Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

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:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 10/01/1963

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
CONTINENTAL GRAPHICS CORP.

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.	09/27/2010	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 CORP.

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

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**	1143
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**	666
b	Retired or separated participants receiving benefits	**6b**	101
c	Other retired or separated participants entitled to future benefits	**6c**	366
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1133
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f	Total. Add lines **6d** and **6e**	**6f**	1143
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
1A 1G 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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
CONTINENTAL GRAPHICS CORP.

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.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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	PF 609	0	01/01/2009	12/31/2009

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			3

(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	

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.	6d	

Specify nature of costs ▶

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 ▶

b	Balance at the end of the previous year			7b	1198296
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	8552		
	(4) Transferred from separate account	7c(4)	21196950		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	21205502
d	Total of balance and additions (add **b** and **c(6)**)			7d	22403798
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	394731		
	(2) Administration charge made by carrier	7e(2)	6200		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	22002867		
	▶ CASHOUT OF EMPLOYERS FUNDS INVESTMENT ADJUSTMENT				
	(5) Total deductions			7e(5)	22403798
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CONTINENTAL GRAPHICS CORP.

D Employer Identification Number (EIN)
95-4062554

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		33077932
b	Actuarial value	**2b**		36385726
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	101	4587265
b	For terminated vested participants	**3b**	364	5852207
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		204497
	(2) Vested benefits	**3c(2)**		19240548
	(3) Total active	**3c(3)**	678	19445045
d	Total	**3d**	1143	29884517
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.24 %
6	Target normal cost	**6**		1970855

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

09/17/2010
Signature of actuary — Date

BORIS CHERNYAK, EA, MAAA
Type or print name of actuary

08-06873
Most recent enrollment number

CHARLES SCHWAB & CO., INC.
Firm name

330-908-4604
Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4499101	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	2367313	0
9	Amount remaining (Item 7 minus item 8)	2131788	0
10	Interest on item 9 using prior year's actual return of 26.74 %	-570040	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		
	b Interest on (a) using prior year's effective rate of _____%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections	0	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	1561748	0

Part III Funding percentages

14	Funding target attainment percentage	14	116.52 %
15	Adjusted funding target attainment percentage	15	121.75 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	663915				
07/14/2009	663915				
06/30/2009		432592			
			Totals ► 18(b)	1327830	18(c) 432592

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1285658

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29**

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 1285658

38 Interest-adjusted excess contributions for current year (see instructions) **38** 1285658

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

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

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL GRAPHICS CORP.

D Employer Identification Number (EIN)
95-4062554

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN FUNDS

95-1411037

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

COHEN & STEERS

14-1904657

(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

HARTFORD MUTUAL FUNDS

13-3317783

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

JP MORGAN CHASE

13-2624428

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

LAZARD FUNDS

20-4571006

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

NORTHERN FUNDS

39-1777365

(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

T. ROWE PRICE

52-2264646

(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	6200	Yes [X] No [ ]	Yes [X] 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 64	NONE	0	Yes [X] No [ ]	Yes [X] 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 64	NONE	68100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONTINENTAL GRAPHICS CORP.

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: MAIN ST. SMALL CAP -SIA-CA

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

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)
04-1590850-203	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC FUND - SIA-KR

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

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)
04-1590850-416	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT INDEXED EQUITY - SIA-LX

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

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)
04-1590850-066	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PREMIER MONEY MARKET - SIA-LG

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

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)
04-1590850-055	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT MID GROWTH II - SIA-W9

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

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)
04-1590850-121	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PR INFLATION PROTECTED BD - SIA-Y

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

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)
04-1590850-183	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT BLUE CHIP GROWTH - SIA-Y1

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

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)
04-1590850-170	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PREMIER CORE BOND - 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: SELECT LARGE CAP VALUE - 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

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAPITAL VALUE - 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: INTERNATIONAL BOND - SIA-CW

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-008	**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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL GRAPHICS CORP.

D Employer Identification Number (EIN)
95-4062554

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8000000	
(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)		52634
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	24163227	
(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)		40220584
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1198296	
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	33361523	40273218
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		30325
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	30325
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	33361523	40242893

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1327830	
	(B) Participants	2a(1)(B)	432592	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1760422
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9512	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9512
	(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)	758426	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		758426
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2944697
(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)		9695510
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9279173
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2293178	
(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)		2293178
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
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)	104625	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		104625
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2397803
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		6881370
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) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL GRAPHICS CORP.

D Employer Identification Number (EIN)
95-4062554

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-1590850 42-1558009

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** 20

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 61% Investment-Grade Debt: 31% High-Yield Debt: 1% Real Estate: 7% 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):

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN

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

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN

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REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Trustees of the Continental
Graphics Employee Pension Plan:

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Continental Graphics Employee Pension Plan (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 Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 10 and 11, which were certified by Massachusetts Mutual Financial Group ("Mass Mutual") and Charles Schwab Trust Company ("CSTC") the custodians of the trust, except for comparing such information with the related information included in the 2009 and 2008 financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the custodian 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 trustees, has 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

GGF, LLP

September 20, 2010
Encino, California

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
STATEMENTS OF NET ASSETS
AVAILABLE FOR PLAN BENEFITS
AS OF DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Cash	$ 52,634	$ -
Investment in group annuity contract	-	1,283,986
Investment at fair value	40,220,584	24,163,227
Contribution receivable	-	8,000,000
Net assets available for plan benefits at fair value	40,273,218	33,447,213
LIABILITIES - Administrative expenses payable	30,325	-
Adjustments from fair value to contract value for interest in group annuity contracts relating to fully benefit responsive investment contracts	-	(85,690)
Net assets available for benefits	$ 40,242,893	$ 33,361,523

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

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS:		
Employee cash contributions	432,592	$ 472,392
Employer cash contributions	1,327,830	8,000,000
Net realized and unrealized gains	8,945,328	-
Dividend income	758,426	-
Interest income	9,512	96,707
Total additions	11,473,688	8,569,099
DEDUCTIONS:		
Distributions to participants and beneficiaries	(2,293,178)	(1,332,207)
Net realized and unrealized losses	(2,194,515)	(9,555,109)
Administrative expenses	(104,625)	(3,004)
Total deductions	(4,592,318)	(10,890,320)
Net increase (decrease) in net assets available for plan benefits	6,881,370	(2,321,221)
NET ASSETS AVAILABLE FOR PLAN BENEFITS, beginning of year	33,361,523	35,682,744
NET ASSETS AVAILABLE FOR PLAN BENEFITS, end of year	$ 40,242,893	$ 33,361,523

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

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE 1. PLAN DESCRIPTION

The following brief description of the Continental Graphics Employee Pension Plan (the "Plan") is provided for general information only. Participants should refer to the Plan document for more complete information.

The Plan is a defined benefit plan which provides for the voluntary participation of all employees of Continental Graphics Corporation (the "Company") who have reached age 21, have completed 90 calendar days of consecutive service, work 35 or more hours per week and who are not covered by a union-negotiated plan. Additionally, other employees are eligible if they have completed 1,000 hours of service in a twelve consecutive month period. As of January 1, 2006, the Plan no longer admitted new employees to the Plan. Employees currently accruing benefits will continue to do so.

Contributions are required to be made by the Company and by participating employees. Employee contributions are one percent of annual earnings up to the Social Security taxable wage base and three percent of earnings over this taxable wage base. The Company is funding on an annual basis both the normal cost and an amount adequate to fund the estimated unfunded prior service cost over a period of 30 years. The minimum funding requirements of ERISA were met in calendar years 2009 and 2008. Required contributions of $1,327,830 were contributed for the plan year December 31, 2009 and discretionary contributions of $8,000,000 were contributed for the plan year December 31, 2008.

Participants are fully vested with regard to the accrued retirement benefits attributed to their accumulated contributions. Participants become fully vested in the portion of their accrued retirement benefits attributable to the Company's contributions upon completion of 5 years of employment, or upon reaching normal retirement age.

The Plan provides that the normal monthly retirement benefit at age 65 is equal to (a) 1 percent of the participant's highest five-year average monthly earnings up to his or her Social Security covered compensation and (b) 1 ¾ percent of the participant's same average monthly earnings in excess of his or her Social Security covered compensation, with both (a) and (b) multiplied by the number of years of service. Annual benefits may not exceed the lesser of $220,000 adjusted for cost of living in accordance with Section 415 of the Internal Revenue Code or 100 percent of the participant's average compensation for the highest three consecutive compensated years while a participant. Benefits generally begin after the normal retirement age of 65, although early retirement and benefit payments are possible after reaching age 55 and completing 5 years of service.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The assets included in the statements of net assets available for plan benefits are stated at current market value.

Massachusetts Mutual Life Insurance Company ("Mass Mutual"), the "Fiduciary" or "Custodian", maintained the accounting records of their investments on a cash basis until March-12, 2009. All the assets were transferred to Charles Schwab Trust Company ("CSTC") on that date who is the current Trustee/Custodian of the Plan. The custodian's financial information has been adjusted to present the 2009 and 2008 financial statements on the accrual basis of accounting.

Use of Estimates

The Company's management uses estimates and assumptions in preparing the Plan's financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions provided to the Plan actuaries (see Notes 1 and 6), affect the reported amounts of assets and liabilities, and the disclosure of contingent assets and liabilities, and the reported additions and deductions. Actual results could vary from the estimates that were assumed in preparing the financial statements.

Custodian and Investments

The following describes the investment assets of the Plan:

The Plan assets are invested in a variety of mutual funds with strategies that include intermediate bond funds, large value, large growth and small capital value, foreign large blend, diversified emerging markets fund, and specialty- real estate fund with CSTC as custodian and are stated at fair market value as determined on the public market.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

Subsequent events are events or transactions that occur after the balance sheet date but before financial statements are issued. The Plan recognizes in the financial statements the effects 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 has evaluated subsequent events through September 20, 2010 which is the date the financial statements are available to be issued.

NOTE 3. 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.

NOTE 4. FAIR VALUE OF FINANCIAL ASSETS AND FINANCIAL LIABILITIES

The Plan has classified its investment 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 under ASC 820 for financial assets and financial liabilities are described as follows:

NOTE 4. FAIR VALUE OF FINANCIAL ASSETS AND FINANCIAL LIABILITIES (Continued)

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.

NOTE 4. 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, 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.

2009

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance as of December 31, 2009
Money market funds	$ 52,634		$ -	$ 52,634
Mutual Funds	$ -	40,220,584	-	40,220,584
	$ 52,634	$ 40,220,584	$ -	$ 40,273,218

2008

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance as of December 31, 2008
Group Annuity Contracts	$ -	$ 1,283,986	$ -	$ 1,283,986
Pooled Separate Accounts	-	24,163,227	-	24,163,227
	$ -	$ 25,447,213	$ -	$ 25,447,213

NOTE 5. PENSION LIABILITY

In accordance with accounting principles generally accepted in the United States, benefits are recorded when paid. Accrued benefit claims, those benefits processed and approved but not yet paid, are not recorded in the accompanying statements of net assets available for plan benefits as of December 31, 2009 and 2008. However, as of December 31, 2008, the Plan had benefits processed and approved but not yet paid of $199,950. There were no benefits processed and approved but not yet paid as of December 31, 2009.

NOTE 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan Benefits are those future benefit payments, including lump-sum distributions that are attributed under the provisions of the Plan to services rendered by employees through the actuarial valuation date. Accumulated Plan Benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who are deceased, and (c) present employees or their beneficiaries.

The actuarial present value of the Accumulated Plan Benefits has been determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the Accumulated Plan Benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The most recent actuarial valuation was prepared as of January 1, 2009 by Schwab Corporate Services. The actuarial cost method used to calculate the Plan costs is the "Unit Credit Method" for 2009 and 2008. The significant assumptions underlying the computations are as follows:

- An assumed rate of return of 7.0%
- Interest on Employee Contributions of 5%
- Life expectancy determined by the fully generational RP-2000 employee tables
- Retirement age assumption is 65

NOTE 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of Accumulated Plan Benefits was as follows:

	January 1 2009	January 1 2008
Vested Benefits:		
Participants currently receiving payments	$ 5,018,729	$ 4,788,875
Other participants	29,345,138	25,949,267
	34,363,867	30,738,142
Nonvested Benefits	246,285	254,787
Total actuarial present value of Accumulated Plan Benefits	$ 34,610,152	$ 30,992,929
Changes in Accumulated Paln Benefits were as follows:		
Actuarial present value of Accumulated Plan Benefits -- Beginning of period	$ 30,992,929	$ 26,698,122
Increase during the year attributable to:		
Benefits accumulated (including the effect of noninvestment experience)	2,826,552	2,639,620
Changes in actuarial assumptions		-
Interest due to the decrease in the discount period	2,122,878	1,859,251
Benefits paid	(1,332,207)	(2,389,361)
Plan changes	-	2,185,297
Net increase	3,617,223	4,294,807
Actuarial present value of Accumulated Plan Benefit -- End of period	$ 34,610,152	$ 30,992,929

NOTE 7. TAX STATUS

On April 22, 2005, the Plan received a favorable determination letter from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 8. ADMINISTRATIVE EXPENSES

Certain expenses associated with the administration of the trust are paid through the Plan. The Company pays all other additional administrative expenses of the Plan including accounting and legal fees if necessary.

NOTE 9. PLAN TERMINATION

Although it has not expressed any intention 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 set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by section 4044 of ERISA, generally to provide the following benefits in the order indicated below:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits to former employees or their beneficiaries who have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency, up to the applicable limitations (discussed below).
4. All other vested benefits (vested benefits not insured by PBGC).
5. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. PBGC guarantees vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that PBGC guarantees.

NOTE 9. PLAN TERMINATION (Continued)

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE 10. SUMMARY OF FINANCIAL DATA AS CERTIFIED TO BY THE CUSTODIAN

The following is a summary of the Plan financial information presented on a cash basis and certified by the custodians, Mass Mutual and CSTC, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of December 31, 2009 and 2008. The difference between the certified information and that which is included in the accompanying financial statements is attributable to adjustments made by the Plan administrator to conform the custodians' certified financial statements to the full accrual basis of accounting and to classify certain transactions more accurately:

	2009	2008
Statements of net assets available for plan benefits:		
Investments	$ 40,273,218	$ 25,361,523
Statements of changes in net assets available for plan benefits:		
Additions:		
Investment income	$ 767,938	$ 96,707
Net realized and unrealized gains and losses	6,665,409	-
Employee contributions	139,320	472,392
Employer contributions	9,621,101	
Other additions	321,641	724
Total additions	17,515,409	569,823
Deductions:		
Distributions to participants and beneficiaries	(1,901,091)	(1,332,207)
Net realized and unrealized loss	-	(9,555,109)
Other deductions	(634,523)	-
Administrative expenses	(68,100)	(3,004)
Total deductions	(2,603,714)	(10,890,320)
Increase (Decrease) in net assets available for available for plan benefits during the year	$ 14,911,695	$ (10,320,497)

NOTE 11. PLAN ASSETS GREATER THAN FIVE PERCENT

The following plan assets are greater than five percent of the total plan assets as of December 31, 2009 and 2008:

	2009	2008
MassMutual - Premier Core Bond Fund		$ 3,582,402
MassMutual - Select Indexed Equity Fund		4,290,606
MassMutual - Prem Inflation-Protected Bond Fund		4,371,957
MassMutual - EuroPacific Growth Fund		4,032,291
Capital World Bond Fund CL	2,411,527	
Cohen & Steers Realty Shares	2,737,253	
Eaton Vance Large Cap Value	4,151,209	
Europacific Growth Fund R5	5,022,347	
JP Morgan Core Bond Fund	5,071,861	
Lazard Emerging Markets Port. Instl Shares	2,602,629	
Northern Small Cap Value Fund	2,068,823	
Oppenheimer Main Street Small Cap Fund	2,054,446	
Schwab S&P 500 Index Fund - Select S	4,186,844	
T Rowe Price Blue Chip Growth Fund	2,979,333	
Vanguard Inflation Prot. Sec Adm.	5,143,747	

NOTE 12. TRANSACTIONS WITH PARTIES IN INTEREST

Plan expenses consist of fees for recordkeeping and administrative fees, actuarial fees, and custodial fees. The total fees with Mass Mutual and CSTC for the year ended December 31, 2009 were $6,200 and $98,425, respectively.

Certain Plan investments are shares of mutual funds managed by CSTC. CSTC is the Custodian of the Trust of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 13. PROHIBITED TRANSACTIONS

On August 14, 2007, a reportable nonexempt party-in-interest transaction existed. Participant contributions in the amount of $17,793 were withheld from employee wages, but were not remitted to the Plan within the time prescribed by the Department of Labor ("DOL"). The Plan was corrected according to the guiding principles of the DOL's Voluntary Fiduciary Correction Program (DOL's VFCP"). Lost earnings on the amount of $64 were remitted to the Plan on June 30, 2008.

On February 6, 2007, a reportable nonexempt party-in-interest transaction existed. Participant contributions in the amount of $8,223 were withheld from employee wages, but were not remitted to the Plan within the time prescribed by the DOL. The Plan was corrected according to the guiding principles of the DOL's VFCP. Lost earnings on the amount of $12 were remitted to the Plan on June 30, 2008.

On October 1, 2006, a reportable nonexempt party-in-interest transaction occurred. There was a new agreement with the service provider which resulted in an overpayment to the service provider. The Plan was corrected according to the guiding principles of the DOL's VFCP, which involved remitting the principal amount of $10,029 to the Plan along with lost earnings in the amount of $648 on June 30, 2008.

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN

SUPPLEMENT SCHEDULE

EMPLOYER IDENTIFICATION NUMBER 95-4062554

PLAN NUMBER 003

SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS

HELD AT END OF YEAR

DECEMBER 31, 2009

Party in Interest (a)	Issuer (b)	Description (c)	Shares (d)	Cost (e)	Current Value (f)
*	Schwab	Cash	-	$ 51,785	$ 51,785
*	Schwab	Schwab Retirement Advantage Money Fund	849.43	849	849
	Capital World	Capital World Bond Fund CL R5	120,155.82	2,199,169	2,411,528
	Cohen & Steers	Cohen & Steers Realty Shares	58,165.17	1,748,117	2,737,253
	Eaton Vance	Eaton Vance Large Cap Value	247,390.26	3,116,106	4,151,208
	Europacific	Europacific Growth Fund R5	131,200.28	3,513,088	5,022,347
	Harford	Hartford Small Company Hls Fund	125,830.29	1,262,184	1,790,565
	JP Mogan	JP Morgan Core Bond Fund	456,924.41	4,940,895	5,071,861
	Lazard	Lazard Emerging Markets Port. Instl Shares	144,510.20	1,621,072	2,602,629
	Northern	Northern Small Cap Value Fund	168,333.85	1,449,623	2,068,823
	Oppenheimer	Oppenheimer Main Street Small Cap Fund	118,071.60	1,316,248	2,054,446
*	Schwab	Schwab S&P 500 Index Fund - Select S	241,455.84	3,112,060	4,186,844
	T Rowe Price	T Rowe Price Blue Chip Growth Fund	90,916.47	2,130,804	2,979,333
	Vanguard	Vanguard Inflation Prot. Sec Adm.	208,671.30	4,865,889	5,143,747

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN

SUPPLEMENT SCHEDULE

EMPLOYER IDENTIFICATION NUMBER 95-4062554

PLAN NUMBER 003

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchases or Sales	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
Single Transactions							
Mass Mutual	Prem Inflation-Protected Bond Fund	1		$ 4,306,631	$ 4,371,957	$ 4,306,631	$ (74,756)
Mass Mutual	Prem Core Bond Fund	1		$ 3,571,417	$ 3,582,402	$ 3,571,417	$ (20,415)
Mass Mutual	Select Indexed Equity Fund	1		$ 3,421,624	$ 4,290,606	$ 3,421,624	$ (880,298)
Mass Mutual	EuroPacific Growth Fund	1		$ 3,336,150	$ 4,032,290	$ 3,336,150	$ (705,570)
Series of Transactions							
Charles Schwab	Capital World Bond Fund Class R5	28	$ 2,352,179		$ 2,352,179	$ 2,352,179	
Charles Schwab	Capital World Bond Fund Class R5	9		$ 164,101	$ 153,010	$ 164,101	$ 11,091
Charles Schwab	Cohen & Steers Realty Shares	28	$ 2,018,526		$ 2,018,526	$ 2,018,526	
Charles Schwab	Cohen & Steers Realty Shares	9		$ 358,746	$ 270,409	$ 358,746	$ 88,337
Charles Schwab	Eaton Vance Large Cap Value I	27	$ 3,279,352		$ 3,279,352	$ 3,279,352	
Charles Schwab	Eaton Vance Large Cap Value I	9		$ 196,539	$ 163,246	$ 196,539	$ 33,293
Charles Schwab	Europacific Growth Fund R5	25	$ 3,980,312		$ 3,980,312	$ 3,980,312	
Charles Schwab	Europacific Growth Fund R5	9		$ 616,560	$ 467,224	$ 616,560	$ 149,336
Charles Schwab	Institutional Select S & P 500 Index	17	$ 3,278,633		$ 3,278,633	$ 3,278,633	
Charles Schwab	Institutional Select S & P 500 Index	2		$ 262,317	$ 213,102	$ 262,317	$ 49,215
Charles Schwab	JPMorgan Core Bond Fund	35	$ 5,055,734		$ 5,055,734	$ 5,055,734	
Charles Schwab	JPMorgan Core Bond Fund	8		$ 117,181	$ 114,839	$ 117,181	$ 2,342

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN

SUPPLEMENT SCHEDULE

EMPLOYER IDENTIFICATION NUMBER 95-4062554

PLAN NUMBER 003

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS - Continued

December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchases or Sales	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
Series of Transactions							
Charles Schwab	Lazard Emerging Markets Portfolio Instl.	25	$ 2,008,945		$ 2,008,945	$ 2,008,945	
Charles Schwab	Lazard Emerging Markets Portfolio Instl.	9		$ 558,556	$ 387,873	$ 558,556	$ 170,683
Charles Schwab	Oppenheimer Main Str Small Cap Fund	25	$ 1,629,306		$ 1,629,306	$ 1,629,306	
Charles Schwab	Oppenheimer Main Str Small Cap Fund	9		$ 447,496	$ 313,058	$ 447,496	$ 134,438
Charles Schwab	Schwab Retirement Advant Money Fund	30	$ 1,694,538		$ 1,694,538	$ 1,694,538	
Charles Schwab	Schwab Retirement Advant Money Fund	29		$ 1,693,688	$ 1,693,688	$ 1,693,688	$ -
Charles Schwab	T Rowe Price Blue Chip Growth Fund	25	$ 2,268,764		$ 2,268,764	$ 2,268,764	
Charles Schwab	T Rowe Price Blue Chip Growth Fund	9		$ 167,784	$ 137,960	$ 167,784	$ 29,824
Charles Schwab	Vanguard Inflation Prot. Sec Adm	27	$ 4,977,886		$ 4,977,886	$ 4,977,886	
Charles Schwab	Vanguard Inflation Prot. Sec Adm	8		$ 118,055	$ 111,997	$ 118,055	$ 6,058

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: Continental Graphics Employee Pension Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Continental Graphics Corp.

D Employer Identification Number (EIN): 95-4062554

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2 Assets:

a	Market value	2a	33,077,932
b	Actuarial value	2b	36,385,726

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	101	4,587,265
b	For terminated vested participants	3b	364	5,852,207
c	For active participants:			
	(1) Non-vested benefits	3c(1)		204,497
	(2) Vested benefits	3c(2)		19,240,548
	(3) Total active	3c(3)	678	19,445,045
d	Total	3d	1,143	29,884,517

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5	Effective interest rate	5	8.24 %
6	Target normal cost	6	1,970,855

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Boris Chernyak

Signature of actuary

09/17/2010

Date

Boris Chernyak, EA, MAAA

Type or print name of actuary

08-06873

Most recent enrollment number

Charles Schwab & Co., Inc.

Firm name

(330)908-4604

Telephone number (including area code)

4150 Kinross Lakes Parkway

Richfield OH 44286

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4,499,101	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	2,367,313	0
9	Amount remaining (Item 7 minus item 8)	2,131,788	0
10	Interest on item 9 using prior year's actual return of (26.74)%	(570,040)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of _____%		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,561,748	0

Part III Funding percentages

14	Funding target attainment percentage	14	116.52 %
15	Adjusted funding target attainment percentage	15	121.75 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	663,915				
07/14/2009	663,915				
06/30/2009		432,592			
			Totals ► 18(b)	1,327,830	18(c) 432,592

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,285,658

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 1,285,658

38 Interest-adjusted excess contributions for current year (see instructions) **38** 1,285,658

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

EIN: 95-4062554 Plan No. 003 Continental Graphics Employee Pension Plan

Schedule SB, line 19 – Discounted Employer Contributions

Val Date	01/01/2009
Effective Rate	8.24%
Increased Rate for Late Quarterly Installment	N/A

Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to Which the contribution is Applied
04/15/2009	$ 663,915	$ 649,104	2009
07/14/2009	$ 663,915	$ 636,554	2009
Total	$ 1,327,830	$ 1,285,658	

EIN: 95-4062554 Plan No. 003 Continental Graphics Employee Pension Plan

Schedule SB, line 22 – Description of Weighted Average Retirement Age

All employees are assumed to retire at age 65.

EIN: 95-4062554 Plan No. 003 Continental Graphics Employee Pension Plan

Schedule SB, line 24 – Change in Actuarial Assumptions

The assumed discount rates on benefits paid in the future are based on the Full Yield Curve for October 2008 as published in the IRS Notice 2008-105. Previously, the January 2008 PPA Segment rates without transitional phase-in were used.

The interest rates and mortality used to determine liability have been changed to conform to statutory constraints.

An expense assumption of $45,000 per year was added to the Normal Cost.

All other actuarial assumptions remained unchanged from the prior valuation

EIN: 95-4062554 Plan No. 003 Continental Graphics Employee Pension Plan

Schedule SB, line 25 – Change in Method

The Actuarial Value of Assets (Valuation Assets) is equal to a 3-year averaging method as described in IRS Notice 2009-22. Under this method, the Actuarial Value of Assets is the average of the current and two preceding valuation date Market Value of Assets, where the preceding two years include expected earnings at the lesser of the third segment rate for that year or 7.50%. Previously, the Valuation Assets equaled the Market Value.

EIN: 95-4062554 Plan No. 003 Continental Graphics Employee Pension Plan

Schedule SB, line 26 – Schedule of Active Participant Data

Age versus Service Scatter for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	1	-	-	-	-	-	-	-	-	1
25 to 29	-	6	4	1	-	-	-	-	-	-	11
30 to 34	-	9	19	21	-	-	-	-	-	-	49
35 to 39	-	5	25	38	9	-	-	-	-	-	77
40 to 44	-	9	28	45	30	1	-	-	-	-	113
45 to 49	-	4	28	45	31	22	-	-	-	-	130
50 to 54	-	13	27	42	27	8	7	1	-	-	125
55 to 59	-	3	11	30	29	9	3	2	-	-	87
60 to 64	-	4	5	26	14	6	3	1	3	-	62
65 to 69	-	-	1	5	7	3	2	-	1	-	19
over 70	-	-	-	2	1	1	-	-	-	-	4
Total	0	54	148	255	148	50	15	4	4	-	678

Schedule SB, Part V - Summary of Plan Provisions

SUMMARY OF PLAN PROVISIONS

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date – October 1, 1963.

Covered Employees – The plan covers all employees of Continental Graphics Corporation who were hired prior to January 1, 2006, excluding leased or contracted employees.

Participation – An Eligible Employee scheduled to work 35 or more hours per week will be eligible for participation on the date on which he has attained age 21 and has completed 90 consecutive calendar days of employment. Other Employees will be eligible for participation following completion of 1,000 hours of service in a 12 consecutive month period. Participation is effective as of the first day of the month coinciding with or next following the date the Employee became eligible for participation.

Definitions:

Vesting Service – The period beginning on the Employee's employment commencement date and ending on the applicable severance from service date, excluding Service during which the Employee does not make the required Participant Contributions. Vesting Service is the aggregate of years and completed months.

Benefit Service – Vesting Service, except excluding periods of service from Employment Commencement to Participation Date for employees hired on or after October 1, 1976. Benefit Service is the aggregate of years and completed months.

Compensation – All remuneration for services performed by the Employee for the Company subject to Federal Income Tax withholding: including salary deferral reductions, excluding income for auto allowance, company paid life insurance and severance pay. Please refer to the Plan Document for further details.

Final Average Compensation – The average annual compensation for any five (5) consecutive calendar years that produce the highest average annual compensation, but not less than the average of the 60 consecutive full calendar months of Benefit Service immediately preceding the date the participant terminates. If a participant has less than 60 full months of Benefit Service, then his Final Average Compensation is the monthly average of Compensation during the total, full Calendar months of his Benefit Service.

Covered Compensation – The average of the Social Security Taxable Wage Bases over the 35 year period ending with the calendar year a member attains his Social Security Normal Retirement Age.

Vesting – Participants are 100% Vested after 5 Years of Vesting Service.

Normal Retirement Date (NRD) – The first of the month coincident with or next following attainment of age 65.

Early Retirement Date (ERD) – The first of the month coincident with or next following attainment of age 55 and completion of 5 Years of Vesting Service.

Accrued Benefit for Continental Graphics Plan – 1.0% times Final Average Compensation not in excess of Covered Compensation times Benefit Service, plus 1.75% of Final Average Compensation in excess of Covered Compensation times Benefit Service

Schedule SB, Part V - Summary of Plan Provisions

Eligibility for Benefits:

Normal Retirement – Retirement from active service on NRD.

Early Retirement - Retirement from active service on or after ERD.

Deferred Vested - Termination for reasons other than death, disability or retirement after becoming vested.

Pre-Retirement Death - Death prior to receipt of benefits, with a vested benefit.

Amount of Benefits:

Normal Retirement Benefit – Payable at NRD based on Accrued Benefit.

Early Retirement Benefit - Payable at NRD based on Accrued Benefit.

- For Continental Graphics Plan participants - the accrued benefit reduced $1/15^{th}$ for each of the first five years and $1/30^{th}$ for each of the next five years by which the Early Retirement Date precedes Normal Retirement Date

- For Printing Plan participants - the accrued benefit multiplied by the following percentages based on the retirement age:

Retirement Age	Reduction Factor
55	50.0%
56	53.3%
57	57.6%
58	61.5%
59	65.3%
60	69.2%
61	73.3%
62	80.0%
63	86.7%
64	93.3%
65	100.0%

Late Retirement Benefit – The greater of a) the Normal Retirement Benefit using benefit service and Final Average Compensation as of Late Retirement Date and b) the Normal Retirement Benefit actuarially increased to Late Retirement Date using 7% interest rate and 1971 Group Annuity Mortality Table with a unisex blend of 75% Male and 25% Female for Continental Graphics Plan participants and 1984 Unisex Pension Mortality Table for Males for Printing Plan participants.

Deferred Vested Benefit – Payable at NRD based on Accrued Benefit. Participants who terminate non-vested are entitled to receive a return of their employee contributions with interest.

Schedule SB, Part V - Summary of Plan Provisions

Pre-Retirement Spousal Death Benefit – The surviving spouse of a participant who dies after early retirement age is entitled to an annuity for life the amount to which surviving spouse is entitled if participant retired on day before death and began to receive benefit as a Qualified Joint and Survivor Annuity (QJSA) commencing on 1st of month after participant's death. If participant dies before early retirement age, the surviving spouse is entitled to the benefit calculated as if participant terminated on date of death (or actual date of termination if earlier), survived to age 55, began to receive benefit as a QJSA starting at age 55 and died on day after age 55.

Death Benefit - In the event that the Participant's employee contributions with interest exceed the aggregate benefits paid under the Plan to the Participant and any Participant's Beneficiaries as of the date that such payments cease, an immediate Lump Sum distribution of the excess is payable to the Participant's Beneficiary.

Forms of Benefit:

Normal Form of Payment – The normal form of payment is the Qualified Joint and Survivor Annuity option as prescribed by law.

Qualified Joint and Survivor Option – An annuity payable to the Participant during his lifetime with a survivor annuity payable to his spouse during her lifetime in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Retirement Benefit

Optional Forms of Payment – These additional optional forms are available:

- Single life annuity
- Single life annuity with 5 years certain (only for Printing Plan participants)
- Single life annuity with 10 years certain
- 50%, 75% and a 100% contingent annuity
- Partial Lump Sum (only for Continental Graphics Plan participants)
- Lump Sum (only for Continental Graphics Plan participants)

Benefit Limitations:

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

ACTUARIAL METHODS AND ASSUMPTIONS

Cost Method - The actuarial cost method used in this report for determining ERISA contributions is the Unit Credit cost method as defined by the Pension Protection Act of 2006. Under this method, an active participant's accrued benefit is calculated based on the Plan's benefit formula using current service and current compensation. Since this Plan is an Employee – Contributory plan, the Target Normal Cost has been reduced by the Expected Employee Contributions for the Plan Year.

Asset Method - The Actuarial Value of Assets (Valuation Assets) is equal to a 3-year averaging method as described in IRS Notice 2009-22. Under this method, the Valuation Assets is the average of the current and two preceding valuation date Market Value of Assets, where the preceding two years include expected earnings at the lesser of the third segment rate for that year or 7.50%. Previously, the Valuation Assets equaled the Market Value.

Investment Return - The assumed discount rates on benefits paid in the future are based on the Full Yield Curve for October 2008 as published in the IRS Notice 2008-105

Interest on Employee Contributions – 5% compounded annually.

Salary Rates – 4.00 % per year.

Social Security Wage Base – 3.50% per year.

Retirement Rates – All Participants are assumed to retire at age 65.

Withdrawal Rates -

Sample Age	Probability of Withdrawal
20	18.2%
25	17.2%
30	16.2%
35	14.9%
40	13.1%
45	10.8%
50	7.9 %
55	4.4%
60	1.2%

Administrative Expenses – $45,000 per annum.

Mortality for Lump Sums – The 2009 "applicable mortality" as defined under IRS Code Section 417(e).

Mortality – The RP-2000 Tables, fully generational with scale AA as prescribed by the IRS.

Disability Rates – None assumed.

Form of Payment – Lump Sum

Percent Married - 80% of males and 80% of females were assumed to be married.

Age of Spouse - The female spouse is assumed to be 3 years younger than the male spouse.

CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN
SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS
Employer identification number: 95-4062554
Plan number: 003

Party in Interest	Issuer	Description	Cost	Current Value
*	Schwab	Cash	$ 51,785	$ 51,785
*	Schwab	Schwab Retirement Advantage Money Fund	849	849
	Capital World	Capital World Bond Fund CL R5	2,199,169	2,411,528
	Cohen & Steers	Cohen & Steers Realty Shares	1,748,117	2,737,253
	Eaton Vance	Eaton Vance Large Cap Value	3,116,106	4,151,208
	Europacific	Europacific Growth Fund R5	3,513,088	5,022,347
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	Oppenheimer	Oppenheimer Main Street Small Cap Fund	1,316,248	2,054,446
*	Schwab	Schwab S&P 500 Index Fund - Select S	3,112,060	4,186,844
	T Rowe Price	T Rowe Price Blue Chip Growth Fund	2,130,804	2,979,333
	Vanguard	Vanguard Inflation Prot. Sec Adm.	4,865,889	5,143,747
	Total			$ 40,273,218

CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
Employer identification number: 95-4062554
Plan number: 003

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchases or Sales	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
Single Transactions							
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Mass Mutual	Prem Core Bond Fund	1		$ 3,571,417	$ 3,582,402	$ 3,571,417	$ (20,415)
Mass Mutual	Select Indexed Equity Fund	1		$ 3,421,624	$ 4,290,606	$ 3,421,624	$ (880,298)
Mass Mutual	EuroPacific Growth Fund	1		$ 3,336,150	$ 4,032,290	$ 3,336,150	$ (705,570)
Series of Transactions							
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Charles Schwab	Capital World Bond Fund Class R5	9		$ 164,101	$ 153,010	$ 164,101	$ 11,091
Charles Schwab	Cohen & Steers Realty Shares	28	$ 2,018,526		$ 2,018,526	$ 2,018,526	
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Charles Schwab	Eaton Vance Large Cap Value I	9		$ 196,539	$ 163,246	$ 196,539	$ 33,293
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Charles Schwab	Institutional Select S & P 500 Index	17	$ 3,278,633		$ 3,278,633	$ 3,278,633	
Charles Schwab	Institutional Select S & P 500 Index	2		$ 262,317	$ 213,102	$ 262,317	$ 49,215
Charles Schwab	JPMorgan Core Bond Fund	35	$ 5,055,734		$ 5,055,734	$ 5,055,734	
Charles Schwab	JPMorgan Core Bond Fund	8		$ 117,181	$ 114,839	$ 117,181	$ 2,342
Charles Schwab	Lazard Emerging Markets Portfolio Instl.	25	$ 2,008,945		$ 2,008,945	$ 2,008,945	
Charles Schwab	Lazard Emerging Markets Portfolio Instl.	9		$ 558,556	$ 387,873	$ 558,556	$ 170,683
Charles Schwab	Oppenheimer Main Str Small Cap Fund	25	$ 1,629,306		$ 1,629,306	$ 1,629,306	
Charles Schwab	Oppenheimer Main Str Small Cap Fund	9		$ 447,496	$ 313,058	$ 447,496	$ 134,438
Charles Schwab	Schwab Retirement Advant Money Fund	30	$ 1,694,538		$ 1,694,538	$ 1,694,538	
Charles Schwab	Schwab Retirement Advant Money Fund	29		$ 1,693,688	$ 1,693,688	$ 1,693,688	$ -
Charles Schwab	T Rowe Price Blue Chip Growth Fund	25	$ 2,268,764		$ 2,268,764	$ 2,268,764	
Charles Schwab	T Rowe Price Blue Chip Growth Fund	9		$ 167,784	$ 137,960	$ 167,784	$ 29,824
Charles Schwab	Vanguard Inflation Prot. Sec Adm	27	$ 4,977,886		$ 4,977,886	$ 4,977,886	
Charles Schwab	Vanguard Inflation Prot. Sec Adm	8		$ 118,055	$ 111,997	$ 118,055	$ 6,058