Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE IMPRESS RETIREMENT PLAN FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/13/2000

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

600 NORTH BELL AVENUE,
BUILDING ONE, SUITE 200
CARNEGIE, PA 15106

600 NORTH BELL AVENUE,
BUILDING ONE, SUITE 200
CARNEGIE, PA 15106

2b Employer Identification Number (EIN) 25-1864585

2c Sponsor's telephone number 412-429-5290

2d Business code (see instructions) 332900

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.	10/15/2010	JOHN BOYAS
	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")
PENSION COMMITTEE FOR THE IMPRESS RETIREMENT PLAN

600 NORTH BELL AVENUE
BUILDNG ONE
CARNEGIE, PA 15106

3b Administrator's EIN
42-1534015

3c Administrator's telephone number
412-429-5290

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**	468
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**	252
b	Retired or separated participants receiving benefits	**6b**	76
c	Other retired or separated participants entitled to future benefits	**6c**	129
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	457
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	4
f	Total. Add lines **6d** and **6e**	**6f**	461
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**	16
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

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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE IMPRESS RETIREMENT PLAN FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IMPRESS USA, INC.

D Employer Identification Number (EIN)
25-1864585

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

F Prior year plan size: [ ] 100 or fewer [X] 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**		5328906
b	Actuarial value	**2b**		5861796
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	70	2770289
b	For terminated vested participants	**3b**	119	977675
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		326895
	(2) Vested benefits	**3c(2)**		2899104
	(3) Total active	**3c(3)**	279	3225999
d	Total	**3d**	468	6973963
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**		8.01 %
6	Target normal cost	**6**		380844

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

10/15/2010
Signature of actuary — Date

ANGELA L BUSCH
Type or print name of actuary

08-06184
Most recent enrollment number

BUCK CONSULTANTS, LLC.
Firm name

412-281-2506
Telephone number (including area code)

500 GRANT STREET, SUITE 2900
PITTSBURGH, PA 15219-2502
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of -18.43 %		
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 6.18 %		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)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	84.05 %
15	Adjusted funding target attainment percentage	15	84.05 %
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	76.55 %
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
01/15/2009		2075	06/15/2009		1995
02/15/2009		2408	07/13/2009	141048	
03/15/2009		3120	07/15/2009		2670
04/13/2009	151835		08/15/2009		2272
04/15/2009		2316	09/15/2009		2151
05/15/2009		2398	10/15/2009	130261	2905
			Totals ► 18(b)	652096	18(c) 28753

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	613348

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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

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

Part III Funding percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
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
11/15/2009	0	2450			
12/15/2009	0	1993			
01/15/2010	128868	0			
09/15/2010	100084	0			
			Totals ► 18(b)		18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

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

22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	380844

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1112167	232504
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	613348

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

36 Additional cash requirement (item 34 minus item 35)	**36**	613348
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	613348
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

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

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

A Name of plan
THE IMPRESS RETIREMENT PLAN FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IMPRESS USA, INC.

D Employer Identification Number (EIN)
25-1864585

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

BUCK CONSULTANTS, LLC

13-3954297

(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?
11	NONE	151681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	35407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REED SMITH

25-0749630

(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?
29	NONE	76969	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHNEIDER DOWNS

25-1408703

(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?
10	NONE	7350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
THE IMPRESS RETIREMENT PLAN FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IMPRESS USA, INC.

D Employer Identification Number (EIN)
25-1864585

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: EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-023	C	5671

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV ENH MID CAP CORE FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-207	C	409158

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV ENH LARGE CAP CORE FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-001	C	462313

a Name of MTIA, CCT, PSA, or 103-12 IE: EB NCML INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-108	C	570853

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DO SMALL CAP CORE FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-026	C	313493

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DO EQUITY LARGE CAP CORE FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-098	C	871299

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DAILY VALUED LONG BOND INDEX

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-006	C	2118930

a Name of MTIA, CCT, PSA, or 103-12 IE: TBC 130/30 LGE CAP CORE FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

c EIN-PN 41-2227527-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 436899

a Name of MTIA, CCT, PSA, or 103-12 IE: TBC SMALL MID-CAP GROWTH FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

c EIN-PN 64-0953231-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232115

a Name of MTIA, CCT, PSA, or 103-12 IE: TBC SMALL MID-CAP VALUE FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

c EIN-PN 41-2227528-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237112

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

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
THE IMPRESS RETIREMENT PLAN FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IMPRESS USA, INC.

D Employer Identification Number (EIN)
25-1864585

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)	183675	228953
(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)	5148814	5657846
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5332489	5886799
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	42943	67331
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	42943	67331
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5289546	5819468

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)	652097	
	(B) Participants	2a(1)(B)	28752	
	(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)		680849
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	135	
	(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)		135
	(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)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(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)		519883
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1200867
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	359929	
(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)		359929
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)	236000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	35407	
(4) Other	2i(4)	39609	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		311016
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		670945
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		529922
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: SCHNEIDER DOWNS **(2)** EIN: 25-1408703

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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
THE IMPRESS RETIREMENT PLAN FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IMPRESS USA, INC.

D Employer Identification Number (EIN)
25-1864585

Part I Distributions

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

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

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

EIN(s): 13-5160382

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** 9

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

THE IMPRESS RETIREMENT PLAN
FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

Carnegie, Pennsylvania

Financial Statements and
Supplementary Financial Information
As of and for the years ended
December 31, 2009 and 2008

and Independent Auditors' Report Thereon

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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
The Impress Retirement Plan for Certain Designated Hourly Employees
Carnegie, Pennsylvania

We were engaged to audit the statements of net assets available for benefits of the Impress Retirement Plan for Certain Designated Hourly Employees (Plan) as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008, and the supplemental schedule of assets (held at end of year) and schedule of reportable conditions for the year ended December 31, 2009. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 4, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 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.

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

Schneider Downs & Co., Inc.

Pittsburgh, Pennsylvania
October 5, 2010

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IGAF

THE IMPRESS RETIREMENT PLAN
FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2009	2008
INVESTMENTS	$ 5,657,846	$ 5,148,814
CONTRIBUTION RECEIVABLE	228,952	183,675
Total Assets	5,886,798	5,332,489
ACCRUED ADMINISTRATIVE EXPENSES	67,331	42,943
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,819,467	$ 5,289,546

See notes to financial statements.

THE IMPRESS RETIREMENT PLAN
FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contributions	$ 652,097	$ 595,779
Participant contributions	28,751	30,610
Net appreciation in fair value of investments	519,883	-
Interest and dividends	135	641
Total Additions	1,200,866	627,030
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments	-	969,907
Benefit payments to participants	359,929	262,407
Administrative and other expenses	311,016	212,074
Total Deductions	670,945	1,444,388
Net Increase (Decrease)	529,921	(817,358)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	5,289,546	6,106,904
End of year	$5,819,467	$5,289,546

See notes to financial statements.

THE IMPRESS RETIREMENT PLAN
FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Impress Retirement Plan for Certain Designated Hourly Employees (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - On August 13, 2000, Impress Group B.V. [of which Impress USA, Inc. (Company) is a subsidiary] acquired several divisions of the H.J. Heinz Company. The Company adopted this Plan and Trust effective as of August 13, 2000 for the purpose of providing retirement and other benefits to employees hired by the Company or a participating affiliate on and after August 13, 2000 and to provide benefits previously accrued under the "Pension Plan of H.J. Heinz Company for Nonunion Hourly Employees" or the "Pension Plan of H.J. Heinz Company for Certain Designated Union Employees." The Plan is a contributory defined benefit plan sponsored by the Company covering employees represented by a bargaining agent or hourly employees working for the Company in American Samoa who meet certain minimum participation requirements as set forth in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

Retirement Benefits - Eligible employees with a minimum of five years of continuous service are entitled to annual pension benefits beginning at the normal retirement age of 65. Upon normal retirement, participants are entitled to a monthly pension benefit payment based upon a flat dollar benefit rate, years of service, and if applicable, compensation. Under the terms of the Plan, all benefits are provided in the form of an annuity to the participant, unless the present value of the benefit is equal to or less than $5,000 at the time of retirement, in which case, the only form of payment is a lump-sum payment. The amount of the monthly benefit is adjusted periodically based upon negotiations with each plant's representative lab or union. The Plan permits early retirement, with reduced benefits at age 55 with five years of service, except for those participants covered under the agreement between the Company and the United Industrial, Service, Transportation, Professional and Government Workers of North America, of the Seafarers International Union of North America, Atlantic Gulf, Lakes and Inland Waters District and the AFL-CIO Local 24 (Terminal Island, California), who are required to have 10 years of service. The Plan also permits early retirement, with no reduction of benefits, for participants meeting certain minimum age and service requirements as set forth in the Plan document.

Death Benefits - If a married participant dies prior to retirement or during receipt of retirement benefits, a monthly benefit may be payable to the surviving spouse. In general, the benefit equals 50% of the benefit that would have been, or is, payable to the deceased participant.

Disability Benefits - A participant who becomes permanently disabled is entitled to an accrued pension benefit commencing on the first day of the calendar month following the date on which the participant's short-term disability benefits from the Company cease or the first day of the month following the end of the five-month period required to qualify for security disability benefits.

Participant Contributions - Pursuant to the collective bargaining agreement between the Company and the United Industrial, Service, Transportation, Professional and Government Workers of North America, of the Seafarers International Union of North America, Atlantic Gulf, Lakes and Inland Waters District and the AFL-CIO Local 24 (Terminal Island, California), each participant is required to contribute to the Plan $0.14 for each hour of service worked. Employees' net accumulated contributions as of December 31, 2009 and 2008 were $1,336,661 and $1,409,656, respectively, including interest credited as defined in accordance with Plan provisions, or specifically 5% compounded annually prior to January 1, 1988 and thereafter at the rate specified in Section 411c(2)(iii) of the Internal Revenue Code (IRC). The rates for 2009 and 2008 were 2.48% and 4.31%, respectively. No other participants are required to make contributions.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied by the Plan administrator in the preparation of the accompanying financial statements follows:

Codification - On December 31, 2009, the Plan adopted changes issued by the Financial Accounting Standards Board (FASB) to the authoritative hierarchy of generally accepted accounting principles (GAAP). These changes establish the FASB Accounting Standards Codification (Codification) as the single source of authoritative accounting principles recognized by the FASB to be applied to nongovernmental entities in the preparation of financial statements in conformity with GAAP. Other than the manner in which new accounting guidance is referenced in the footnotes, the adoption of these changes had no impact on the financial statements.

Basis of Accounting - The financial statements of the Plan are presented on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments - The investment in collective trust is stated at fair market value based upon quoted market prices of the underlying assets in the trust. (See Note 7 for discussion of fair value measurements.)

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of investments, which consists of realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Plan Expenses - All expenses incurred in administering the Plan are paid from Plan assets, unless otherwise paid by the Company. There were no amounts paid by the Company for the years ended December 31, 2009 and 2008.

Recent Accounting Pronouncements - In August 2009, the FASB issued an ASU, Fair Value Measurements Disclosures - Measuring Liabilities at Fair Value. The ASU provides guidance with respect to measuring the fair value of liabilities. The ASU clarifies that, when traded as an asset in an active market, the quoted price for the identical liability is also a Level 1 measurement for that liability when no adjustment to the quoted price is required. The ASU is effective, for the Plan, on January 1, 2010. The Plan Administrator does not anticipate the adoption of the ASU will have a material effect on the Plan's financial statements.

In January 2010, the FASB issued an ASU, Fair Value Measurements Disclosures - Improving Disclosures about Fair Value Measurements. The ASU requires entities to disclose additional information regarding assets and liabilities that are transferred between levels of the fair value hierarchy and to present information about purchases, sales, issuances and settlements on a gross basis in the reconciliation of fair value measurements using significant unobservable inputs ("Level 3 reconciliation"). Additionally, the standard clarified existing guidance regarding the level of disaggregation of fair value measurements and disclosures regarding the valuation techniques and inputs utilized in estimating Level 2 and Level 3 fair value measurements. This guidance is effective, for the Plan, on January 1, 2010, except for the disclosures regarding purchases, sales, issuances and settlements in the Level 3 reconciliation, which will be effective, for the Plan, on January 1, 2011. The Plan Administrator is currently assessing the impact that the adoption of the ASU will have on the Plan's financial statements.

NOTE 3 - INVESTMENTS

At December 31, 2009 and 2008, the Plan's investments consisted of units in the Bank of New York Mellon/BNY Mellon, N.A. Collective Trust (the Trust). The Trust invests in various funds. The fair value of funds that represent 5% or more of the net assets available for benefits at December 31 are as follows:

	2009	2008
EB DV Long Bond Index Fund	$ 2,118,930	$ 2,062,969
EB DO Equity Large-Cap Core Fund	871,299	757,683
EB NCML International Fund	570,853	506,149
TBC 130/30 Large-Cap Core Fund	436,899	381,566
EB DV ENH Large-Cap Core Fund	462,313	379,978
EB DV ENH Mid-Cap Core Fund	409,158	371,396
EB Small-Cap Core Fund	313,493	266,232

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, has certified that certain information is complete and accurate. This information includes the composition, cost and current value of investments as of December 31, 2009 and 2008 as well as interest and dividend and net appreciation (depreciation) in fair value of investments reported in the statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is the present value of future benefit payments that are attributable, under the Plan's provisions, to employees' service rendered prior to the benefit valuation date. These payments are composed of benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of deceased employees and present employees or their beneficiaries.

The actuarial value of accumulated plan benefits as determined by the Plan's actuary, Buck Consultants, as of January 1, 2009 and 2008 is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment of benefits by taking into account such factors as retirement, death, disability and termination of employment between the valuation date and the expected date of payment. The following actuarial assumptions were employed in determining the actuarial present value of accumulated plan benefits:

Actuarial Cost Method - The accrued benefit funding method was used for 2009 and 2008.

Valuation Interest Rate - The rate used to value pension liabilities was 8.50% for 2009 and 2008.

Mortality Basis - For active employees and employees retired on normal or early pensions from the Company's Weirton and Terminal Island locations, mortality was based on the 1995 Buck Hourly Mortality Table (set back five years for females) for January 1, 2008. The 1979 Geoge B. Buck Mortality Table was utilized for employees of the Company's Samoa location for January 1, 2008. The mortality tables for Weirton, Terminal Island and Samoa were changed to the RP2000 mortality table for January 1, 2009.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Retirement Age - Calculated using assumed weighted average retirement at age 65 and 64 for December 31, 2009 and 2008, respectively.

Employee Turnover - Calculated using rates varying by age.

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.

The actuarial present value of accumulated plan benefits as of January 1 is summarized as follows:

	2009	2008
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	$ 2,564,473	$ 2,243,438
Other participants	3,247,718	2,851,770
	5,812,191	5,095,208
Nonvested benefits	309,585	312,255
Total actuarial present value of accumulated plan benefits	$ 6,121,776	$ 5,407,463

The changes in the actuarial present value of accumulated plan benefits at January 1 are summarized as follows:

	2009	2008
Actuarial present value of accumulated plan benefits	$ 5,407,463	$ 5,285,159
Increase during the year attributable to:		
Benefits accumulated and the effect of noninvestment experience	374,553	294,293
Interest due to decrease in the discount period	448,709	412,210
Benefits paid	(262,407)	(270,255)
Assumption changes	127,095	(337,342)
Plan changes	26,363	23,398
Net increase	714,313	122,304
Actuarial present value of accumulated plan benefits at January 1, 2009 and 2008, respectively	$ 6,121,776	$ 5,407,463

NOTE 6 - FUNDING POLICY

The Company contributes such amounts as are necessary to provide the Plan with assets with which to pay pension benefits to Plan participants. The Company was required to make a contribution of $652,097 and $595,779 for the years ended December 31, 2009 and 2008, respectively.

NOTE 7 - FAIR VALUE MEASUREMENTS

The Fair Value Measurements and Disclosure Topic of the Codification requires disclosures that categorize assets and liabilities measured at fair value into one of three different levels depending on the assumptions (i.e., inputs) used in the valuation. Level 1 provides the most reliable measure of fair value, while Level 3 generally requires significant management judgment. Financial assets and liabilities are classified in their entirety based on the lowest level of input significant to the fair value measurement. The fair value hierarchy is defined as follows:

Level 1 - Valuations are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 - Valuations are based on quoted prices for similar assets or liabilities in active markets, or quoted prices in markets that are not active, but for which significant inputs are observable, either directly or indirectly.

Level 3 - Valuations are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Inputs reflect management's best estimate of what market participants would use in valuing the asset or liability at the measurement date.

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

The Plan's financial instruments consist of contributions receivable and investments within collective trust funds. The carrying amount of contributions receivable approximate their fair value due to the short-term nature of such instruments. The investments are valued at the NAV of shares held by the Plan year-end.

The Plan's assets at fair value as of December 31, set forth by level within the fair value hierarchy, are as follows:

	2009			
	Level 1	Level 2	Level 3	Total
Common collective trusts	-	$ 5,657,846	-	$ 5,657,846
Contributions receivable	$ 228,952	-	-	228,952
Total assets at fair value	$ 228,952	$ 5,657,846	-	$ 5,886,798

NOTE 7 - FAIR VALUE MEASUREMENTS (Continued)

	2008			
	Level 1	Level 2	Level 3	Total
Common collective trusts	-	$ 5,148,814	-	$ 5,148,814
Contributions receivable	$ 183,675	-	-	183,675
Total assets at fair value	$ 183,675	$ 5,148,814	-	$ 5,332,489

NOTE 8 - PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right to terminate the Plan at any time. If such termination should occur, monies in the Plan would be distributed to participants according to the provisions of the Plan. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if benefits have been increased within five years before the Plan's termination, the whole amount of the Plan's vested benefits increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefits that the PBGC guarantees, which is adjusted periodically.

NOTE 9 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 15, 2002 that the Plan and related trust are designed in accordance with applicable sections of the IRC.

The Plan was amended and restated effective January 1, 2009. The Plan administrator filed the amended and restated Plan document with the IRS on August 20, 2010 for purposes of obtaining an updated determination letter. The IRS has acknowledged receipt of this filing, but had yet to issue a determination letter as of the date on which the financial statements were issued. The Plan administrator believes that the amended and restated Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and has no income subject to unrelated business income taxes.

NOTE 10 - SUBSEQUENT EVENTS

The Plan has adopted the Subsequent Event Topic of the Codification. This guidance defines subsequent events as events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are issued or are available to be issued. Management has evaluated subsequent events through October 5, 2010, the date on which the financial statements were issued. Management did not identify any events or transactions requiring adjustment to or disclosure in the financial statements, other than the determination letter in Note 9.

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THE IMPRESS RETIREMENT PLAN FOR CERTAIN DESIGNATED HOURLY EMPLOYEES
EIN: 25-1864585 PN: 001

SCHEDULE SB NOTES FOR 2009 PLAN YEAR

In preparing Schedule SB, the actuary relied on other parties for - and applied reasonability tests to - information on assets, contributions, plan provisions, and data on people covered by the Plan.

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Eligibility

For Terminal Island: Immediate.

For other participants: 6 months of service.

Annual compensation

For Samoa and Weirton: Total remuneration not to exceed required limits.

Payment forms

Life annuity and joint-and-survivor life annuity

Normal retirement date

Age 65.

Early unreduced retirement date

For Samoa: Age 62 and 25 years of service.

For Weirton: The earlier of age 62 and 25 years of service or age 55 and 30 years of service

Early retirement date

For Terminal Island: Age 55 and 10 years of service.

For other participants: Age 55.

Eligibility for disability benefit

Social Security disability award required effective on or before termination, application received and:

For Samoa: 15 years of service.

For other participants: 10 years of service.

Eligibility for vested benefit

100% vesting after five years. At age 65, an actively employed participant is 100% vested, regardless of service.

Eligibility for surviving spouse death benefit

Death occurring while:

1. Actively employed after completion of 5 years of vesting service.
2. Terminated with a vested deferred benefit but before benefit commencement.

Accrued benefit

For Samoa: The larger of the benefit determined under part A or B below.

A. 1.25% of annual compensation received.

B. $96 times years of service at the date of determination.

For Weirton: The larger of the benefit determined under part A or B below.

A. 1.1% of annual compensation received.

B. $468 times years of service at the date of determination for terminations during 2008 and $480 for terminations after 2008.

For Terminal Island: The sum of the amount determined under part A, B, C, and B below.

A. $132 times years of service between 1/1/1986 and 1/1/1989.

B. $156 times years of service between 1/1/1989 and 1/1/2006.

A. $255 times years of service between 1/1/2006 and 1/1/2007.

B. $276 times years of service after 1/1/2007.

Normal monthly retirement benefit

1/12 of accrued benefit as of normal retirement date.

Early unreduced monthly retirement benefit

For Samoa and Weirton: 1/12 of accrued benefit as of unreduced early retirement date.

For Weirton only: An additional temporary benefit of $5 times years of service will be paid until age 62.

Early monthly retirement benefit

For Samoa and Weirton: 1/12 of accrued benefit as of early retirement date, reduced by 2% for each of the first 3 years and 4% for each of the next 7 years by which the early retirement date precedes the normal retirement date.

For Terminal Island: 1/12 of accrued benefit as of early retirement date, reduced by 6% for each of the first 5 years and 3.6% for each of the next 5 years by which the early retirement date precedes the normal retirement date.

Delayed monthly retirement benefit

1/12 of accrued benefit as of actual retirement date, crediting service and earnings through delayed retirement date.

Disability benefit

1/12 of accrued benefit as of the date of disability payable beginning the first of the month following the Social Security disability benefit commencement and ending at normal retirement date. Upon completion of benefit payments, normal retirement benefits will be payable.

Deferred monthly retirement benefit for termination prior to retirement

For Samoa and Weirton: 1/12 of accrued benefit as of date of termination payable at normal retirement date or payable at age 55 reduced 6% for each year before normal retirement date.

For Terminal Island: 1/12 of accrued benefit as of termination date payable at normal retirement date. If 10 years of service at termination, benefit can be payable at age 55, reduced by 6% for each of the first 5 years and 3.6% for each of the next 5 years by which commencement precedes the normal retirement date.

Surviving spouse monthly death benefit

1/12 of 50% of accrued benefit reduced for early payment in the form of a 50% Joint and Survivor as of date of death of participant, commencing at the participant's earliest payment date and continuing for the remaining lifetime of the surviving spouse.

For Samoa and Weirton: If death occurs while in service after age 55, the above benefit will be in the form of a 100% Joint and Survivor. If death occurs prior to age 55, the earliest payment date may be as early as the month in which the death occurs.

For Terminal Island: An additional $1,500 single sum death benefit is payable to a participant who dies while in active service or $1,000 single sum death benefit to a former participant who retired from active service.

Refund of participant contributions

For Terminal Island, accumulation of employee contributions with interest will be refunded to the participant who terminates prior to eligibility for a vested benefit. If the value exceeds $1,000, the participant must elect to receive such refund.

Contributions

All contributions to support the plan are made by the Company except for employee contributions by participants at Terminal Island, in the amount of $.14 for every hour (other rates apply prior to 5/1/1996).

Summary of Changes from the January 1, 2008 Valuation

For Weirton: Prior year's target liability valuation used a $468 multiplier, and this year's target liability valuation uses a $480 multiplier.

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

Prescribed Funding Assumptions and Methods

Funding discount rates

Current Year:	IRS Full Yield Curve with 2 month lookback	
	Effective Interest Rate	8.01%
Prior Year:	First Segment Rate	5.31%
	Second Segment Rate	5.92%
	Third Segment Rate	6.43%
	Effective Interest Rate	6.18%

Mortality

	Current Year	Prior Year
Annuitant	IRS 2009 prescribed annuitant mortality table for males and females	IRS 2008 prescribed annuitant mortality table for males and females
Non-annuitant	IRS 2009 prescribed non-annuitant mortality table for males and females	IRS 2008 prescribed non-annuitant mortality table for males and females

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits, based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected administrative and investment expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

Salary increase assumption

2.25% cost-of-living plus additional increase varying by age. Select ages shown.

Age	Current Year
25	6.45%
30	5.26%
35	3.40%
40	2.55%
45	2.15%
50	1.85%
55	1.60%

Social Security

Annual increase in maximum wage base: cost-of-living

Expenses

Expected plan administrative and investment expenses of $174,000 were added to the Target Normal Cost

Cost-of-living

Current and Future Years:	2.25%
Prior Year:	2.25%

Valuation of optional payment forms

50% of the participants are assumed to elect life annuities; the other 50% of the participants are assumed to elect joint-and-survivor annuities.

Marital percentage

85% of males and 30% of females are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates[1]

Based on experience. Sample rates as follows:

For Samoa participants

Years of Employment	Age-Related Rates			
	25	40	55	60
1 - 4	30.00%	20.00%	20.00%	20.00%
5 & later	6.00%	4.50%	3.00%	3.00%

For other participants

Years of Employment	Age-Related Rates			
	25	40	55	60
1 - 4	20.00%	15.00%	10.00%	10.00%
5 & later	7.50%	2.80%	2.50%	2.50%

Retirement rates

For Samoa participants

	Years of Employment	
Age	1 - 24	25 & Later
55	5.0%	5.0%
56	5.0%	5.0%
57	5.0%	5.0%
58	5.0%	5.0%
59	5.0%	5.0%
60	6.0%	6.0%
61	10.0%	10.0%
62	20.0%	40.0%
63	20.0%	40.0%
64	10.0%	40.0%
65	20.0%	20.0%
66	20.0%	20.0%
67	15.0%	15.0%
68	15.0%	15.0%
69	15.0%	15.0%
70	100.0%	100.0%

[1] For active participants not eligible for retirement.

Non-Prescribed Funding Assumptions and Methods (continued)

For other participants

Age	Rates
55	5.0%
56	2.5%
57	2.5%
58	2.5%
59	2.5%
60	2.5%
61	2.5%
62	5.0%
63	5.0%
64	5.0%
65	25.0%
66	15.0%
67	10.0%
68	15.0%
69	15.0%
70	100.0%

Disability rates

Age	Samoa Participants	Other Participants
25	0.045%	0.030%
30	0.045%	0.030%
35	0.045%	0.030%
40	0.060%	0.040%
45	0.120%	0.080%
50	0.315%	0.210%
55	0.675%	0.450%
60	1.515%	1.010%

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

The expected return on plan assets is 8.50% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2008 measurement periods:	6.43%
2007 measurement periods:	6.00%

Summary of Changes from the January 1, 2008 Valuation

- The asset valuation method changed from the market value of assets to the method as shown above.
- The interest rates used to value the Funding Target and Target Normal Cost were changed from the three-segment rates to the full yield curve with a two-month lookback. The effective interest rate changed from 6.18% in 2008 to 8.01% in 2009.
- The mortality tables used were also updated in accordance with PPA 2006.
- Expected plan administrative and investment expenses of $174,000 were added to the Target Normal Cost.

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

Date Established	Initial Amount	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2009
January 1, 2008	$ 1,876,320	6	$ 313,828	$ 1,568,791
January 1, 2009	$ (456,624)	7	$ (81,324)	$ (456,624)
Total charge			$ 232,504	$ 1,112,167

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SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Age by Service

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
15-19	2	0	0	0	0	0	0	0	0	2
20-24	9	0	0	0	0	0	0	0	0	9
25-29	16	3	0	0	0	0	0	0	0	19
30-34	13	4	5	4	1	0	0	0	0	27
35-39	7	13	14	3	1	0	0	0	0	38
40-44	13	11	8	6	2	0	0	0	0	40
45-49	10	14	11	9	2	2	0	0	1	49
50-54	5	9	8	7	6	3	2	2	2	44
55-59	3	3	3	4	0	1	2	1	11	28
60-64	1	0	3	3	1	2	0	1	5	16
65-69	0	0	0	0	0	2	1	1	0	4
70+	0	0	1	0	0	0	0	0	2	3
TOTAL	79	57	53	36	13	10	5	5	21	279

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SCHEDULE SB, LINE 24 – CHANGE IN ACTUARIAL ASSUMPTIONS

Expected plan administrative and investment expenses of $174,000 were added to the Target Normal Cost.

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

This age is derived by applying, for an employee with the characteristics of an average new entrant to the plan, the following formula, modified so that the " ½" is not used for t = FRA-ERA.

$$\frac{\sum_{t=0}^{FRA-ERA} ({}_tp_{ERA}) * (q^r_{ERA+t}) * (ERA + t + ½)}{\sum_{t=0}^{FRA-ERA} ({}_tp_{ERA}) * (q^r_{ERA+t})}$$

where

	FRA	=	age by which everyone is assumed to retire
	ERA	=	age before which nobody is assumed to retire
	${}_tp_{ERA}$	=	probability of surviving at work to age ERA + t
	q^r_{ERA+t} =	=	probability of retiring at age ERA + t

Retirement rates: Sample rates as follows:

For Samoa participants:

	Years of Employment	
Age	1-24	25 & later
55	5.00%	5.00%
56	5.00%	5.00%
57	5.00%	5.00%
58	5.00%	5.00%
59	5.00%	5.00%
60	6.00%	6.00%
61	10.00%	10.00%
62	20.00%	40.00%
63	20.00%	40.00%
64	10.00%	40.00%
65	20.00%	20.00%
66	20.00%	20.00%
67	15.00%	15.00%
68	15.00%	15.00%
69	15.00%	15.00%
70	100.00%	100.00%

For other participants:

Age	
55	5.00%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	2.50%
61	2.50%
62	5.00%
63	5.00%
64	5.00%
65	25.00%
66	15.00%
67	10.00%
68	15.00%
69	15.00%
70	100.00%

SCHEDULE SB LINE 25 – CHANGE IN METHOD

The funding interest rates changed from the Segment Rates with no lookback to the IRS Full Yield Curve with a 2 month lookback.

The asset valuation method was changed from market value to a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

The expected return on plan assets is 8.50% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2008 measurement periods:	6.43%
2007 measurement periods:	6.00%

THE IMPRESS RETIREMENT PLAN
FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

EIN: 25-1864585
PLAN NUMBER: 001

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	BNY Mellon, N.A.	EB DV Long Bond Index Fund	$ 2,020,913	$ 2,118,930
*	BNY Mellon, N.A.	EB DO Equity Large-Cap Core Fund	847,908	871,299
*	BNY Mellon, N.A.	EB NCML International Fund	618,020	570,853
*	BNY Mellon, N.A.	TBC 130/30 Large-Cap Core Fund	461,744	436,899
*	BNY Mellon, N.A.	EB DV ENH Large-Cap Core Fund	540,465	462,313
*	BNY Mellon, N.A.	EB DV ENH Mid-Cap Core Fund	286,606	409,158
*	BNY Mellon, N.A.	EB Small-Cap Core Fund	293,724	313,493
*	BNY Mellon, N.A.	TBC Small Mid-Cap Value Fund	245,067	237,112
*	BNY Mellon, N.A.	TBC Small Mid-Cap Growth Fund	260,797	232,115
*	BNY Mellon, N.A.	EB Temp Investment Fund	5,671	5,671
			5,580,915	5,657,843
		Cash	3	3
			$ 5,580,918	$ 5,657,846

* Party-in-interest

See independent auditors' report.

THE IMPRESS RETIREMENT PLAN
FOR CERTAIN DESIGNATED HOURLY EMPLOYEES

EIN: 25-1864585
PLAN NUMBER: 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009

Series of transactions, involving an amount in excess of 5% of the current value of Plan assets as of the beginning of the year.

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
BNY Mellon, N.A.	EB Temporary Investment Fund	-	$1,056,361 (A)	-	-	$1,056,361	$1,056,361	-
BNY Mellon, N.A.	EB Temporary Investment Fund	$ 1,058,545 (B)				1,058,545	1,058,545	-
BNY Mellon, N.A.	EB DV Long Bond Index Fund	404,099 (C)		-	-	404,099	404,099	-

(A) Represents a series of 35 sales transactions
(B) Represents a series of 72 purchase transactions
(C) Represents a series of 5 purchase transactions

See independent auditors' report.

SCHEDULE SB, LINE 21(b) – Discount Rate Applicable Month Code

The discount rate is full yield curve with a two month lookback. Line 21b is left blank because EFAST2 generates an error when "2" appears in line 21b and Full Yield Curve is checked in line 21a.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan

The Impress Retirement Plan for Certain Designated Hourly Employees

B Three-digit plan number (PN) ▶ 001

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

Impress USA, Inc.

D Employer Identification Number (EIN)

25-1864585

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

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

Part I Basic Information

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

2	Assets:			
	a Market value		**2a**	5,328,905
	b Actuarial value		**2b**	5,861,796
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	70	2,770,289
	b For terminated vested participants	**3b**	119	977,675
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		326,895
	(2) Vested benefits	**3c(2)**		2,899,104
	(3) Total active	**3c(3)**	279	3,225,999
	d Total	**3d**	468	6,973,963
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**	8.01 %
6	Target normal cost		**6**	380,844

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

Angela L Busch

Signature of actuary

10/15/2010

Date

ANGELA L BUSCH

Type or print name of actuary

08-06184

Most recent enrollment number

BUCK CONSULTANTS, LLC.

Firm name

(412)281-2506

Telephone number (including area code)

500 GRANT STREET, SUITE 2900

PITTSBURGH PA 15219-2502

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of (18.43)%		
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 6.18 %		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)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	84.05 %
15	Adjusted funding target attainment percentage	15	84.05 %
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	76.55 %
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
01/15/2009		2,075	06/15/2009		1,995
02/15/2009		2,408	07/13/2009	141,048	
03/15/2009		3,120	07/15/2009		2,670
04/13/2009	151,835		08/15/2009		2,272
04/15/2009		2,316	09/15/2009		2,151
05/15/2009		2,398	10/15/2009	130,261	2,905
			Totals ▶ 18(b)	652,096	18(c) 28,753

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	613,348

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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

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

21 Discount rate:

a Segment rates:

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

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

22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	380,844

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,112,167	232,504
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	613,348

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

36 Additional cash requirement (item 34 minus item 35)	**36**	613,348
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	613,348
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

Continuation of 2009 Form 5500
Schedule SB, line 18 - Contributions Made to the Plan for the Plan Year

Plan Name The Impress Retirement Plan for Certain Designated Hourly Employees **EIN:** 25-1864585
Plan Sponsor's Name Impress USA, Inc. **PN:** 001

(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
11/15/2009	0	2,450			
12/15/2009	0	1,993			
01/15/2010	128,868	0			
09/15/2010	100,084	0			