

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan DATA DOCUMENTS, INC. PENSION PLAN DENVER COLLECTIVE BARGAINING UNIT	1b Three-digit plan number (PN) ▶ 009
		1c Effective date of plan 02/01/1988
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CORPORATE EXPRESS DOCUMENT & PRINT MANAGEMENT STAPLES 500 STAPLES DRIVE FRAMINGHAM, MA 01702	2b Employer Identification Number (EIN) 47-0445942 2c Sponsor's telephone number 508-253-5000 2d Business code (see instructions) 323100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/26/2011	DANIEL BAKER
	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")CORPORATE EXPRESS DOCUMENT & PRINT MANAGEMENT
STAPLES
500 STAPLES DRIVE
FRAMINGHAM, MA 01702**3b** Administrator's EIN

47-0445942

3c Administrator's telephone number

508-253-5000

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**

43

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**

0

b Retired or separated participants receiving benefits.....**6b**

6

c Other retired or separated participants entitled to future benefits.....**6c**

37

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

43

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

43

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

b General Schedules

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008		
A Name of plan DATA DOCUMENTS, INC. PENSION PLAN DENVER COLLECTIVE BARGAINING UNIT	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500. CORPORATE EXPRESS DOCUMENT & PRINT MANAGEMENT	D Employer Identification Number (EIN) 47-0445942	

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	383752	0	01/01/2008	12/31/2008

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	3790
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c Additions: (1) Contributions deposited during the year	7c(1)	4185	
	7c(2)		
	7c(3)	194	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	4379
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d Total of balance and additions (add b and c(6)).	7d	8169
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)	1637	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	4178	

▶ **ALLOC FUND ADJ**

(5) Total deductions	7e(5)	5815
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f Balance at the end of the current year (subtract e(5) from d)	7f	2354
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE I</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
	For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008	
	<div>A Name of plan</div> <div>DATA DOCUMENTS, INC. PENSION PLAN DENVER COLLECTIVE BARGAINING UNIT</div>	<div>B Three-digit plan number (PN)</div> <div>009</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CORPORATE EXPRESS DOCUMENT & PRINT MANAGEMENT</div>	<div>D Employer Identification Number (EIN)</div> <div>47-0445942</div>	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	630732	480806
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a).....	1c	630732	480806
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	18193	
(2) Participants.....	2a(2)		
(3) Others (including rollovers)	2a(3)		
b Noncash contributions.....	2b		
c Other income.....	2c	-130100	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		-111907
e Benefits paid (including direct rollovers)	2e	25085	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions).....	2h		
i Other expenses.....	2i	12934	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		38019
k Net income (loss) (subtract line 2j from line 2d).....	2k		-149926
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests.....	3a	X	
b Employer real property.....	3b	X	
c Real estate (other than employer real property)	3c	X	
d Employer securities.....	3d	X	
e Participant loans.....	3e	X	

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II	Compliance Questions
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4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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

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

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

**SCHEDULE R
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan InformationThis schedule is required to be filed under sections 104 and 4085 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.

Official Use Only

OMB No. 1210-0110

2008**This Form is Open to
Public Inspection.**

For calendar year 2008 or fiscal plan year beginning and ending

A Name of plan DATA DOCUMENTS, INC. DENVER BARGAINING PLAN	B Three-digit plan number 009
C Plan sponsor's name as shown on line 2a of Form 5500 CORP. EXPRESS DOC. & PRINT MANAGEMENT	D Employer Identification Number 47-0445942

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 plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 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 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☒ No ☐ N/A
If the plan is a defined benefit plan, go to line 7.	
5 If a waiver of the minimum funding standard for a prior plan year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver	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.	
6a 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 7 and 8 and complete line 9.	
7 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

8 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. (See instructions.)	☐ Increase ☐ Decrease ☒ No
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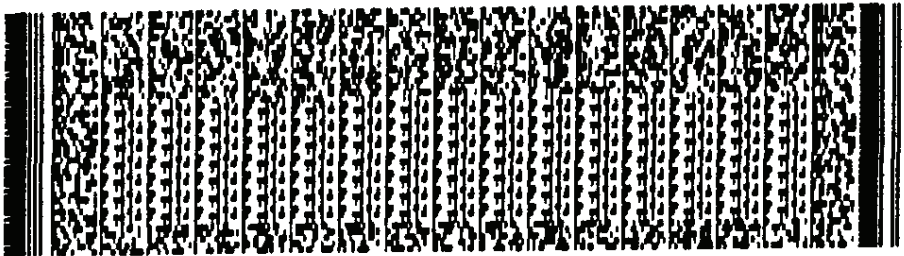
Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements	☐ ratio percentage test ☐ average benefit test
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v11.3

Schedule R (Form 5500) 2008



**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).

► **Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)**

Official Use Only

OMB No. 1210-0110

2008

**This Form is Open to
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 01/01/2008, and ending 12/31/2008,

► **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 DATA DOCUMENTS, INC. DENVER BARGAINING PLAN		B Three-digit plan number (PN) ► 009
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ CORP. EXPRESS DOC. & PRINT MANAGEMENT		D Employer Identification Number (EIN) 47-0445942
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	F Prior year plan size: 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2008		
2 Assets:		
a Market value	2a	630732
b Actuarial value	2b	630732
3 Funding target/participant count breakdown		
		(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	10 201286
b For terminated vested participants	3b	41 534117
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	0
(3) Total active	3c(3)	0
d Total	3d	51 735403
4 If the plan is in at-risk status, check the box and complete lines 4a and 4b		☐
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	6.11 %
6 Target normal cost	6	0

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**

Glen C. Gahan

Signature of actuary

GLEN C. GAHAN, FSA

Type or print name of actuary

SILVERSTONE GROUP

Firm name

11516 MIRACLE HILLS DRIVE

OMAHA

NE

68154-4473

Address of the firm

10/5/2010

Date

08-04875

Most recent enrollment number

402-964-5400

Telephone number (including area code)

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

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

v11.3

Schedule SB (Form 5500) 2008

Part II Beginning of year carryover and prefunding balances (See instructions.)

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	N/A	N/A
8 Portion used to offset prior year's funding requirement (line 35 from prior year)	N/A	N/A
9 Amount remaining (line 7 minus line 8)	1 624	N/A
10 Interest on line 9 using prior year's actual return of N/A %	N/A	N/A
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (line 38 from prior year)		N/A
b Interest on line 11a using prior year's effective rate of N/A %		N/A
c Total available at beginning of current plan year to add to prefunding balance ..		N/A
d Portion of line 11c to be added to prefunding balance		N/A
12 Reduction in balances due to elections or deemed elections	0	N/A
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	1 624	N/A

Part III Funding percentages

14 Funding target attainment percentage	14	85.55 %
15 Adjusted funding target attainment percentage	15	85.55 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to offset current year's funding requirement	16	79.20 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18 Contributions made to the plan for the plan year by employer(s) and employees:**

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2008	9070	0			
07/16/2008	9070	0			
06/08/2008	54	0			
Totals ▶			18(b)	18194	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	17747

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes	☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes	☒ No
c If line 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:	1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
a Segment rates:	5.26 %	5.82 %	6.38 %	
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	Prescribed -- combined	☒ Prescribed -- separate	Substitute	

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .	☐ Yes	☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachments	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 (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	106295	17744
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.	33	
34 Total funding requirement before reflecting carryover/prefunding balances (line 31 + line 32a + line 32b - line 33)	34	17744
35 Balances used to offset funding requirement. . .	Carryover balance	Prefunding balance
	0	0
36 Additional cash requirement (line 34 minus line 35)	36	17744
37 Contributions allocated toward minimum required contribution for current year, adjusted to valuation date (line 19c)	37	17747
38 Interest-adjusted excess contributions for current year (see instructions)	38	3
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

ATTACHMENT TO SCHEDULE SB, LINE 19 – Discounted Employer Contributions**DATA DOCUMENTS, INC. PENSION PLAN – Denver Bargaining Unit
PLAN: 009 EIN: 47-0445942**

Date	Amount	Plan Year	Discounted Amount
4/16/2008	\$9,070	2008	\$8,914
7/17/2008	\$9,070	2008	\$8,783
6/8/2009	<u>\$54</u>	2008	<u>\$50</u>
	\$18,194		\$17,747

Interest Rates

Effective Interest Rate	6.11%
Additional interest during late period	5.00%

ATTACHMENT TO SCHEDULE SB, LINE 25 – CHANGE OF METHOD**DATA DOCUMENTS, INC. PENSION PLAN – Denver Bargaining Unit
PLAN: 009 EIN: 47-0445942**

A change in funding method was made for the Data Documents, Inc. Pension Plan – Denver Bargaining Unit for the plan year beginning January 1, 2008 and ending December 31, 2008. As of January 1, 2008 the cost method was changed from the Projected Unit Credit Cost Method to the Traditional Unit Credit Cost Method in accordance with the Pension Protection Act of 2006.

Under the Traditional Unit Credit Cost method, the normal cost is determined by calculating the present value of benefits accrued during the prior year, by individual. The plan normal cost is the sum of the individual normal costs.

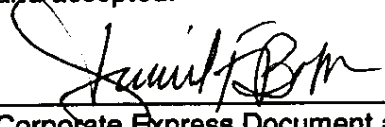
Interest Rates – the plan sponsor elected to use the 3 segment interest rates as of the fourth month preceding the first day of the plan year.

Mortality Table – The plan sponsor elected to use the annuitant and sex distinct table applicable to the current year under section 1.430(h)(3)-1 of the Income Tax Regulations.

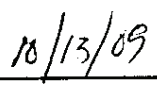
Automatic approval for these changes in funding method is granted under Pension Protection Act of 2006.

PLAN ADMINISTRATOR STATEMENT

Resolved, that the above changes method as of January 1, 2008, are hereby agreed to and accepted.



Corporate Express Document and
Print Management



Date

Attachment to 2008 Schedule SB (Form 5500)

**Data Documents, Inc. Pension Plan – Denver Bargaining Unit
EIN: 47-0445942 / PN: 009**

I. Statement of Actuarial Assumptions and Methods

See attached.

II. Statement of Eligibility and Benefit Provisions

See attached.

III. Summary of Changes in Provisions from Last Valuation

None.

IV. Description of Weighted Average Retirement Age

See attached.

V. Summary of Changes in Actuarial Assumptions or Cost Method

The interest rate was changed from 5.78% to the PPA 3-segment rates of 5.26%, 5.82%, and 6.38%. The mortality table was updated from the IRS 2007 mortality table to the IRS 2008 mortality table.

The cost method was changed as summarized in the attached plan administrator acknowledgment.

VI. Description of Any Significant Event that Occurred During the Year

None.

Actuarial Cost Method

Annual costs were calculated using the Traditional Unit Credit Actuarial Cost Method for minimum required contribution purposes, as required by the Pension Protection Act of 2006 (PPA).

Traditional Unit Credit Actuarial Cost Method

Under the Traditional Unit Credit Cost Method, benefits are assigned to each year and are valued as they accrue. The target normal cost for each year is the present value of the units of benefits that are deemed to be credited to each participant for service in the current year. The accrued liability is defined as the actuarial value of the units of benefits credited to each participant for service prior to the valuation date.

Asset Valuation Method

The value of plan assets is based on the market value of assets, including the reported contract value as provided by the Principal Life Insurance Company.

Actuarial Assumptions

Investment Return

- | | |
|--------------------------------|---|
| • Minimum and Maximum Funding | Three segment rates: 5.26%/5.82%/6.38%. |
| • Effective Interest Rate | 6.11% compounded annually. |
| • FAS 35 Financial Information | 6.10% compounded annually. |
| • FAS and IAS Discount Rate | 6.10% compounded annually. |
| • FAS Asset Return Rate | 7.00% compounded annually. |
| • IAS Asset Return Rate | 7.00% compounded annually. |

Salary Scale

- | | |
|----------------------|---|
| • Projected Benefits | N/A – Benefits are frozen. |
| • Accrued Benefits | Actual salaries were available for each year prior to the valuation date and were used to determine the accrued benefits. |

Mortality Rates

The mortality rates are based on the static IRS 2008 annuitant-distinct mortality table, as presented under proposed regulations 1.430(h)(3)–1.

Withdrawal Rates

Rates based on Scale T-11 of the *Actuary's Pension Handbook*.

Retirement Age

Participants are assumed to retire at age 65.

Disability Rates

None

Plan Expenses

None

Summary of Plan Provisions

Effective Date	February 1, 1988.
Plan Year	January 1 to December 31.
Participation	Full-time employees covered by the Denver collective bargaining agreement participate on the January 1 following completion of 1,000 hours of service. The plan was frozen as of March 31, 1993.
Definitions	
<i>Year of Service</i>	A plan year during which the employee completes at least 1,000 hours of service.
<i>Compensation</i>	Total annual earnings, including overtime pay, bonuses incentive pay and elective deferrals to the 401(k) Plan and the Cafeteria Plan.
<i>Average Monthly Compensation</i>	Monthly compensation averaged over the highest 5 consecutive completed plan years out of the latest ten completed plan years.
<i>Normal Retirement Date</i>	Later of age 65 or 5 years of participation.
<i>Early Retirement Date</i>	Age 55 and 5 years of service.
<i>Accrued Benefit</i>	<p>Normal Retirement Benefit based upon Average Compensation and Years of Service as of date of determination.</p> <p>Effective March 31, 1993, all accrued benefits determined as of that date were frozen.</p>
<i>Covered Compensation</i>	The average of the Social Security taxable wage bases over the 35 years ending with the year the participant attains the Social Security Retirement Age. The Covered Compensation amount is rounded to the nearest \$3,000.

Summary of Plan Provisions (continued)

Benefits

Normal Retirement

The greater of a. or b. below:

- a. Monthly annuity equal to 1/12th of .8% of Average Compensation up to Covered Compensation plus 0.4% of Average Compensation in excess of Covered Compensation multiplied by Years of Service (maximum 35 years).
- b. The accrued benefit determined as of December 31, 1988 under the prior plan formula.

Early Retirement

Monthly annuity equal to the accrued benefit as of the early retirement date reduced by 1/15 for each of the first five years and 1/30 for each of the next five years that the Early Retirement Date precedes the Normal Retirement Date.

Late Retirement

Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or the accrued benefit on the late retirement date.

Disability

Benefit upon disability payable at the Normal Retirement Date, computed in the same manner as the Normal Retirement Benefit and assuming the participant's service and compensation prior to disablement continues to Normal Retirement.

Death

Benefit payable to surviving spouse upon the death of an active Participant who has attained age 55 and is married for at least one year prior to death. The Spouse Benefit payable is equal to 50% of the accrued benefit, reduced for a 50% joint and survivor annuity, and for early retirement, payable for the life of the surviving spouse.

If a married vested participant dies prior to attainment of age 55, the participant's surviving spouse will receive a monthly benefit beginning on the participant's early retirement date. The monthly benefit is equal to 50% of the vested accrued benefit reduced for early retirement and to reflect payment in the form of a Joint and 50% Survivor Annuity.

Summary of Plan Provisions (continued)

Termination Benefit

Benefit upon termination equal to a vested interest in the accrued benefit as of the date of termination, determined according to the following schedule:

<u>Years of Service</u>	<u>Vesting %</u>
Less than 5	0%
5 or More	100%

Forms of Annuity

Normal

Life only annuity.

Optional

Joint and survivor annuities and period certain annuities.

Contributions

Participant

None.

Employer

The employer will contribute on behalf of plan participants an amount to provide plan benefits and to meet or exceed the funding requirements under the actuarial cost method used for the plan.