Funds			
Net Appreciation			
Participant Loan Interest			
Interest Income			
Mutual Fund Earnings			
Other Income			
Interest and Dividends			
Rollover Contributions			
Participants			
Contributions			
Employer Contributions			
Benefit Payments			
Deemed Distributions			
Administrative Expenses			
Net Income			
\$ 922,865	\$ 26,703	\$ 0	\$ 949,568

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
 DECEMBER 31, 2012
 EIN: 93-0586475
 PLAN NO. 333

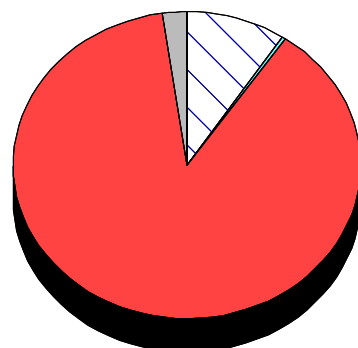
(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Bank of America	Retirement Bank Account	\$ 1,072,068	\$ 1,072,068
*	Bank of America	American Europacific	\$ 1,229,986	1,424,313
*	Bank of America	Blackrock Energy and Resources A	\$ 360,499	338,743
*	Bank of America	Blackrock Global Allocation A	\$ 18,047	19,197
*	Bank of America	Columbia Marsico Focused EQ A	\$ 1,327,840	1,208,625
*	Bank of America	Davis NY Venture Fund CL A	\$ 36,676	38,467
*	Bank of America	Goldman Sachs Small-Mid Cap	\$ 537,066	606,339
*	Bank of America	Goldman Sachs Mid Cap Value A	\$ 351,580	406,800
*	Bank of America	Eaton Vance Large Cap	\$ 846,941	951,118
*	Bank of America	Invesco Van Kampen Equity	\$ 10,011	11,038
*	Bank of America	J.P. Morgan Small Cap Value Fund A	\$ 182,242	214,669
*	Bank of America	Lazard Emerging Markets	\$ 353,696	404,721
*	Bank of America	Pioneer Strategic Income CL A	\$ 1,367,238	1,438,947

(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
*	Bank of America	Oppenheimer Main Street	\$ 16,437	18,999
*	Bank of America	Pioneer Oak Ridge	\$ 345,553	365,653
*	Bank of America	Small Cap Growth A	\$ 32,325	35,613
*	Bank of America	Victory Spec Value	\$ 32,325	35,613
*	Bank of America	Virtus Multi-Sector	\$ 101,599	104,755
*	Bank of America	Virtus Real Estate	\$ 227,902	258,221
*	Bank of America	U.P. Morgan Core Plus	\$ 1,694,797	1,740,388
*	Bank of America	Sentinel Government	\$ 629,475	632,362
*	Bank of America	Federated Capital	\$ 43,521	43,521
*	Bank of America	Participant Loan	\$ 0	267,631
*	Bank of America	Pending Settlement Fund	\$ (30,164)	(30,164)
*	Bank of America			
Represents party-in-interest				
				\$ 11,572,024

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2012 - 12/31/2012

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



9.26% CERT OF DEPOSIT / BANK DEPOSIT	0.38% COMMON / COLLECTIVE TRUSTS
88.31% MUTUAL FUNDS	2.31% LOANS
0.00% PENDING SETTLEMENT FUNDS	0.00% UNINVESTED CASH
0.00% ACCRUED INCOME	

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>CERT OF DEPOSIT / BANK DEPOSIT</u>					
RETIREMENT BANK ACCOUNT	991,193.8600	1.000	991,193.86	991,193.86	8.57%
RETIREMENT BANK ACCOUNT	80,874.5801	1.000	80,874.58	80,874.58	0.70%
TOTAL CERT OF DEPOSIT / BANK DEPOSIT			1,072,068.44	1,072,068.44	9.26%
<u>COMMON / COLLECTIVE TRUSTS</u>					
FEDERATED CAPITAL PRES CL ISP	4,352.0760	10.000	43,520.76	43,520.76	0.38%
<u>MUTUAL FUNDS</u>					
LAZARD EMERGING MARKETS OPEN	4,698.4646	20.030	90,485.43	94,110.25	0.81%
LAZARD EMRGING MRKTS OPEN - GM	15,507.2572	20.030	312,899.99	310,610.36	2.68%
PIONEER STRATEGIC INCOME CL A	9,661.8978	11.280	101,358.58	108,986.21	0.94%
PIONEER STRATEGIC INCOME A GM	117,904.3331	11.280	1,302,121.16	1,329,960.88	11.49%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2012 - 12/31/2012

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
OPPENHEIMER MAIN STREET SML A	826.7639	22.980	11,407.44	18,999.03	0.16%
JPMORGAN CORE PLUS BOND FD A	125,341.0557	8.510	1,026,049.84	1,066,652.38	9.22%
JPMORGAN CORE PLUS BOND A GM	79,170.0701	8.510	654,051.90	673,737.30	5.82%
JPMORGAN SMALL CAP VALUE FD A	1,013.1418	20.580	14,442.05	20,850.46	0.18%
JPMORGAN SMALL CAP VALUE A GM	9,417.7942	20.580	156,824.39	193,818.20	1.67%
AMERICAN EUROPACIFIC GR FD R3	1,328.9977	40.450	53,951.79	53,757.96	0.46%
AMERICAN EUROPACIF GR FD R3 GM	33,882.6974	40.450	1,330,574.30	1,370,555.11	11.84%
PIONEER OAK RIDGE SM CAP GRW A	809.8643	29.780	20,960.86	24,117.76	0.21%
PIONEER OAK RDGESM CP GRW A GM	11,468.6234	29.780	246,920.52	341,535.60	2.95%
INVESCO EQUITY AND INC FD CL A	1,201.0496	9.190	10,611.93	11,037.65	0.10%
GOLDMAN SACHS SMALL-MID CAP A	44.0622	15.470	672.91	681.64	0.01%
GOLDMAN SACHS SMALL-MID CAP GM	39,150.4410	15.470	578,025.52	605,657.32	5.23%
SENTINEL GOVERNMENT	9,278.7149	10.820	100,045.57	100,395.70	0.87%
SENTINEL GOVERNMENT GM	49,165.1271	10.820	521,398.00	531,966.68	4.60%
BLACKROCK GLOBAL ALLOC A	972.5057	19.740	18,480.26	19,197.26	0.17%
VIRTUS REAL ESTATE SECUR FD A	2,620.8331	34.920	77,686.94	91,519.49	0.79%
VIRTUS REAL ESTATE SEC FD A GM	4,773.8024	34.920	141,652.94	166,701.18	1.44%
GOLDMAN SACHS MID CAP VAL A	1,318.7295	39.030	41,404.24	51,470.01	0.44%
GOLDMAN SACHS MID CAP VAL A GM	9,104.0173	39.030	301,126.60	355,329.80	3.07%
COLUMBIA MARSICO FOCUSED EQ A	26.3808	19.660	582.56	518.65	0.00%
COLUMBIA MARSICO FOCUSED EQ GM	61,449.9663	19.660	1,273,669.87	1,208,106.34	10.44%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2012 - 12/31/2012

WRIGHT BUSINESS FORMS, INC.
EMPLOYEES' QUALIFIED SAVINGS
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
VICTORY SPECL VAL FD C-A	2,221.6251	16.030	25,515.46	35,612.65	0.31%
VIRTUS MULTI-SEC SHORT TERM A	21,120.0547	4.960	100,722.17	104,755.47	0.91%
BLACKROCK ENERGY & RESOURCES A	3,104.7490	28.940	108,615.55	89,851.44	0.78%
BLACKROCK ENERGY & RESOURCES GM	8,600.2507	28.940	297,328.84	248,891.26	2.15%
EATON VANCE LG-CAP VALUE FD A	2,462.7919	19.500	41,542.55	48,024.44	0.42%
EATON VANCE LG-CAP VAL FD A GM	46,312.4698	19.500	850,314.67	903,093.16	7.80%
DAVIS NY VENTURE FD CL A	1,105.9966	34.780	39,933.17	38,466.56	0.33%
TOTAL MUTUAL FUNDS			9,851,378.00	10,218,968.20	88.31%
<u>LOANS</u>					
LOAN FUND	267,631.1600	1.000	267,631.16	267,631.16	2.31%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	150.0000	1.000	150.00	150.00	0.00%
INVESTMENT TOTAL			11,234,748.36	11,602,338.56	100.26%
UNINVESTED CASH			0.03	0.03	0.00%
ACCRUED INCOME			165.24	165.24	0.00%
CASH			(30,479.86)	(30,479.86)	-0.26%
TOTAL ASSETS			11,204,433.77	11,572,023.97	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