

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	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan BANTA HOURLY PENSION PLAN	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	01/01/1959	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BANTA CORPORATION 225 MAIN STREET PO BOX 8003 MENASHA, WI 54952-3152	2b Employer Identification Number (EIN)	39-0148550	
	2c Sponsor's telephone number	312-326-8000	
	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.	10/14/2010	ANNE PEASE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	ANNE PEASE
	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") ADMINISTRATIVE COMMITTEE BANTA HOURLY PENSION PLAN 225 MAIN STREET PO BOX 8003 MENASHA, WI 54952-3152	3b Administrator's EIN 39-0148550 3c Administrator's telephone number 312-326-7092
--	---

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	793
---	----------	-----

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	153
b Retired or separated participants receiving benefits.....	6b	446
c Other retired or separated participants entitled to future benefits.....	6c	112
d Subtotal. Add lines 6a , 6b , and 6c	6d	711
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	64
f Total. Add lines 6d and 6e	6f	775
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	7

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
---	--

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	---	--

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

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 BANTA HOURLY PENSION PLAN		B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BANTA CORPORATION		D Employer Identification Number (EIN) 39-0148550	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2009			
2 Assets:			
a Market value		2a	9661481
b Actuarial value		2b	10627629
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	502
b For terminated vested participants		3b	128
c For active participants:			
(1) Non-vested benefits		3c(1)	399446
(2) Vested benefits		3c(2)	2275218
(3) Total active		3c(3)	172
d Total		3d	802
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	8.13 %
6 Target normal cost		6	454928

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>JEFFREY ALLEN</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON PENNSYLVANIA INC.</div> <div>Firm name</div> <div>71 S. WACKER DR., SUITE 2600 CHICAGO, IL 60606-4637</div> <div>Address of the firm</div>	<div>10/07/2010</div> <div>Date</div> <div>08-06257</div> <div>Most recent enrollment number</div> <div>312-201-6300</div> <div>Telephone number (including area code)</div>
--------------------------	---	--

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)	1887318	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	6901	0
9	Amount remaining (Item 7 minus item 8).....	1880417	0
10	Interest on item 9 using prior year's actual return of <u>-34.80</u> %	-654385	
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 <u>6.08</u> %		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.....		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).....	1226032	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	83.18 %
15	Adjusted funding target attainment percentage.....	15	94.03 %
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	111.96 %
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
Totals ►			18(b)	0	18(c) 0

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 0
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ 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.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ 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	454928
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	454928
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	454928	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	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A Name of plan</div> <div>BANTA HOURLY PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BANTA CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>39-0148550</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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:	PRICEWATERHOUSECOOPERS, LLP	b EIN:	13-4008324
c Position:	ENROLLED ACTUARY		
d Address:	2001 ROSS AVENUE, SUITE 1800 DALLAS, TX 75201-2997	e Telephone:	214-999-1400

Explanation: AS THE RESULT OF AN RFP FOR ACTUARIAL SERVICES, TOWERS PERRIN WAS APPOINTED AS THE PLAN ACTUARY, REPLACING PRICEWATERHOUSECOOPERS, LLP. THIS CHANGE WAS EFFECTIVE JANUARY 1, 2009.

a Name:	WASHINGTON, PITTMAN, MCKEEVER LLC	b EIN:	36-4189747
c Position:	ACCOUNTANT		
d Address:	819 SOUTH WABASH AVENUE, SUITE 600 CHICAGO, IL 60605	e Telephone:	312-786-0330

Explanation: AS THE RESULT OF AN RFP FOR ACCOUNTING SERVICES, BAKER TILLY VIRCHOW KRAUSE, LLP WAS APPOINTED AS THE PLAN ACCOUNTANT, REPLACING WASHINGTON, PITTMAN & MCKEEVER, LLC. THIS CHANGE WAS EFFECTIVE JANUARY 1, 2009.

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
---	---	---

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan BANTA HOURLY PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BANTA CORPORATION		D Employer Identification Number (EIN) 39-0148550

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: BANTA CORPORATION MASTER TRUST			
b Name of sponsor of entity listed in (a): BANTA CORPORATION			
c EIN-PN 39-0148550-090	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10747187	
a Name of MTIA, CCT, PSA, or 103-12 IE: RR DONNELLEY BANTA HOURLY PLAN			
b Name of sponsor of entity listed in (a): BANTA CORPORATION			
c EIN-PN 39-0148550-090	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10860	
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)**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)**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

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 BANTA HOURLY PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BANTA CORPORATION	D Employer Identification Number (EIN) 39-0148550	

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)	220000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		10860
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	9450402	10747187
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9670402	10758047

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9670402	10758047
---	-----------	---------	----------

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)	0	
(B) Participants	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2363654
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2363654

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1008761	
(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)		1008761
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)		
(4) Other	2i(4)	267248	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		267248
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1276009

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1087645
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **BAKER TILLY VIRCHOW KRAUSE**

(2) EIN: **39-0859910**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>BANTA HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BANTA CORPORATION</u>	D Employer Identification Number (EIN) <u>39-0148550</u>	

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

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

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

1	
----------	--

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): 41-6271370 36-3046063

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	<u>12</u>
----------	-----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

6a	
b Enter the amount contributed by the employer to the plan for this plan year	
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): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

BANTA HOURLY PENSION PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

DECEMBER 31, 2009 AND 2008

TOGETHER WITH INDEPENDENT AUDITORS' REPORT

BANTA HOURLY PENSION PLAN

T A B L E O F C O N T E N T S

INDEPENDENT AUDITORS' REPORT	1
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS AS OF DECEMBER 31, 2009 AND 2008	2
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008	3
NOTES TO FINANCIAL STATEMENTS	4 – 11
SUPPLEMENTAL INFORMATION	
SCHEDULE H, LINE 4(I) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)	12
SCHEDULE H, LINE 4(J) – SCHEDULE OF REPORTABLE TRANSACTIONS	13



Baker Tilly Virchow Krause, LLP
205 N Michigan Ave
Chicago, IL 60601-5927
tel 312 729 8000
fax 312 729 8199
bakertilly.com

INDEPENDENT AUDITORS' OPINION

To the Plan Administrator of the
BANTA HOURLY PENSION PLAN
Chicago, Illinois

We were engaged to audit the accompanying statements of net assets available for Plan benefits of Banta Hourly Pension Plan (the "Plan") as of December 31, 2009, the statement of changes in net assets available for Plan benefits for the year then ended, and the supplemental schedules as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by U.S. Bank and Northern Trust Company, (the "Trustees"). Their report, dated October 1, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustees, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4 and Note 5, which was certified by the Trustees of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Trustees as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the Trustees is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly Virchow Krause, LLP

Chicago, Illinois
September 28, 2010

BANTA HOURLY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

AS OF DECEMBER 31, 2009 AND 2008

Employer Identification Number: 39-0148550, Plan Number: 001

	<u>2009</u>	<u>2008</u>
ASSETS:		
Investments, at fair value:		
Plan interest in Banta Corporation Master Trust	\$ 10,747,187	\$ 9,450,402
Short term investment fund	10,860	-
Employer contributions receivable	-	220,000
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 10,758,047</u></u>	<u><u>\$ 9,670,402</u></u>

See the accompanying notes to financial statements.

BANTA HOURLY PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

Employer Identification Number: 39-0148550, Plan Number: 001

	<u>2009</u>	<u>2008</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Additions --		
Net investment gain (loss) in Banta Corporation Master Trust	\$ 2,363,654	\$ (4,611,504)
Employer contributions	-	220,000
Total additions, net	<u>2,363,654</u>	<u>(4,391,504)</u>
Deductions --		
Benefits paid to participants	1,008,761	988,876
Administrative expenses	267,248	197,707
Total deductions	<u>1,276,009</u>	<u>1,186,583</u>
Net increase (decrease) in net assets	1,087,645	(5,578,087)
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of Year	<u>9,670,402</u>	<u>15,248,489</u>
END OF YEAR	<u>\$ 10,758,047</u>	<u>\$ 9,670,402</u>

See the accompanying notes to financial statements.

BANTA HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 1 – PLAN DESCRIPTION

The following description of the Banta Hourly Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan's Summary Plan Description ("SPD") or the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory, defined benefit plan established and sponsored by Banta Corporation (the "Company"), which became a wholly-owned subsidiary of R.R. Donnelley & Sons Company on January 9, 2007, and principally covers collectively bargained employees of the Company and its affiliates. The Plan was first established January 1, 1959 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Effective December 31, 1998, the KCS Industries Inc. Industrial Pension Plan, which was originally adopted effective January 1, 1975, was merged with and into the Plan. As a result of the merger, the Banta Hourly Rated Employees' Pension Plan was amended and restated effective January 1, 1999, and its name was changed to the Banta Hourly Pension Plan. The Banta Hourly Pension Plan is currently comprised of three separate components-Banta Book Group, Danbury Printing & Litho, Inc., and Banta Specialty Converting, Inc.

The assets of the Plan are held in the Banta Corporation Master Trust (the "Master Trust"). The assets of the Master Trust are invested in a manager of managers program with Russell Investments. The Master Trust is a master trust established by the Company. US Bank acts as the Plan's trustee (the "Trustee") pursuant to a master trust agreement with the Company, which is the Plan sponsor. The Northern Trust Company acts as the paying agent for benefit payments commencing after December 31, 2008 and the Trustee continues to pay benefits that commenced prior to that date.

The Plan is administered by the Plan's Administrative Committee. Effective January 1, 2009, Towers Watson (formerly known as Towers Perrin) is the Plan record keeper.

Membership and Vesting

Generally, employees age 21 or older of participating divisions and units of the Company are members of the Plan, including collectively bargained employees if the collective bargaining agreement so provides.

Generally, members are fully vested in benefits provided by Company contributions when they have completed five years of 1,000 or more hours of service per year after reaching age 18 and before having a five year break in service, or when they have reached age 65. Prior to completing such service, members are not vested with respect to any earned benefits.

Benefits

The Plan has a traditional benefit under various benefit formulas and annuity forms of distribution with respect to each of the three components.

Normal retirement age is the later of the first day of the month following the later of the attainment of age 65 or the fifth anniversary after commencing participation into the Plan. Active participants can continue in the Plan beyond that age subject to Plan provisions and legal requirements. Generally, vested participants may retire early and begin receiving benefits on a reduced basis effective the first day of the month after reaching age 60 and meeting the service requirement as specified in the Plan, or the first day of any month thereafter and before age 65.

BANTA HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 1 – PLAN DESCRIPTION (continued)

Forms of Payment

The Plan's normal form of benefit is a single life annuity for single members and a 50% qualified joint and survivor annuity for married members, in either case payable monthly. Members may also elect to have monthly benefits paid under the joint and survivor annuity benefit option or, if they qualify, the Social Security leveling option. The Plan also provides a pre-retirement death benefit under which the Plan provides the member's surviving spouse with a survivor benefit, should the member die between the age at which the member becomes fully vested and his/her benefit commencement date.

Administrative Expenses

Administrative expenses paid by the Plan include recordkeeping fees, investment consulting fees, most administrative fees, and various other printing and postage fees. Expenses paid by the Company include audit fees, legal fees, and some actuarial and administrative fees. Administrative expenses not paid by the Company that are specifically identified to a plan in the Master Trust are charged to that plan, while the remainder are allocated by the Trustee to each plan in the Master Trust based on the net assets held by the respective plan as a percentage of the total net assets of the Master Trust.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

The Plan has evaluated subsequent events through September 28, 2010, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the

United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Allocation of Master Trust Net Assets and Transactions

The Plan's investment is in the Master Trust, which was established for the investment of assets of the Plan and Banta Corporation Employees' Pension Plan. The fair value of the Plan's interest in the Master Trust is based on the beginning of year value plus actual contributions and allocated investment income, less actual distributions and allocated administrative expenses. At December 31, 2009 and 2008, the Plan's interest in the net assets of the Master Trust was approximately 6.6% and 7.0%, respectively. Investment income and expenses are allocated to the Plan based upon its pro-rata share in the net assets of the Master Trust.

BANTA HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

Net appreciation or depreciation of investments included in the accompanying statements of changes in Net Assets Available for Plan Benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

The Plan's investments held in the Master Trust are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The realized and unrealized gains or losses on investments are determined based on revalued cost. Revalued cost is the fair value of investments at the beginning of the year or the average cost of investments if purchased in the current year.

Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated Plan benefits are prepared based on certain assumptions pertaining to interest rate, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

Investments, in general, are subject to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

Concentration of Credit Risk

The Master Trust invests primarily in equity securities, corporate bonds or government securities, or funds that invest in such securities. The investment managers invest in a large number of corporations and industries to limit loss exposure. The equity securities are within a diverse portfolio of common stocks of multiple industry groups. The corporate bond securities include a broad range of debt securities in terms of maturity and industry groups in order to realize diversity in Master Trust investments. The Plan, however, is subject to risk of loss up to its proportionate share of its assets in the Master Trust.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered to the 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 have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

BANTA HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

The actuarial present value of accumulated Plan benefits as of January 1, 2009 was determined by Towers Watson, the Plan's 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 principal actuarial assumptions and methods used in the actuarial valuation as of January 1, 2009 were as follows:

	January 1, 2009
Salary Scale	Rate increase of 4.5%
Mortality	RP-2000 Annuitant and Non-Annuitant Tables
Discount Rate	6.85%
Normal Retirement Age	65
Expected Return on Assets	8.50%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Actuarial data as of January 1, 2009 is shown below:

	2009
Actuarial present value of accumulated Plan benefits:	
Vested benefits	
Participants currently receiving payments	\$ 7,675,901
Other vested benefits	2,928,470
Total vested benefits	10,604,371
Benefits paid	328,478
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	\$ 10,932,849

Change in actuarial present value of accumulated Plan benefits as of January 1, 2009 is shown below:

	2009
Balance at beginning of year	\$ 10,844,674
Increase (decrease) during the year attributable to-	
Benefits accumulated	196,424
Increase for interest	880,627
Change in actuarial assumptions	-
Benefits paid	(988,876)
Net increase during the year	88,175
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	\$ 10,932,849

BANTA HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 4 – SUMMARY FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements are complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2009 and 2008.
- Investment income, as shown in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2009 and 2008.
- The Schedule of Assets (Held as of End of Year) as of December 31, 2009, as shown on Schedule I.
- The Schedule of Reportable Transactions for the year ended December 31, 2009, as shown on Schedule II.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

NOTE 5 – INVESTMENTS IN MASTER TRUST

The Plan's investments are stated at fair value. These assets of the Plan are commingled and are not segregated in the accounts of the Master Trust. The following table presents the net assets of the Master Trust at December 31:

	<u>2009</u>	<u>2008</u>
Investments		
Cash and Cash Equivalents:		
First American Prime Obligations Fund	\$ 133,543	\$ 133,267
Commingled Funds:		
Russell Large Cap Structured Equity Fund	32,272,360*	26,606,630*
Russell Small Cap Fund	15,023,966*	11,985,747*
Russell Equity I Fund	32,182,038*	25,651,128*
Russell All International Markets Fund	36,046,785*	30,409,319*
Russell Multi-Manager Bond Fund	46,309,579*	41,052,781*
Accrued Income	-	147
Total Investments	<u>\$ 161,968,271</u>	<u>\$ 135,839,019</u>

Investments that represent 5% or more of the Master Trust net assets are separately identified with an "*".

Allocations of the net assets of the Master Trust to participating plans as of December 31, 2009 and 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Banta Corporation Employees Pension Plan (93.4% in 2009 and 93.0% in 2008)	\$ 151,221,084	\$ 126,388,617
Banta Hourly Pension Plan (6.6% in 2009 and 7.0% in 2008)	10,747,187	9,450,402
	<u>\$ 161,968,271</u>	<u>\$ 135,839,019</u>

BANTA HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 5 – INVESTMENTS IN MASTER TRUST (continued)

Investment income (loss) for the Master Trust is as follows for the years ended December 31:

	<u>2009</u>	<u>2008</u>
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments:		
Commingled funds	\$ 35,976,165	\$ (66,160,003)
Interest and dividends	133	2,226
TOTAL MASTER TRUST INCOME (LOSS)	<u>\$ 35,976,298</u>	<u>\$ (66,157,777)</u>

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by Northern Trust Company. These assets of the Plan are not commingled and are segregated as assets of the Banta Hourly Pension Plan.

	<u>2009</u>	<u>2008</u>
Common Trust Funds		
Northern Trust short term investment fund	\$ 10,800	\$ -

NOTE 6 – FAIR VALUE MEASUREMENTS

The Plan adopted Accounting Standards Codification 820, “Fair Value Measurements and Disclosures” (“ASC 820”) as of September 1, 2008. ASC 820 defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements but does not change the requirements to apply fair value in existing accounting standards. A summary of the fair value hierarchy under ASC 820 is described below.

Various inputs are used in determining the value of the Plan’s investments. These inputs are summarized in the three broad levels listed below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

BANTA HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 6 – FAIR VALUE MEASUREMENTS (continued)

The following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy of ASC 820:

Cash and cash equivalents – Carrying value approximates fair value. These assets are classified as Level 1.

Short term investment fund – The fund portfolio is accounted for at Net Asset Value (“NAV”). NAV is recalculated daily. Carrying value approximates fair value. The fund is classified within Level 1 in the fair value hierarchy.

Commingled funds – Valued at the NAV of shares held by the Plan at year end. NAV is derived by the quoted prices of underlying investments, but are not traded on active markets. As such, these assets are classified as Level 2.

The valuation methodologies described above may generate a fair value calculation that may not be indicative of net realizable value or future fair values. While the Plan believes the valuation methodologies used are appropriate, the use of different methodologies or assumptions in calculating fair value could result in different amounts. The Plan invests in various assets in which valuation is determined by NAV. The Plan believes that the NAV is representative of fair value at the reporting date, as there are no significant restrictions on redemption on these investments or other reasons to indicate that the investment would be redeemed at an amount different than the NAV.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2009:

<i>Asset Category</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Commingled funds.....	-	\$ 10,738,326	\$ -	\$ 10,738,326
Short term investment fund.....	10,860	-	-	10,860
Cash and cash equivalents.....	8,861	-	-	8,861
	\$ 19,721	\$ 10,738,326	\$ -	\$ 10,758,047

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2008:

<i>Asset Category</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Commingled funds.....	\$ 9,441,120	\$ -	\$ -	\$ 9,441,120
Cash and cash equivalents.....	9,282	-	-	9,282
	\$ 9,459,402	\$ -	\$ -	\$ 9,459,402

NOTE 7 - FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company and the subsidiaries or affiliates who have adopted the Plan. The Company’s funding policy is to make cash contributions to the Plan in amounts needed to satisfy the minimum funding requirements of ERISA as determined by the Plan’s independent actuary and such additional amounts as the Company, solely, shall determine to be in its best interest.

This calculation includes current service costs and an amount necessary to amortize prior service costs over a period of 25 to 30 years. For fiscal years 2009 and 2008, the minimum required and maximum deductible contributions were \$0. At December 31, 2009 and 2008, the Company believes it has met the minimum funding requirements of ERISA. The Company elected to make a discretionary contribution in the amount of \$220,000 for the 2008 plan year.

BANTA HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 8 – FEDERAL INCOME TAX STATUS

The Plan obtained its latest determination letter on May 15, 2002, in which the Internal Revenue Service indicated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator, having consulted with the Plan's legal counsel, believes that the Master Trust remains tax exempt as of the financial statement date.

NOTE 9 - PRIORITIES UPON TERMINATION AND PENSION BENEFIT GUARANTEE CORPORATION COVERAGE

The Plan provides that the portion of the Master Trust allocable to members and former members of a terminating employer, after providing for any expenses of the termination which are to be borne by the Master Trust, shall be allocated in the priority of categories set forth in Section 4044 of ERISA and regulations promulgated by the Pension Benefit Guarantee Corporation ("PBGC") unless otherwise provided by law and regulations.

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

For Plan terminations occurring during 2009 and 2008 that ceiling was \$3,870 and \$3,709, respectively, per month. These ceilings apply to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 63 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

SUPPLEMENTAL INFORMATION

BANTA HOURLY PENSION PLAN

Schedule I

SCHEDULE H ITEM 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2009

Employer Identification Number: 39-0148550, Plan Number: 001

<u>(a)</u>	<u>(b) Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	Northern Trust Company	Short term investment fund	\$ 10,860	\$ 10,860
			\$ 10,860	\$ 10,860

*A party-in-interest to the Plan

BANTA HOURLY PENSION PLAN

Schedule II

SCHEDULE H ITEM 4i--SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2009

Employer Identification Number: 39-0148550, Plan Number: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expense Incurred with Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain (Loss)</u>
Northern Trust Company*	Short term investment fund	\$36,220	\$ -	\$ -	\$ -	\$36,220	\$36,220	\$ -
Northern Trust Company*	Short term investment fund	-	25,360	-	-	25,360	25,360	-

* A party-in-interest to the Plan

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Plan Provisions – Book Group

Covered Employees	An hourly-paid employee of a participating unit will become a participant on the January 1 nearest the later of attainment of age 21 or completion of a 12-month period, measured from his date of hire or subsequent Plan years, in which he has accumulated 1,000 hours of employment.
Effective Date	The plan was originally effective January 1, 1959. Amended and restated effective January 1, 1999. Further amended effective January 1, 2002 and March 1, 2005.
Definitions	
Vesting service	Vesting Service shall be granted for the period after the date of his last period of continuous employment commenced to termination of employment.
Credited service	Eligibility for benefits is determined by a participant's service. Service consists of an employee's last period of continuous employment. Credited Service is used to determine the amount of benefits payable under the Plan. Credited Service shall be granted for the period after the date of his last period of continuous employment commenced to termination of employment. Credited Service accrues for members of Letterpress, exclusively, from January 1, 1987.
Accrued benefit	The participant's accrued benefit at any given date is determined under the normal retirement formula described below, but is based on current credited service.
Eligibility for Benefits	
Normal retirement	The first of the month coincident with or next following age 65 and 5 years of credited service.
Early retirement	Age 60 and 10 years of Vesting Service.
Late retirement	If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.
Disability	Total and permanent disability of participant prior to normal retirement data and 15 years of vesting service.
Vested termination	A participant is 100% vested upon completion of 5 years of vesting service.

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Preretirement death benefit 5 years of vesting service.

Benefits Paid Upon the Following Events

Normal retirement For members of the Maintenance Unit, the monthly pension on a single-life basis is \$31 per month per year of service for terminations through February 28, 2007. The monthly pension on a single-life basis is \$32 per month per year of service for terminations on or after March 1, 2007.

For all other units, the monthly pension on a single-life basis is a frozen amount equal to the participant's accrued benefit at the following rates:

<u>Unit</u>	<u>Rate</u>	<u>Date Frozen</u>
Bookbinders	\$9.00	December 31, 1983
Letterpress	\$7.00	December 31, 1983
Lithographers	\$3.75 (Max of \$125/month)	December 31, 1983

In addition to this frozen amount, the Bookbinders unit is guaranteed a minimum monthly benefit of \$20 per year of accrued service payable at age 62. The Lithographers unit is guaranteed a minimum of \$16 per month, per year of accrued service payable at age 65 (reduced 1/15 per year if payable prior to age 65). Under both minimums, the participant must retire on or after age 62. The minimum is offset by all other company-sponsored pension benefits, including the frozen amount under this plan.

Certain Letterpress employees (hired before December 15, 1958) will receive an additional \$13.05 per Credited Service unit earned after January 1, 1995 (\$12.60 after January 5, 1997 and \$12.15 after January 1, 1999). (This benefit will parallel the G.C.I.U. employer retirement fund.)

Early retirement Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments prior to age 62.

Postponed retirement If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Disablement	Commencing on the participant's normal retirement date, if then living and still disabled, the normal retirement benefit, payable for life, shall be calculated assuming that service as of the date of disability continued to the normal retirement date.
Vested termination	The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive an actuarially reduced benefit commencing prior to normal retirement date if the participant has satisfied the conditions for early retirement.
Preretirement death	<p>The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if the participant had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option.</p> <p>If the participant completed 15 years of service, the above amount will not be reduced for early retirement or joint and survivor charges. Payments shall commence on the first day of the month following the death of the participant and shall continue for 60 months, or until the death of the spouse, if earlier.</p>
Other Plan Provisions	
Normal form of payment	Single life annuity
Optional forms of payment	The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on a 6% interest rate and the 1971 Group Annuity Mortality Table (80% male/20% female). Lump sum distributions are allowed, but only if the lump sum is not more than \$5,000 (actuarial equivalence for lump sums is based on the applicable mortality table and segment interest rates under IRC Section 417(e)).
Changes in Benefits Valued Since Prior Year	
None.	

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Plan Provisions – Danbury

Covered Employees	Effective January 1, 1999, hourly employees of Danbury Printing & Litho, Inc. in the collective bargaining unit represented by Graphic Communications International Union Local 298-M, AFL-CIO shall be eligible to participate on the January 1 nearest the later of attainment of age 21 or the date on which he completes 12 months of employment.
Effective Date	The plan was originally effective January 1, 1959. Amended and restated effective January 1, 1999. Further amended effective January 1, 2002.
Definitions	
Vesting service	<p>Total service from date of hire to date of termination, less any absence in excess of 12 months that is excluded from credited service, using elapsed time.</p> <p>Vesting service shall not include employment with Danbury Printing & Litho, Inc. prior to March 8, 1994.</p>
Credited service	<p>Service is based on elapsed time.</p> <p>For computing benefits, but not for eligibility, credited service will be limited to service on or after January 1, 1999 for Danbury Printing & Litho, Inc.</p>
Final average monthly compensation	The monthly average of the five consecutive years' compensation that gives the highest average. Compensation includes total remuneration paid for services rendered, excluding bonuses and any other extraordinary payments such as expense reimbursements, termination pay and moving pay, but including any compensation deferred under a Section 125 or Section 401(k) plan. Compensation is subject to the limit under IRC §401(a)(17) as required (\$245,000 for 2009).
Covered compensation	A 35-year average of the Maximum Taxable Wages (MTW) under social security. The MTW is the annual limit on wages subject to the FICA tax for social security. The 35-year period ends with the year the employee reaches eligibility for an unreduced social security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the years of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Accrued benefit	The participant's accrued benefit at any given date is determined under the normal retirement formula described below, but is based on current credited service, final average monthly compensation, and covered compensation.
-----------------	--

Eligibility for Benefits

Normal retirement	The first day of the month next following the later of an employee's 65th birthday or completion of 5 years of service.
-------------------	---

Early retirement	Age 60 and 10 years of Credited Service.
------------------	--

Late retirement	If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.
-----------------	--

Disability	Total and permanent disability of participant prior to normal retirement date and 15 years of vesting service.
------------	--

Vested termination	A participant is 100% vested upon completion of 5 years of vesting service.
--------------------	---

Preretirement death benefit	5 years of vesting service.
-----------------------------	-----------------------------

Benefits Paid Upon the Following Events

Normal retirement	Monthly Benefit (greater of (i) or (ii) below): (i) Monthly annuity on a single-life basis is equal to 0.89% of average monthly compensation plus 0.50% of the excess of average monthly compensation over covered compensation. The sum is to be multiplied by credited service to a maximum of 35 years. (ii) Monthly annuity equal to \$17.00 for each year of credited service.
-------------------	---

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Early retirement	Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments. <table><tr><th><u>Age</u></th><th><u>Factor</u></th></tr><tr><td>65</td><td>100.0%</td></tr><tr><td>64</td><td>100.0%</td></tr><tr><td>63</td><td>100.0%</td></tr><tr><td>62</td><td>100.0%</td></tr><tr><td>61</td><td>94.0%</td></tr><tr><td>60</td><td>88.0%</td></tr></table>	<u>Age</u>	<u>Factor</u>	65	100.0%	64	100.0%	63	100.0%	62	100.0%	61	94.0%	60	88.0%
<u>Age</u>	<u>Factor</u>														
65	100.0%														
64	100.0%														
63	100.0%														
62	100.0%														
61	94.0%														
60	88.0%														
Postponed retirement	If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.														
Disablement	Commencing on the participant's normal retirement date, if then living and still disabled, the normal retirement benefit, payable for life, shall be calculated assuming that service and the monthly rate of basic compensation as of the date of disability with service continued to the normal retirement date.														
Vested termination	The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive an actuarially reduced benefit commencing prior to normal retirement date if the participant has satisfied the conditions for early retirement.														
Preretirement death	<p>The monthly pension payable shall be equal to 50% of the amount the participant would have received (based on accrued benefit at death) had the participant elected the joint and survivor annuity and commenced payments at the earliest possible date.</p> <p>However, if the participant dies after 15 years of service, in lieu of the above, the monthly pension payable can be equal to one-half of the monthly amount which the employee would have been entitled to receive if the participant had retired on the day preceding death as if the participant had been eligible for a normal pension on such date. Payments shall commence on the first of the month following the death of the participant and shall continue for 120 months or until the death of the surviving spouse, if earlier.</p>														

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Other Plan Provisions

Normal form of payment Single life annuity

Optional forms of payment The plan provides optional payments forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on a 6% interest rate and the 1971 Group Annuity Mortality Table (80% male/20% female). The plan does pay lump sums, but only if the lump sum is less than \$5,000 (actuarial equivalence for lump sums is based on the applicable mortality table and segment interest rates under IRC Section 417(e)).

Changes in Benefits Valued Since Prior Year

None.

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Plan Provisions – Specialty Converting

Covered Employees	A person who is employed on an hourly-related basis, who is not an administrative employee, and who is not covered by a collective bargaining agreement between the employer and the International Printing Pressman and Assistants Union will become a participant on the first day of the plan year next following his date of hire.
Effective Date	<p>The plan was originally effective January 1, 1959. Amended and restated effective January 1, 1999. Further amended effective January 1, 2002.</p> <p>The participants of the Specialty Converting (KCS) plan were merged into this plan effective January 1, 1999.</p>
Definitions	
Vesting service	Plan years during which a participant completes not less than 1,000 hours of service.
Credited service	<p>Credited service, used to determine the amount of benefits, is based on the number of 8 hour shifts worked during the plan year. A participant receives a full year of credited service for 250 shifts, or one-tenth of a year for each 25 shifts.</p> <p>Eight hours of service constitutes a shift worked. Credited service does not include periods of employment (a) prior to January 1, 1960, (b) prior to a participant's most recent date of hire before January 1, 1975, or (c) as a salaried or administrative employee.</p>
Accrued benefit	The participant's accrued benefit at any given date is determined under the normal retirement formula described below, but is based on current credited service.
Eligibility for Benefits	
Normal retirement	The first of the month coincident with or next following age 65 and 5 years of credited service.
Early retirement	Age 55 and 5 years of Vesting Service.
Late retirement	If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Disability	Total and permanent disability of participant prior to normal retirement date, age 50, and 10 years of vesting service.
Vested termination	A participant is 100% vested upon completion of 5 years of vesting service.
Preretirement death benefit	Unless an election is made to the contrary, a preretirement spouse's death benefit is provided in the event of the death of any active participant with 5 years of service or a terminated participant who is eligible for a vested retirement benefit.

Benefits Paid Upon the Following Events

Normal retirement	The monthly amount of normal pension payable is the sum of: (i) \$8.00 for each year of Credited Service through December 31, 1991; (ii) \$15.00 for each year of Credited Service from 1992-2005; (iii) \$16.00 for each year of Credited Service from 2006-2007; (iv) \$18.00 for each year of Credited Service from 2008-2009; and (v) \$20.00 for each year of Credited Service after December 31, 2009
Early retirement	Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

<u>Age</u>	<u>Factor</u>
65	100%
64	100%
63	100%
62	100%
61	94%
60	88%
59	70%
58	65%
57	60%
56	55%
55	50%

Postponed retirement	If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.
----------------------	--

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Disablement

- ▶ Before normal retirement Benefit calculated in the same manner as early retirement benefit including early retirement reductions.
- ▶ After normal retirement Commencing on the participant's normal retirement date, if then living and still disabled, the normal retirement benefit, payable for life, shall be calculated assuming that service, as of the date of disability, continued to normal retirement.

Vested termination

The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive an actuarially reduced benefit commencing prior to normal retirement date.

Preretirement death

The beneficiary of a participant who dies while in active service is entitled to a lump-sum benefit equal to \$100 times the number of years of employment after the effective date, reduced by the amount of any disability benefits received. The lump sum benefit is not to exceed \$2,000.

If a participant does not waive the preretirement survivor coverage, any retirement benefits payable to or on behalf of the participant will be reduced by a coverage charge. The coverage charge is based upon the age of the participant during each year of coverage as follows:

<u>Attained Age</u>	<u>Percent Reduction</u>
Under 35	.00%
35-40	.05%
40-45	.10%
45-50	.20%
50-55	.35%
55-65	.50%

Other Plan Provisions

Normal form of payment Single life annuity

Changes in Benefits Valued Since Prior Year

None.

Banta Hourly Pension Plan
EIN 39-0148550
PN 001

SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Assumptions and Methods

Economic Assumptions

Effective interest rate	8.13%
Funding interest rate basis	Yield Curve based on October 2008 Spot Rates
Salary scale	4.50%
Social Security wage base	4.00%

Demographic Assumptions

Mortality Single blended table of rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, with generational projection) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, with generational projection)

Withdrawal Representative rates are shown below:

	<u>Age</u>	<u>Male</u>	<u>Female</u>
► Book Group and Danbury	25	0.0775	0.0775
	40	0.0300	0.0300
	55	0.0015	0.0015
	<u>Age</u>	<u>Male</u>	<u>Female</u>
► Specialty Converting	25	0.0995	0.1500
	40	0.0350	0.0500
	55	0.0015	0.0100

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Retirement (Not-at-risk funding target)

Rates are shown below:

	<u>Age</u>	<u>Rate</u>
► Book Group retirement	60-61	0.20
	62	0.50
	63	0.40
	64	0.20
	65	1.00

	<u>Age</u>	<u>Rate</u>
► Danbury retirement	62	0.30
	63	0.15
	64	0.15
	65	1.00

Specialty Converting retirement

Participants will retire upon becoming eligible for normal retirement.

Disability

Representative rates are shown below (per 100 lives)

	<u>Age</u>	<u>Male</u>	<u>Female</u>
► Book Group and Danbury disability rates	25	0.0325	0.0325
	40	0.1821	0.1821
	55	0.8700	0.8700

	<u>Age</u>	<u>Male</u>	<u>Female</u>
► Specialty Converting disability rates	25	0.1000	0.1000
	40	0.1500	0.1500
	55	0.5800	0.5800

SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Maximum benefit limitation under IRS Section 415(b)	For 2009, the maximum benefit limitation is \$195,000. For funding calculation, no future increases to this amount are assumed.
Maximum compensation Under IRS Section 401(a)(17)	For 2009, compensation is limited to \$245,000 for purposes of calculating benefits. For funding calculation, no future increases to this amount are assumed.
Marital Status:	
▶ Percentage married	85% of all Book Group active and terminated vested employees, 80% of all Danbury active and terminated vested employees and 100% of all Specialty Converting active and terminated vested employees are married to an Eligible Spouse.
▶ Age difference	Females are three years younger than their male spouses.
Form of payment	It has been assumed that benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis that differs from the basis used in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.
Actuarial Methods for Funding Purposes	
Actuarial cost method	<p>The actuarial cost method used in this valuation is the unit credit method. Under this method, the funding target liability is calculated as the actuarial present value of accrued benefits as of the valuation date.</p> <p>The funding target normal cost is the actuarial present value of the benefits to be earned during the valuation year.</p>
Provision for expenses	An estimate of Plan expenses of \$275,000 was added to the Funding Target Normal Cost
Asset valuation method	<p>Smoothed value of assets based on an average of market valuation (adjusted for contribution, benefit/expense payments, and expected investment return) as of valuation date and prior two valuation dates.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA)</p>
Change in Assumptions and Methods Since Prior Valuation	

Banta Hourly Pension Plan

EIN 39-0148550

PN 001

SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial value of assets	The actuarial value of assets was updated to use a smoothed value of assets – an average of market values (adjusted for contributions, benefit/expense payments, and expected investment returns) as of valuation date and prior two valuation dates.
Valuation interest rate	The valuation interest rate was updated to use the one-month average yield curve based on bond yields during October 2008.
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued. Towers Perrin has reviewed the plan provisions with RR Donnelley and Sons, Co. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Banta Hourly Pension Plan
EIN 39-0148550
PN 001

SCHEDULE SB, LINE 25 – CHANGE IN METHOD

The actuary changed from the prior valuation. The change in actuary resulted in a change to the valuation software used to produce the valuation results. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 5%.

The asset method has been changed from using the fair value of assets to the average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of fair value, including contributions receivable. This change in asset method receives automatic approval under IRS Notice 2009-22.

Plan-related expenses were added to the target normal cost. This change was mandated by the Worker, Retiree and Employer Recovery Act of 2008 ("WRERA").

The funding interest rate basis was changed to the IRS prescribed one-month average yield curve with an applicable month of October 2008.

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE

RETIREMENT AGE

The average retirement age reported in Line 22 of the 2009 Schedule SB was calculated by weighting each retirement age in proportion to the percent of the active population for which the respective table applies. The exhibit below illustrates the calculation of an average retirement age for the retirement rates.

Book Group Component

83 employees

Age	Retirement Rate	Weighted Average
60	20%	12.000
61	20%	9.760
62	50%	19.840
63	40%	8.064
64	20%	2.458
65	100%	<u>9.984</u>
		62.106

Danbury Component

48 employees

Age	Retirement Rate	Weighted Average
62	30%	18.600
63	15%	6.615
64	15%	5.712
65	100%	<u>32.874</u>
		63.801

Banta Hourly Pension Plan
EIN 39-0148550
PN 001

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE

RETIREMENT AGE

Specialty Converting Component

41 employees

Age	Retirement Rate	Weighted Average
65	100%	65.000

Total Plan

Average Age	Percent of Employees	Weighted Average
62.106	48.3%	29.997
63.801	27.9%	17.800
65.000	23.8%	<u>15.470</u>
		63.267

The Plan's Weighted Average Retirement Age is 63.3

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 _____ and ending _____

► **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 BANTA HOURLY PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BANTA CORPORATION	D Employer Identification Number (EIN) 39-0148550	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	9,661,481	
b Actuarial value.....	2b	10,627,629	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	502	7,747,944
b For terminated vested participants.....	3b	128	878,786
c For active participants:			
(1) Non-vested benefits.....	3c(1)		399,446
(2) Vested benefits.....	3c(2)		2,275,218
(3) Total active.....	3c(3)	172	2,674,664
d Total.....	3d	802	11,301,394
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	8.13 %	
6 Target normal cost.....	6	454,928	

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	Jeffrey Allen Signature of actuary	10-7-2010 Date 08-6257 Most recent enrollment number (312) 201-6300 Telephone number (including area code)
JEFFREY ALLEN Type or print name of actuary TOWERS WATSON PENNSYLVANIA INC. Firm name 71 S. WACKER DR., SUITE 2600 CHICAGO IL 60606-4637 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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	1,887,318	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	6,901	0
9 Amount remaining (Item 7 minus item 8)	1,880,417	0
10 Interest on item 9 using prior year's actual return of <u>(34.80)%</u>	(654,385)	
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 <u>6.08 %</u>		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		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)	1,226,032	0

Part III Funding percentages

14 Funding target attainment percentage	14	83.18 %
15 Adjusted funding target attainment percentage	15	94.03 %
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	111.96 %
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
Totals ▶			18(b)	0	18(c) 0

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	0

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	
0	0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)	21b			3
22 Weighted average retirement age	22			63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ 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.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ 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	454,928
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	454,928
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	454,928	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	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
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

Banta Hourly Pension Plan
EIN 39-0148550
PN 001

SUMMARY OF ATTACHMENTS FOR 2009 SCHEDULE SB (FORM 5500)

1. A description of the weighted average retirement age calculation is attached. (Attachment to line 22)
2. A statement of the actuarial methods and assumptions used for the valuation is attached. (Attachment to Part V)
3. A statement of the plan provisions upon which the valuation was based, including a description of actuarial equivalence, is attached. (Attachment to Part V)
4. A statement justifying the changes in method is attached. (Attachment to line 25)
5. The schedule of active participant data is attached. (Attachment to line 26)
6. The prior actuary, Gregory Young, enrollment number 08-03761, has been replaced by Jeffrey Allen of Towers Watson, enrollment number 08-6257, due to a change in actuarial consulting firms.

Jeffrey Allen
08-6257
Towers Watson
71 South Wacker Drive, Suite 2600
Chicago, IL 60606-4637
(312) 201-6300

SCHEDULE SB, LINE 26, SCHEDULE OF ACTIVE PARTICIPANT DATA

Banta Hourly Pension Plan Age Service Analysis January 1, 2009

Attained Age	Completed Years of Service									
	<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	40 & up
15 to 24	1	2	1	0	0	0	0	0	0	0
25 to 29	1	0	1	0	0	0	0	0	0	0
30 to 34	5	3	1	4	0	0	0	0	0	0
35 to 39	0	4	4	2	0	0	0	0	0	0
40 to 44	0	3	4	9	2	0	0	0	0	0
45 to 49	0	3	6	13	2	1	0	1	0	0
50 to 54	0	4	5	12	0	2	2	3	1	0
55 to 59	1	2	5	9	16	1	1	0	2	1
60 to 64	0	0	5	2	15	4	0	0	2	2
65 to 69	0	0	0	0	1	1	0	0	0	0
Over 69	0	0	0	0	0	0	0	0	0	0
Total	8	21	32	51	36	9	3	4	5	3

Average Age = 49.9 Average Service = 12.6

BANTA HOURLY PENSION PLAN

Schedule I

SCHEDULE H ITEM 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2009

Employer Identification Number: 39-0148550, Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including	(d) Cost	(e) Fair Value
		Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		
*	Northern Trust Company	Short term investment fund	\$ 10,860	\$ 10,860
			\$ 10,860	\$ 10,860

*A party-in-interest to the Plan

BANTA HOURLY PENSION PLAN

Schedule II

SCHEDULE H ITEM 4j--SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2009

Employer Identification Number: 39-0148550, Plan Number: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expense Incurred with Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain (Loss)</u>
Northern Trust Company*	Short term investment fund	\$36,220	\$ -	\$ -	\$ -	\$36,220	\$36,220	\$ -
Northern Trust Company*	Short term investment fund	-	25,360	-	-	25,360	25,360	-

* A party-in-interest to the Plan