

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ 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 SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SCHAWK, INC. 1695 SOUTH RIVER ROAD DES PLAINES, IL 60018	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	01/01/1980	
	2b Employer Identification Number (EIN)	66-0323724	
	2c Sponsor's telephone number	847-827-9494	
	2d Business code (see instructions)	541400	

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	BETSY STETTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SCHAWK, INC. 1695 SOUTH RIVER ROAD DES PLAINES, IL 60018	3b Administrator's EIN 66-0323724 3c Administrator's telephone number 847-827-9494
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	
5 Total number of participants at the beginning of the plan year	
	5 2724
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 1677
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 884
d Subtotal. Add lines 6a , 6b , and 6c	6d 2561
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 12
f Total. Add lines 6d and 6e	6f 2573
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 2237
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 87
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	
7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R	
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 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>SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SCHAWK, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>66-0323724</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
ING INSTITUTIONAL PLAN SERVICES
02-0488491

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

ING INSTITUTIONAL PLAN SERVICES

02-0488491

(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?
37 57 99	RECORD KEEPER	23057	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHAWK, INC.</u>	D Employer Identification Number (EIN) <u>66-0323724</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA PAR FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-465</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15102710</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 FLAGSHIP SL SERIES FUND-C</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-078</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15541223</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RET. INCOME SL SERIES D</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-554</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>278313</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RET. 2010 SL SERIES D</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-558</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>599327</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RET. 2020 SL SERIES D</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-557</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2733133</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RET. 2030 SL SERIES D</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-556</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3441658</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RET. 2040 SL SERIES D</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-555</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2131242</u>

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SCHAWK, INC.	D Employer Identification Number (EIN) 66-0323724	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	1928770	1792850
(9) Value of interest in common/collective trusts.....	1c(9)	37085098	39827607
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	67132547	81628604
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	267836	441076

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	106414251	123690137

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	106414251	123690137
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	404792	
(B) Participants	2a(1)(B)	6627707	
(C) Others (including rollovers)	2a(1)(C)	495089	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7527588

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)	123211	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		123211

(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)		5397863
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		16636246
c Other income.....	2c		130779
d Total income. Add all income amounts in column (b) and enter total.....	2d		29815687

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12516744	
(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)		12516744
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)	23057	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23057
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12539801

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17275886
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: KUTCHINS, ROBBINS & DIAMOND, LTD.

(2) EIN: 36-3856676

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHAWK, INC.</u>	D Employer Identification Number (EIN) <u>66-0323724</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): <u>04-3581074</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS
PLAN FOR IMAGING EMPLOYEES**

*Financial Statements – Modified Cash Basis
December 31, 2009 and 2008*

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES**

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FINANCIAL STATEMENTS - MODIFIED CASH BASIS
DECEMBER 31, 2009 AND 2008

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KUTCHINS
ROBBINS &
DIAMOND,
LTD.

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of the
Schawk, Inc. Employees Retirement Savings Plan
for Imaging Employees
Des Plaines, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits – modified cash basis of Schawk, Inc. Employees Retirement Savings Plan for Imaging Employees (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the supplemental schedule of assets (held at end of year) – modified cash basis. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the financial information summarized in the Notes to Financial Statements, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in the Notes to Financial Statements, the Plan's policy is to prepare its financial statements and supplemental schedule on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, on the basis of accounting described in the Notes to Financial Statements.

Kutichins, Robbins & Diamond, Ltd.

September 30, 2010

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES**

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STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2009 AND 2008

See notes to financial statements.

	<u>2009</u>	<u>2008</u>
<i>ASSETS</i>		
INVESTMENTS, AT FAIR VALUE		
Shares of common/collective funds held with State Street Bank and Trust Company	\$ 40,082,715	\$ 36,924,789
Shares of registered investment companies	81,628,603	67,132,548
Participant self directed brokerage accounts	441,077	267,836
Participant loans	<u>1,792,850</u>	<u>1,928,771</u>
Net assets available for benefits, at fair value	123,945,246	106,253,944
Adjustment from fair value to contract value for interest in collective fund relating to fully benefit-responsive investment contracts	<u>(255,110)</u>	<u>160,307</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 123,690,136</u></u>	<u><u>\$ 106,414,251</u></u>

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES**

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**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
YEARS ENDED DECEMBER 31, 2009 AND 2008**

See notes to financial statements.

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 20,687,158	\$ (43,429,746)
Dividends	1,477,729	2,339,198
Participant loan interest	123,211	151,024
	<u>22,288,098</u>	<u>(40,939,524)</u>
Contributions:		
Employer matching	404,793	4,398,766
Employee salary deferrals	6,627,707	7,695,080
Other income, including rollovers	495,089	1,693,379
	<u>7,527,589</u>	<u>13,787,225</u>
Total	<u>29,815,687</u>	<u>(27,152,299)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	12,516,745	12,306,749
Administrative costs	23,057	21,459
Total	<u>12,539,802</u>	<u>12,328,208</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	17,275,885	(39,480,507)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	106,414,251	145,894,758
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 123,690,136</u>	<u>\$ 106,414,251</u>

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

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DESCRIPTION OF PLAN

The following description of the Schawk, Inc. Retirement Savings Plan for Imaging Employees (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan established January 1, 1960, was created to provide retirement benefits for eligible employees, as defined, of Schawk, Inc. (the "Company"). Employees are eligible to make elective deferrals after completing one hour of service and attaining age 18. Effective January 1, 2008, employees are automatically enrolled in the Plan on the first day they become eligible unless they affirmatively elect not to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is a qualified cash deferred arrangement, pursuant to Section 401(k) of the Internal Revenue Code, and provides for the following contributions, which are to be maintained in separate accounts for each participant. The participant's total Salary Deferral Contributions, Employer Matching Contributions and Employer Discretionary Contributions are subject to certain limitations.

- (a) Salary Deferral Contributions – to be made by the Company, at the direction of the employee, which amounts are deducted from the employee's direct compensation (and are excluded from the employee's reportable wages for the year). Salary deferral contributions are limited to 1% to 100% of the employee's compensation, as defined, or \$16,500 and \$15,500 (\$22,000 and \$20,500 for participants over the age of 50) for 2009 and 2008, respectively, adjusted annually for cost of living increases.
- (b) Employer Matching Contributions - to be made at a discretionary percentage to be determined each year by the Company in an amount equal to a percentage of the participants' eligible compensation. The Company matched participant contributions up to a maximum of 5% of participant's eligible compensation for both 2009 and 2008. However, employer matching contributions were discontinued for the period April 9, 2009 through December 31, 2009, matching contributions have resumed as of January 1, 2010.
- (c) Employer Discretionary Contributions – to be made at the discretion of the Company. There were no employer discretionary contributions for the years ended December 31, 2009 and 2008.
- (d) Rollover and Transfer Contributions - to be made by the employee from amounts distributed or transferred from other qualified plans.

Participants' direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 10 mutual funds and 7 common/collective funds as well as a self directed brokerage account as investment options to participants.

Each participant's account is credited with (a) the participant's elective contribution, (b) the matching or other contributions, and (c) an allocation of the Plan's investment earnings and appreciation in the value of its investments. Account balances are decreased for (a) distributions or withdrawals, (b) an allocation of the Plan's investment losses and value depreciation. The Company pays for most administrative expenses of the Plan. Certain loan charges and distribution fees are charged to the participant through the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payments of benefits are made to participants or their beneficiaries upon death, retirement, disability or, at the option of the employee, termination of employment. Benefits are payable in a lump sum or by other methods as described in the Plan agreement. The Plan also permits hardship withdrawals from a participant's deferral contribution account and in-service withdrawals at the age of 59 ½ from all vested accounts.

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

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DESCRIPTION OF PLAN (CONTINUED)

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$181,615 and \$33,695 respectively. These accounts may be used to further reduce employer contributions. In 2009 and 2008, employer contributions were reduced by \$164,818 and \$260,850, respectively by forfeited nonvested accounts.

Participants are immediately vested in their Salary Deferral Contributions and Rollover and Transfer Contributions accounts. Vesting of Employer Matching and Discretionary Contributions accounts for each participant is based on years of service, beginning with 20% after two years, with 100% vesting after 6 years of service.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting: The accompanying financial statements are presented on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under this method, contributions and interest and dividend income are recorded when cash is received by the Plan and benefits and administrative expenses are recorded when cash is disbursed by the Plan. Investments are reflected at fair value.

Net appreciation in fair value of investments represents (i) the difference between the aggregate fair value of investments as of the end of the year and their carrying values (fair values at the beginning of the year for investments then owed, or purchase cost for acquisitions during the year) and (ii) net gains or losses realized on dispositions of investments (the difference between the proceeds and the fair value as of the beginning of the year, or cost for acquisitions during the year of sale).

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a collective trust. Contract value for this collective trust is based on the net asset value of the fund as reported by the investment advisor. The statement of net assets available for benefits presents the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of estimates: The preparation of financial statements presented on the modified cash basis requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Reclassifications: Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

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SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment valuation and income recognition: Investments are reported 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 fair value measurement note for discussion of fair value measurements.

Purchases and sales of investments are recorded on the trade date. Interest and dividend income is recorded as received.

Accounting for Uncertain Tax Positions: The Financial Accounting Standards Board ("FASB") issues new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustments to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Payments of Benefits: Benefits are recorded when paid.

Subsequent events: Management has evaluated subsequent events through September 30, 2010, the date the financial statements were available to be issued.

INVESTMENTS

The following presents investments that represented 5 percent or more of the Plan's net assets as of December 31:

	<u>2009</u>	<u>2008</u>
Rainier Small/Mid Cap Equity Fund	\$ **	\$ 5,456,637
PIMCO Total Return Fund	12,199,058	10,771,769
SSgA S&P 500 Index Fund	15,541,223	11,792,425
American Funds The Growth Fund of America Fund	22,812,291	17,644,888
SSgA PAR Fund	15,102,710	17,846,935
Oakmark Equity & Income I Fund	14,391,554	12,119,540
SSgA International Stock Selection Fund	9,648,121	7,962,374

** less than 5% at year end

During the years ended December 31, 2009 and 2008, the Plan's investments, including investments bought, sold and held during each year, appreciated (depreciated) as follows:

	<u>2009</u>	<u>2008</u>
Shares of common/collective trusts	\$ 5,397,837	\$ (9,230,954)
Shares of registered investment companies	15,163,446	(33,929,916)
Self directed brokerage accounts	125,876	(268,876)
Totals	\$ <u>20,687,159</u>	\$ <u>(43,429,746)</u>

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN FOR IMAGING EMPLOYEES

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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification ("ASC") 820, Fair value Measurements and Disclosures (*formerly, FASB Statement No. 157, Fair Value Measurements*), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Common/collective fund: Stated at estimated fair value which represents the net asset value of shares held by the Plan at year-end as determined by State Street Bank and Trust Company.

Shares of registered investment companies: Valued at quoted market prices which represent the net assets value of shares held by the Plan year-end.

Self directed brokerage accounts: Valued at the closing price reported on the active market on which the individual securities are traded.

Participant loans: Valued at their outstanding balances which approximate fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2009				
Shares of common/collective funds held with State Street Bank and Trust Company	\$ -	\$ 40,082,716	\$ -	\$ 40,082,716
Shares of registered investment companies:				
Bond funds	12,199,058	-	-	12,199,058
Stock funds	68,010,636	-	-	68,010,636
Money market funds	1,418,909	-	-	1,418,909
Self directed brokerage accounts:				
Stock funds	352,536	-	-	352,536
Money market funds	88,541	-	-	88,541
Participant loans	-	-	1,792,850	1,792,850
Total investments	<u>\$ 82,069,680</u>	<u>\$ 40,082,716</u>	<u>\$ 1,792,850</u>	<u>\$ 123,945,246</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2008				
Shares of common/collective fund held with State Street Bank and Trust Company	\$ -	\$ 36,924,789	\$ -	\$ 36,924,789
Shares of registered investment companies	67,132,548	-	-	67,132,548
Self directed brokerage accounts	267,836	-	-	267,836
Participant loans	-	-	1,928,771	1,928,771
Total investments	<u>\$ 67,400,384</u>	<u>\$ 36,924,789</u>	<u>\$ 1,928,771</u>	<u>\$ 106,253,944</u>

The following table sets forth a summary of changes in fair value of the Plan's level 3 assets for the year ended December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Balance, beginning of year	\$ 1,928,771	\$ 2,092,400
Issuances and settlements (net)	<u>(135,921)</u>	<u>(163,629)</u>
Balance, end of year	<u>\$ 1,792,850</u>	<u>\$ 1,928,771</u>

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN FOR IMAGING EMPLOYEES

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NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

FAIR VALUE MEASUREMENTS (CONTINUED)

The following table describes FASB ASU No. 2009-12, Investments in the Plan That Calculate Net Asset Value per Share (or its equivalent) as of December 31, 2009:

Investment	% of Net Assets	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
SSgA PAR Fund (a)	12.21%	\$ 15,357,820	\$ -	Daily	12 months
SSgA S&P 500 Index Fund (b)	12.56%	\$ 15,541,223	\$ -	Daily	(d)
SSgA Target Retirement Income Fund (b)	0.23%	\$ 278,313	\$ -	Daily	(d)
SSgA Target Retirement 2010 Fund (c)	0.48%	\$ 599,327	\$ -	Daily	(d)
SSgA Target Retirement 2020 Fund (c)	2.21%	\$ 2,733,133	\$ -	Daily	(d)
SSgA Target Retirement 2030 Fund (c)	2.78%	\$ 3,441,658	\$ -	Daily	(d)
SSgA Target Retirement 2040 Fund (c)	1.72%	\$ 2,131,242	\$ -	Daily	(d)

- (a) This category currently includes investments in mutual funds that invest in guaranteed investment contracts, bank investment contracts, and synthetic investment contracts. The fair values of any mutual fund investments in this category are valued daily using the net asset value per share of the investments.
- (b) This category currently includes investments in mutual funds that invest in securities issued or backed by the U.S. government, collective investment funds or similar investments. The fair values of any mutual fund investments in this category are valued daily using the net asset value per share of the investments.
- (c) This category currently includes investments in mutual funds that invest in collective investment funds or similar investments. The fair values of any mutual fund investments in this category are valued daily using the net asset value per share of the investments.

For each of the above, management of the funds has the ability to shift investments as long as the underlying investment meets the criteria mandated by the investment objectives and restrictions contained within the portfolio guidelines. These guidelines require that, at a minimum, the investments selected must meet the then current credit rating and diversification requirements of the fund manager.

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
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FAIR VALUE MEASUREMENTS (CONTINUED)

- (d) As of January 1, 2009 through March 23, 2009, the redemption notice period was daily. Beginning as of March 23, 2009, the redemption notice period was daily, limited to 4% of the investments remaining assets per month. Subsequently, this restriction was lifted as of August 1, 2010, where the redemption notice period returned to daily.

In January 2010, FASB issued FASB Accounting Standards Update (ASU) No. 2010-06, which amends the disclosure requirements of FASB ASC 820 to require new disclosures regarding (a) transfers in and out of levels 1 and 2, and (b) activity in level 3 fair value measurements. ASU 2010-06 also provides amendments to FASB ASC 820 that clarify existing disclosures regarding (a) level of disaggregation for each class of assets and liabilities, and (b) disclosure about inputs and valuation techniques for fair value measurements that fall in either level 2 or level 3. Management does not expect that the adoption of FASB ASU 2010-06 will have a material effect on its net assets and disclosures.

INFORMATION PREPARED AND CERTIFIED BY TRUSTEE OF THE PLAN

All investment and investment income information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as being complete and accurate by State Street Bank and Trust Company, the trustee.

TRANSACTIONS WITH PARTIES IN INTEREST

Certain plan investments are shares of common/collective funds managed by State Street Bank and Trust Company, the plan trustee and, therefore these transactions qualify as party-in-interest.

Certain administrative expenses incurred by the Plan are paid by the Company. These expenses are not significant to the financial statements. Additionally, certain employees of the Company provide various services to the Plan. These employees are not compensated for these services from the Plan.

PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in their account.

TAX STATUS

Effective January 1, 2000 the Plan has adopted a non-standardized form of a prototype plan sponsored by ING Institutional Plan Services, LLC (formerly known as CitiStreet, LLC). The prototype plan has received an opinion letter from the Internal Revenue Service ("IRS") as to the prototype plan's qualified status. The prototype plan letter has been relied on by this Plan. The plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Therefore, no provision for income taxes has been included in the Plan's financial statements.

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

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RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTARY INFORMATION

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS
DECEMBER 31, 2009

EMPLOYER IDENTIFICATION NUMBER: 36-2545354
PLAN NUMBER: 002

(a) (b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Shares of common/collective funds:		
* State Street Bank and Trust Company	SSgA PAR Fund	***	\$ 15,102,710 **
* State Street Bank and Trust Company	SSgA S&P 500 Index Fund	***	15,541,223
* State Street Bank and Trust Company	SSgA Target Retirement Income Fund	***	278,313
* State Street Bank and Trust Company	SSgA Target Retirement 2010 Fund	***	599,327
* State Street Bank and Trust Company	SSgA Target Retirement 2020 Fund	***	2,733,133
* State Street Bank and Trust Company	SSgA Target Retirement 2030 Fund	***	3,441,658
* State Street Bank and Trust Company	SSgA Target Retirement 2040 Fund	***	2,131,242
			<u>39,827,606</u>
	Shares of registered investment companies:		
American Funds	American Funds The Growth Fund of America Fund	***	22,812,291
Goldman Sachs & Company	Goldman Sachs Large Cap Value Fund	***	4,256,912
Goldman Sachs & Company	Goldman Sachs Mid Value Fund	***	4,195,873
PimCo Funds	PIMCO Total Return Fund	***	12,199,058
Rainier Funds	Rainier Small/Mid Cap Equity Fund	***	5,631,616
Oakmark Funds	Oakmark Equity & Income I Fund	***	14,391,554
BlackRock Funds	BlackRock Treasury Trust Fund	***	1,418,909
Mainstay Funds	Morgan Stanley US Small Value Fund	***	6,121,150
State Street Global Advisors	SSgA International Stock Selection Fund	***	9,648,121
BlackRock Funds	BlackRock Small Cap Growth Equity Fund	***	953,119
			<u>81,628,603</u>
Self Directed	Self Directed Brokerage Accounts	***	<u>441,077</u>
* Participants	Participant loans (interest rates range from 4.25% to 10.50%)		<u>1,792,850</u>
			<u>\$ 123,690,136</u>

* A party-in-interest as defined by ERISA.

** This amount represents contract value; fair value for this investment is \$15,357,820

*** Cost omitted for participant directed accounts

Attachment to Form 5500 - Schedule H, Line 4i
Schedule of Assets Held for Investment Purposes at End of Year

Schawk, Inc. Retirement Plan

(a)	(b) Name of Investment	(c) Description of Investment	(d) Cost*	(e) Market Value
	S&P 500	Common/Collective Trust		15,541,223.00
	SSGA Par Fund	Common/Collective Trust		15,102,710.00
	Income Fund	Common/Collective Trust		278,313.00
	Target Retirement 2010	Common/Collective Trust		599,328.00
	Target Retirement 2020	Common/Collective Trust		2,733,133.00
	Target Retirement 2030	Common/Collective Trust		3,441,658.00
	Targtet Retirement 2040	Common/Collective Trust		2,131,242.00
			total	39,827,607.00
	Oakmark	Mutual Fund		14,391,554.00
	Blackrock	Mutual Fund		1,418,909.00
	MS US Small Cap	Mutual Fund		6,121,150.00
	SSGA International	Mutual Fund		9,648,121.00
	Blackrock Small Cap	Mutual Fund		953,119.00
	Goldman Sachs Large Cap	Mutual Fund		4,256,912.00
	Goldman Sachs Mid Cap	Mutual Fund		4,195,873.00
	Rainsm	Mutual Fund		5,631,616.00
	AM Growth	Mutual Fund		22,812,292.00
	Pimco Total Return	Mutual Fund		12,199,058.00
			total	81,628,604.00
	Participant Loans	Int Rate 4.25% to 10.5%		1,792,850.00
	Brokerage	Brokerage		441,076.00