

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☐ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EMPLOYEE SAVINGS PLAN OF CONTINENTAL GRAPHICS CORPORATION
1b	Three-digit plan number (PN) ▶ 005
1c	Effective date of plan 10/01/1989
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CONTINENTAL GRAPHICS CORPORATION 100 NORTH SEPULVEDA BLVD. STE. 1950 EL SEGUNDO, CA 90245-0000
2b	Employer Identification Number (EIN) 95-4062554
2c	Sponsor's telephone number 310-662-2323
2d	Business code (see instructions) 323100

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.	07/28/2010	JIM MILLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CONTINENTAL GRAPHICS CORPORATION 100 NORTH SEPULVEDA BLVD. STE. 1950 EL SEGUNDO, CA 90245-0000	3b Administrator's EIN 95-4062554 3c Administrator's telephone number 310-662-2323
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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	
5 Total number of participants at the beginning of the plan year	5	1125
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	1009
b Retired or separated participants receiving benefits.....	6b	163
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	1172
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1172
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1100
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2J 2F 2G 2K 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) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan EMPLOYEE SAVINGS PLAN OF CONTINENTAL GRAPHICS CORPORATION	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500. CONTINENTAL GRAPHICS CORPORATION	D Employer Identification Number (EIN) 95-4062554	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SF 51569-1	0	01/01/2009	03/13/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	891859
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	0
(4) Transferred from separate account	7c(4)	23022835
(5) Other (specify below)	7c(5)	1667595

▶ LN INT, LN PRIN, LN TRF TO TRUSTEE, LOAN DEFAULT, LOAN
DEFAULT OFFSET, ROLLOVER, TRANS FORFS

(6) Total additions	7c(6)	25582289
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d Total of balance and additions (add b and c(6)).	7d	25582289
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	1103112
(4) Other (specify below)	7e(4)	24479177

▶ LN TRF TO TRUSTEE, PD TRUST LAPSE

(5) Total deductions	7e(5)	25582289
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan EMPLOYEE SAVINGS PLAN OF CONTINENTAL GRAPHICS CORPORATION		B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL GRAPHICS CORPORATION		D Employer Identification Number (EIN) 95-4062554

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS
95-1411037

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
BUFFALO FUNDS
48-1069845

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CRM FUNDS
13-3156718

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EATON VANCE FUNDS
04-2718215

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

HIGHMARK FUNDS

31-1211022

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

JPMORGAN FUNDS

13-2624428

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

OPPENHEIMERFUNDS

13-2527171

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

SCHWAB FUNDS

94-3106735

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

HARTFORD MUTUAL FUNDS

13-3317783

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

DIREXION FUNDS

13-4143904

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

ICON FUNDS

75-2676133

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

TOCQUEVILLE FUNDS

13-3549887

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

U.S. GLOBAL INVESTORS

74-1619375

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

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

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

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

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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?
52 63 72 99	NONE	5061	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CHARLES SCHWAB & CO. INC.

94-1737782

(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?
21 28 15	NONE	8708	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SCHWAB RETIREMENT PLAN SERV., INC.

34-1479833

(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?
21 28 15	NONE	7650	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan EMPLOYEE SAVINGS PLAN OF CONTINENTAL GRAPHICS CORPORATION				B Three-digit plan number (PN) ► 005	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CONTINENTAL GRAPHICS CORPORATION				D Employer Identification Number (EIN) 95-4062554	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB STABLE VALUE FUND					
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY					
c EIN-PN 81-0625180-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8176418	
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2010 CL II					
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY					
c EIN-PN 81-0625169-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 806009	
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2015 CL II					
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY					
c EIN-PN 81-0625169-006		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36465	
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2020 CL II					
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY					
c EIN-PN 81-0625169-002		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3014177	
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2025 CL II					
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY					
c EIN-PN 81-0625169-007		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76366	
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2030 CL II					
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY					
c EIN-PN 81-0625169-003		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531540	
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2035 CL II					
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY					
c EIN-PN 81-0625169-008		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126451	
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: SCHWAB MANAGED RET 2040 CL II		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY		
c EIN-PN 81-0625169-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2409951
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2045 CL II		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY		
c EIN-PN 81-0625169-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36012
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2050 CL II		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY		
c EIN-PN 81-0625169-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51406
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET INCOME II		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY		
c EIN-PN 81-0625169-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23534
a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE JOURNEY FUND SIA-D3		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE JOURNEY FUND SIA-D1		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DESTIN. RETIREMENT INCOME SIA-J2		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-252	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DESTINATION RETIREMENT 2010 SIA-J7		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-257	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DESTINATION RETIREMENT 2020 SIA-K2		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-261	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DESTINATIONS RETIREMENT 2030 SIA-K7		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-265	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: DESTINATION RETIREMENT 2040 SIA-M2		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-269	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND SIA-KR		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT MONEY MARKET FUND SIA-U		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-109	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH AMERICA SIA-GW		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-418	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL. EQUITY INDEX SIA-KG		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-466	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MAIN ST. SMALL CAP FUND SIA-CA		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND SIA-RK		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-365	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MODERATE JOURNEY FUND SIA-D2		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-034	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PREMIER CORE BOND FUND SIA-YE		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-137	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PREMIER ENH INDEX GROWTH SIA-NU		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PREMIER ENH INDEX VALUE SIA -NT**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-162	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT INDEXED EQUITY FUND SIA-LX**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT LARGE CAP VALUE FUND SIA-YJ**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-141	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT MIDCAP GROWTH II FUND SIA-YT**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT OTC 100 FUND SIA-YN**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-144	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE SIA-VS**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-375	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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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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
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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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan EMPLOYEE SAVINGS PLAN OF CONTINENTAL GRAPHICS CORPORATION	B Three-digit plan number (PN)	005
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL GRAPHICS CORPORATION	D Employer Identification Number (EIN) 95-4062554	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	45085	61416
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1454471	1806462
(9) Value of interest in common/collective trusts.....	1c(9)		15288327
(10) Value of interest in pooled separate accounts.....	1c(10)	25282152	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)		18871354
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	26781708	36027559

Liabilities

g Benefit claims payable	1g	896362	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	896362	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	25885346	36027559
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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)	1755651	
(B) Participants	2a(1)(B)	4409038	
(C) Others (including rollovers)	2a(1)(C)	96513	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6261202

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	97043	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		97043

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	256966	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		256966

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2612199
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2250408
(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)		4019593
c Other income.....	2c		56031
d Total income. Add all income amounts in column (b) and enter total.....	2d		11052626

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	900796	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		900796
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		9617
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		910413

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10142213
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GGF, LLP

(2) EIN: 20-8097596

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		95000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>EMPLOYEE SAVINGS PLAN OF CONTINENTAL GRAPHICS CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL GRAPHICS CORPORATION</u>	D Employer Identification Number (EIN) <u>95-4062554</u>

Part I	Distributions
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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>04-1590850</u> <u>42-1558009</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**EMPLOYEES SAVINGS PLAN OF
CONTINENTAL GRAPHICS
CORPORATION**

FINANCIAL STATEMENTS AND
REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS
AS OF DECEMBER 31, 2009 AND 2008

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**

Index

Report of Independent Public Accountants.....	3
Statements of Net Assets Available for Plan Benefits as of December 31, 2009 and 2008.....	4
Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2009 and 2008.....	5
Notes to Financial Statements as of December 31, 2009.....	6 – 13
Schedule of Assets Held for Investment Purposes at end of year.....	14
Schedule of Reportable Transactions as of December 31, 2009.....	15



Gilderman, Garabedian and Flummerfelt
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REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Trustees of the Employees Savings
Plan of Continental Graphics Corporation:

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Employees Savings Plan of Continental Graphics Corporation (the "Plan") as of December 31, 2009 and 2008, the statements of changes in net assets available for plan benefits for the years ended December 31, 2009 and 2008, and supplemental schedules. These financial statements and schedules 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 Notes 2 and 6, which were certified by Massachusetts Mutual Financial Group ("Mass Mutual") and Charles Schwab Trust Company ("CSTC"), the Administrators of the trust of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Administrators of the trust hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the Administrators of the trust as of December 31, 2009 and 2008, and for the years then ended, that the information provided to the Plan Administrator by the Administrators of the trust are 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the Administrators of the trust, 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.

GGF, LLP

Encino, California
July 27, 2010

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
STATEMENTS OF NET ASSETS AVAILABLE
FOR PLAN BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Mutual funds	\$ 18,414,314	\$ 25,282,152
Stable value fund	8,176,418	-
Commingled funds	7,111,909	-
Self-directed brokerage accounts	457,040	-
Participant loans	1,806,462	1,454,471
Contribution receivable	61,416	45,085
Total Assets	<u>36,027,559</u>	<u>26,781,708</u>
Adjustments from fair value to Contract value for fully benefit-responsive investment contracts	<u>(56,031)</u>	<u>-</u>
Net assets available for plan benefits	<u><u>\$ 35,971,528</u></u>	<u><u>\$ 26,781,708</u></u>

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

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
INCREASED BY:		
Employer cash contributions	\$ 1,755,651	\$ 1,752,976
Employee cash contributions	4,409,038	4,382,303
Employee rollover	96,513	249,184
Income from loans	97,043	105,702
Dividends	256,966	-
Net realized and unrealized gains on investments	4,391,883	-
	<u>11,007,094</u>	<u>6,490,165</u>
DECREASED BY:		
Benefits paid to participants	(1,806,775)	(1,219,627)
Net realized and unrealized losses on investments	-	(8,302,342)
Net realized and unrealized losses on self-directed brokerage accounts	(10,499)	-
	<u>(1,817,274)</u>	<u>(9,521,969)</u>
Net increase (decrease) in net assets available for plan benefits	9,189,820	(3,031,804)
NET ASSETS AVAILABLE FOR PLAN BENEFITS, beginning of year	26,781,708	29,813,512
NET ASSETS AVAILABLE FOR PLAN BENEFITS, end of year	<u>\$ 35,971,528</u>	<u>\$ 26,781,708</u>

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

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

1. Summary Plan Description and Significant Accounting Policies:

The following description of the Employees Savings Plan of Continental Graphics Corporation (the “Plan”) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the Plan document.

Summary of Plan

The Plan is a defined contribution plan established under Internal Revenue Code (“IRC”) Section 401 by Continental Graphics Corporation (“Plan Sponsor” or “Plan Administrator”). The Plan provides benefits to participants or their beneficiaries upon retirement, death or termination of service. Benefits are paid in a single lump sum. All eligible employees 21 years of age or older will be automatically enrolled in the Plan if they do not elect to not have the deferral on the first entry date upon completion of the eligibility requirements. Entry dates are the first of each calendar month. Upon enrollment in the Plan, a participant may direct contributions in any of the investment options offered by Charles Schwab Trust Company (“CSTC”) (see Note 6). Participants may change their investment options at any time. All participant contributions are fully vested. The Plan Sponsor made matching contributions in 2009 and 2008 of 50% of participant contributions up to 8% of annual compensation. These matching contributions totaled \$1,755,651 and \$1,752,976 for 2009 and 2008, respectively. Employer contributions are fully vested after one year of service.

Forfeitures

Forfeitures totaled \$1,065 as of December 31, 2009. Forfeitures were generated primarily from employer deferrals which the Plan was not able to distribute to terminated or retired participants. In accordance with the Plan document, all forfeitures can be used to offset future employer matching contributions.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Use of 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 reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

1. Summary Plan Description and Significant Accounting Policies: (continued)

Subsequent Events

Subsequent events are events or transactions that occur after the balance sheet date but before financial statement are issued. The Plan recognizes in the financial statements the effect of all subsequent events that provide additional evidence about conditions that existed at the date of the balance sheet, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the balance sheet but arose after the balance sheet date and before financial statements are available to be issued.

The Company had evaluated subsequent events through July 27, 2010 which is the date the financial statements are available to be issued.

2. Administrators of the Trust-Certified Information

Charles Schwab Trust Company, ("CSTC") holds Plan assets, executes all investment transactions and maintains the Plan's financial records. CSTC prepared the information included in the accompanying financial statements and supplemental schedules and have furnished it to the Plan Administrator together with a certification that such information is complete and accurate. On March 24, 2009, the Plan Sponsor switched trustees from Massachusetts Mutual Financial Group ("Mass Mutual") to CSTC. Mass Mutual prepared financial information up to the transition date that are included in the accompanying financial statements and supplemental schedules and have furnished it to the Plan Administrator together with a certification that such information is complete and accurate. Such certifications are required under the method of compliance allowed by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act ("ERISA") of 1974.

3. Tax Status

On May 23, 2008, the Plan received a favorable determination letter from the Internal Revenue Service. The Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

4. Plan Termination Option

Although it has not expressed any intent to do so, the Plan Sponsor may terminate the Plan at any time subject to the provisions of ERISA. Upon termination, any Plan Sponsor contributions become fully vested.

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

5. New Accounting Pronouncements

FASB Codification - On July 1, 2009, the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) became the single authoritative source for nongovernmental U.S. generally accepted accounting principles (GAAP). The ASC supersedes all previous authoritative GAAP applicable to the Plan and is effective for interim and annual periods ended after September 15, 2009.

6. Fair Value of Financial Assets and Financial Liabilities

The Plan has classified its investments based on an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three Levels of the fair value hierarchy for financial assets and financial liabilities are described below:

Basis of Fair Value Measurement

- | | |
|---------|--|
| Level 1 | Values are based on unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis. |
| Level 2 | Values are based on (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in non-active markets; or (c) valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability. |
| Level 3 | Values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs may reflect the Plan's estimates of the assumptions that market participants would use in valuing the financial asset or financial liability. |

Fair value is a market-based measure, considered from the perspective of a market participant who owns an asset or owes a liability. Accordingly, when market observable data is not readily available, assumptions are set to reflect those that market participants would be presumed to use in pricing the asset or liability at the measurement date. Prices and inputs are used that are current as of the measurement date, including during periods of market disruption. In periods of market disruption, the ability to observe prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2, or from, Level 2 to Level 3.

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

6. Fair Value of Financial Assets and Financial Liabilities (continued)

The following tables set forth by level within the fair value hierarchy the investment assets and investment liabilities of the Plan at fair value, and a summary of changes in the fair value of the Plan's level 3 assets as of December 31, 2009 and 2008. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 18,414,314	\$ -	\$ -	\$ 18,414,314
Stable value fund		8,176,418		\$ 8,176,418
Commingled funds		7,111,909		\$ 7,111,909
Self-directed funds		457,040		\$ 457,040
Participant loans			1,806,462	\$ 1,806,462
Contributions receivable	54,983			\$ 54,983
	<u>\$ 18,469,297</u>	<u>\$ 15,745,367</u>	<u>\$ 1,806,462</u>	<u>\$ 36,021,126</u>

Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$ -	\$ 25,282,152	\$ -	\$ 25,282,152
Participant loans			1,454,471	1,454,471
Contributions receivable	45,085			45,085
	<u>\$ 45,085</u>	<u>\$ 25,282,152</u>	<u>\$ 1,454,471</u>	<u>\$ 26,781,708</u>

Level 3 Assets	
Year Ended	
December 31, 2009	
Participant loans	
Balance, beginning of year	\$ 1,454,471
Realized gains	-
Purchases, sales, issuances and settlements (net)	351,991
Balance, end of year	<u>\$ 1,806,462</u>

The Plan's investments are stated at fair market value. Shares of registered investment companies and pooled separate accounts are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

6. Fair Value of Financial Assets and Financial Liabilities (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. For the year ending December 31, 2009 all participants of the Plan have the option to contribute to the following investment options:

- Buffalo Mid Cap
- CRM Mid Cap Value Investor Class
- Eaton Vance Large Cap Value A
- EuroPacific Growth R4
- Growth Fund of America R4
- Hartford Small Company HLS
- Highmark NYSE ARCA Tech 100 A
- JPMorgan Core Bond A
- Oppenheimer Main Street SmallCP Y
- Schwab Managed Ret 2010 Class II
- Schwab Managed Ret 2015 Class II
- Schwab Managed Ret 2020 Class II
- Schwab Managed Ret 2025 Class II
- Schwab Managed Ret 2030 Class II
- Schwab Managed Ret 2035 Class II
- Schwab Managed Ret 2040 Class II
- Schwab Managed Ret 2045 Class II
- Schwab Managed Ret 2050 Class II
- Schwab Managed Ret Income II
- Schwab S&P 500 Index Fund
- Schwab Stable Value Select
- Personal Choice Retirement

In addition, all Plan participants can choose to invest in any publicly traded securities and change their investment selection at anytime. These participants' accounts are maintained by the Plan and referred to as "self-directed" accounts. For more complete information regarding the Plan's investment options, reference should be made to the investment options prospectus.

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

6. Fair Value of Financial Assets and Financial Liabilities (continued)

Individual account balances are measured in participation units, which are multiplied by the daily unit value to arrive at the current market value. Gains or losses are calculated as the change in the daily unit value, multiplied by participation units. Realized gain (loss) represents the difference between sales proceeds on participation units and daily unit value at the beginning of the year, or cost if purchased during the current year. Unrealized gain (loss) represents the difference between the daily unit value at the beginning of the year, or cost if purchased during the year, and the daily unit value at year end.

As of December 31, 2009 approximately 45% of the Plan assets are held in Mutual funds, 25% were in Schwab targeted and mutual funds that invest in domestic and international equities, bonds, and debt securities. These targeted funds are subject to risks due to worldwide stock and bond market volatility, 23% were invested in the Stable Value Fund and about 1% funds were invested in Personal Choice Retirement Accounts.

All net investment gain or loss was derived from the investments. The following individual assets are greater than 5% of the Plan's net assets as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Eaton Vance Large Cap Value A	2,250,622	
EuroPacific Growth R4	3,490,495	
Growth Fund of America R4	3,606,196	
JPMorgan Core Bond A	3,055,492	
Schwab Managed Ret 2020 Class II	3,014,177	
Schwab Managed Ret 2040 Class II	2,409,951	
Schwab S&P 500 Index Fund	2,152,199	
Schwab Stable Value Select Fund	8,176,418	
Premier Core Bond Fund (SIA-YE)		2,171,973
Moderate Journey Fund (SIA-D2)		1,863,373
Select Large Cap Value Fund (SIA-YJ)		1,421,363
International Equity Index		1,402,377
Government Money Market Fund (SIA-U)		9,242,263
Growth America		2,019,940
Participant Loans	1,806,462	1,454,471

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2009 and 2008, to Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$35,971,528	\$26,781,708
Amounts allocated to withdrawing Members	-	(896,362)
Adjustment from contract value to fair value for investment contracts	56,031	-
Net assets available for benefits per Form 5500	<u>\$36,027,559</u>	<u>\$25,885,346</u>

The following is a reconciliation of benefits paid to Participants per the financial statements for the year ended December 31, 2009, to Form 5500:

Benefits paid to Participants per the financial statements	\$ 1,806,775
Amounts allocated to withdrawing Participants – December 31, 2009	-
Amounts allocated to withdrawing Participants – December 31, 2008	(896,362)
Amounts deemed distributions of member loans as reflected in the Form 5500	(9,617)
Benefits paid to Participants per Form 5500	<u>\$ 900,796</u>

Amounts allocated to withdrawing Participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, 2009 but not yet paid as of that date.

Amounts of deemed distributions of Member loans as reflected in the Form 5500 are for loans that Participants failed to make a payment within 90 days of receipt of the last loan payment made or Participants who failed to repay the loan in full within 30 days after the end of the repayment period for the year ended December 31, 2009.

8. Participant Loans

The Plan allows participants to borrow up to 50% of their respective vested balances in the Plan, not to exceed \$50,000. The related loans receivable from participants must be repaid within five years, or longer if the loan is for the purchase of a primary residence. The interest rate for the loan is established at the time the loan is originated at prevailing commercial rates. The interest rate on participants' loans ranges from 4.25% to 9.25%. All participant loans are secured by their vested interest in the Plan. Principal and interest are paid ratably through bi-weekly payroll deductions. Total loans outstanding as of December 31, 2009 and 2008 were \$1,806,462 and \$1,454,471, respectively.

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009**

9. Plan Expenses

CSTC may charge participants an administrative fee for transactions. CSTC will charge a total weighted average of 29 basis points (annualized) for the authorized fund of the agreement. CSTC will monitor the weighted average and in the event that the total weighted average is less than 29 basis points, CSTC will notify the Employer of the amount of the fee that will be assessed. The Schwab Personal Choice Retirement Accounts will be charged the normal Schwab brokerage commissions.

10. Related Party Transactions

Certain Plan investments were shares of mutual funds managed by Mass Mutual. Mass Mutual was the trustee until March 24, 2009. After this time, Charles Schwab Trust Company became the trustee of the Plan.

11. 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 value 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.

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
EMPLOYER IDENTIFICATION NUMBER 95-4062554
PLAN NUMBER 005
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES
AS OF DECEMBER 31, 2009

Part I - Assets Held for Investment

Party in Interest (a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)	Current Value (e)
	CSTC	Buffalo Mid Cap	N/A	\$ 1,112,307
	CSTC	CRM Mid Cap Value Investor Class	N/A	788,212
	CSTC	Eaton Vance Large Cap Value A	N/A	2,250,622
	CSTC	EuroPacific Growth R4	N/A	3,490,495
	CSTC	Growth Fund of America R4	N/A	3,606,196
	CSTC	Hartford Small Company HLS	N/A	246,264
	CSTC	Highmark NYSE ARCA Tech 100 A	N/A	776,795
	CSTC	JPMorgan Core Bond A	N/A	3,055,492
	CSTC	Oppenheimer Main Street Smallcp Y	N/A	935,730
*	CSTC	Schwab Managed Ret 2010 Class II	N/A	806,009
*	CSTC	Schwab Managed Ret 2015 Class II	N/A	36,465
*	CSTC	Schwab Managed Ret 2020 Class II	N/A	3,014,177
*	CSTC	Schwab Managed Ret 2025 Class II	N/A	76,366
*	CSTC	Schwab Managed Ret 2030 Class II	N/A	531,540
*	CSTC	Schwab Managed Ret 2035 Class II	N/A	126,451
*	CSTC	Schwab Managed Ret 2040 Class II	N/A	2,409,951
*	CSTC	Schwab Managed Ret 2045 Class II	N/A	36,012
*	CSTC	Schwab Managed Ret 2050 Class II	N/A	51,406
*	CSTC	Schwab Managed Ret Income II	N/A	23,534
*	CSTC	Schwab S&P 500 Index Fund	N/A	2,152,199
*	CSTC	Schwab Stable value Select	N/A	8,176,418
	CSTC	Personal Choice Retirement	N/A	457,040
	Plan Participants	Participant loans secured by underlying vested interest. Maturity dates range within a five year period with interest rates between 4.25% and 9.25%	-	1,806,462

**EMPLOYEES SAVINGS PLAN
OF CONTINENTAL GRAPHICS CORPORATION**
SCHEDULE H, LINE 4j - SCHEDULE OF
REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2009

Identity of party involved	Description of asset	Number of transactions	Purchase price	Cost	Selling Price	Gain or (Loss)
Mass Mutual	Government Money Market	65 sales		\$ 8,828,659	\$ 10,099,172	\$ 1,270,513
Mass Mutual	Growth American	41 sales		3,069,687	1,883,968	(1,185,719)
Mass Mutual	Prime Core Bond	31 sales		2,134,599	2,276,998	142,399
Schwab	Eaton Vance Large Cap Value A	93 purchases	\$ 2,078,736	2,078,736		
Schwab	Europacific Growth R4	106 purchases	2,780,117	2,780,117		
Schwab	Growth Fund of America R4	113 purchases	2,999,922	2,999,922		
Schwab	JP Morgan Core Bond A	102 purchases	3,513,659	3,513,659		
Schwab	Oppenheimer Main St Smallcp Y	103 purchases	1,893,543	1,893,543		
Schwab	Schwab Managed Ret 2020 CI II	46 purchases	2,509,441	2,509,441		
Schwab	Schwab Managed Ret 2040 CI II	56 purchases	2,083,187	2,085,187		
Schwab	Schwab S&P 500 Index Fund	91 purchases	1,831,469	1,831,469		
Schwab	Schwab Stable Value Select	94 purchases	12,682,500	12,682,500		
Schwab	Schwab Stable Value Select	165 sales		4,702,825	4,751,922	49,097

EMPLOYEE SAVINGS PLAN OF CONTINENTAL GRAPHICS CORPORATION

Schedule H Part IV, 4i

Employer identification number: 95-4062554

Plan number: 005

Party in Interest (a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)	Current Value (e)
	CSTC	Buffalo Mid Cap	N/A	\$ 1,112,307
	CSTC	CRM Mid Cap Value Investor Class	N/A	788,212
	CSTC	Easton Vance Large Cap Value A	N/A	2,250,622
	CSTC	EuroPacific Growth R4	N/A	3,490,495
	CSTC	Growth Fund of America R4	N/A	3,606,196
	CSTC	Hartford Small Company HLS	N/A	246,264
	CSTC	Highmark NYSE ARCA Tech 100 A	N/A	776,795
	CSTC	JPMorgan Core Bond A	N/A	3,055,492
	CSTC	Oppenheimer Main Street Smallcp Y	N/A	935,730
*	CSTC	Schwab Managed Ret 2010 Class II	N/A	806,009
*	CSTC	Schwab Managed Ret 2015 Class II	N/A	36,465
*	CSTC	Schwab Managed Ret 2020 Class II	N/A	3,014,177
*	CSTC	Schwab Managed Ret 2025 Class II	N/A	76,366
*	CSTC	Schwab Managed Ret 2030 Class II	N/A	531,540
*	CSTC	Schwab Managed Ret 2035 Class II	N/A	126,451
*	CSTC	Schwab Managed Ret 2040 Class II	N/A	2,409,951
*	CSTC	Schwab Managed Ret 2045 Class II	N/A	36,012
*	CSTC	Schwab Managed Ret 2050 Class II	N/A	51,406
*	CSTC	Schwab Managed Ret Income II	N/A	23,534
*	CSTC	Schwab S&P 500 Index Fund	N/A	2,152,199
*	CSTC	Schwab Stable value Select	N/A	8,176,418
	CTSC	Personal Choice Retirement	N/A	457,040
	Plan Participants	Participant loans secured by underlying vested interest. Maturity dates range within a five year period with interest rates between 4.25% and 9.25%	-	1,806,462
Total assets held for investment purposes				<u>\$ 35,966,143</u>

EMPLOYEE SAVINGS PLAN OF CONTINENTAL GRAPHICS CORPORATION

Schedule H Part IV, 4j

Employer identification number: 95-4062554

Plan number: 005

Identity of party involved (a)	Description of asset (b)	Number of transactions (c)	Purchase price (d)	Cost (e)	Selling price (f)	Net gain or (loss) (g)
Mass Mutual	Government Money Market	65 sales		\$ 8,828,659	\$ 10,099,172	\$ 1,270,513
Mass Mutual	Growth American	41 sales		\$ 3,069,687	\$ 1,883,968	\$ (1,185,719)
Mass Mutual	Prime Core Bond	31 sales		\$ 2,134,599	\$ 2,276,998	\$ 142,399
Schwab	Eaton Vance Large Cap Value A	93 purchases	\$ 2,078,736	\$ 2,078,736		
Schwab	Europacific Growth R4	106 purchases	\$ 2,780,117	\$ 2,780,117		
Schwab	Growth Fund of America R4	113 purchases	\$ 2,999,922	\$ 2,999,922		
Schwab	JP Morgan Core Bond A	102 purchases	\$ 3,513,659	\$ 3,513,659		
Schwab	Oppenheimer Main St Smallcap Y	103 purchases	\$ 1,893,543	\$ 1,893,543		
Schwab	Schwab Managed Ret 2020 Cl II	46 purchases	\$ 2,509,441	\$ 2,509,441		
Schwab	Schwab Managed Ret 2040 Cl II	56 purchases	\$ 2,083,187	\$ 2,085,187		
Schwab	Schwab S&P 500 Index Fund	91 purchases	\$ 1,831,469	\$ 1,831,469		
Schwab	Schwab Stable Value Select	94 purchases	\$ 12,682,500	\$ 12,682,500		
Schwab	Schwab Stable Value Select	165 sales		\$ 4,702,825	\$ 4,751,922	\$ 49,097