

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN</u>		1b Three-digit plan number (PN) ▶ <u>003</u> 1c Effective date of plan <u>10/01/1963</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)	<u>CONTINENTAL GRAPHICS CORP.</u> <u>100 NORTH SEPULVEDA BLVD. STE. 1950</u> <u>EL SEGUNDO, CA 90245-0000</u>		2b Employer Identification Number (EIN) <u>95-4062554</u> 2c Sponsor's telephone number <u>310-662-2323</u> 2d Business code (see instructions) <u>323100</u>

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.	07/30/2012	JIM MILLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CONTINENTAL GRAPHICS CORP. 100 NORTH SEPULVEDA BLVD. STE. 1950 EL SEGUNDO, CA 90245-0000	3b Administrator's EIN 95-4062554 3c Administrator's telephone number 310-662-2323
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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
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5 Total number of participants at the beginning of the plan year	5	1143
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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	633
b Retired or separated participants receiving benefits.....	6b	120
c Other retired or separated participants entitled to future benefits.....	6c	403
d Subtotal. Add lines 6a , 6b , and 6c	6d	1156
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	13
f Total. Add lines 6d and 6e	6f	1169
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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

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

a Pension Schedules

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

b General Schedules

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

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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 <u>CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CONTINENTAL GRAPHICS CORP.</u>	D Employer Identification Number (EIN) <u>95-4062554</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>44960320</u>
b Actuarial value	2b <u>41304334</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>122</u> (1) Number of participants <u>6286162</u> (2) Funding Target
b For terminated vested participants	3b <u>349</u> <u>7047871</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>29064673</u>
(3) Total active	3c(3) <u>644</u> <u>29064673</u>
d Total	3d <u>1115</u> <u>42398706</u>
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.28 %</u>
6 Target normal cost	6 <u>2342769</u>

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	<u>07/10/2012</u>
Signature of actuary <u>BORIS CHERNYAK, EA, MAAA</u>	Date <u>11-06873</u>
Type or print name of actuary <u>CHARLES SCHWAB & CO., INC.</u>	Most recent enrollment number <u>330-908-4604</u>
Firm name <u>4150 KINROSS LAKES PARKWAY</u> <u>RICHFIELD, OH 44286</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

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 (line 13 from prior year)	1984357	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	1984357	0
10	Interest on line 9 using prior year's actual return of <u>13.84</u> %	274635	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		151884
b	Interest on (a) using prior year's effective rate of <u>6.69</u> % except as otherwise provided (see instructions)		10161
c	Total available at beginning of current plan year to add to prefunding balance		162045
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2258992	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	92.09 %
15	Adjusted funding target attainment percentage	15	92.09 %
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	104.93 %
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	
04/14/2011	478365		
07/13/2011	478365		
10/14/2011	478365		
12/27/2011	1600000		
07/01/2011		423047	
Totals ▶		18(b)	3035095
		18(c)	423047

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 contributions 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 2896203
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: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
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 attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	
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 and excess assets (see instructions):			
a Target normal cost (line 6)	31a	2342769	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3353364	551728	
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 (lines 31a - 31b + 32a + 32b - 33)...	34	2894497	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	2894497	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2896203	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1706	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL GRAPHICS CORP.	D Employer Identification Number (EIN) 95-4062554

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

95-1411037

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

14-1904657

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

13-3317783

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

13-2624428

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

LAZARD

20-4571006

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

NORTHERN FUNDS

39-1777365

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

SCHWAB FUNDS

94-3106735

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

T. ROWE PRICE

52-2264646

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

CHARLES SCHWAB & CO, INC.

94-1737782

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

CHARLES SCHWAB BANK

42-1558009

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

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

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

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

SCHWAB RETIREMENT PLAN SERV., INC.

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 14 21	TRUSTEE	123100	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 ☐

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

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

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

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

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

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

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

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">003</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL GRAPHICS CORP.</u>	D Employer Identification Number (EIN) <u>95-4062554</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	802911	828066
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	44157409	45720698
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	44960320	46548764

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	28450	30650
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	28450	30650

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	44931870	46518114
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3035094	
(B) Participants	2a(1)(B)	423047	
(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)		3458141
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)	1126147	
(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)		1126147
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		-1113520
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3470768

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1759227	
(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)		1759227
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	125297	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		125297
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1884524

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1586244
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MOSS ADAMS LLP

(2) EIN: 91-0189318

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		95000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☐ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL GRAPHICS CORP.</u>	D Employer Identification Number (EIN) <u>95-4062554</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>81-0625780</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>18</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	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 or other authority 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
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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. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 100%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN**

**Report of Independent Auditors
and Financial Statements with
Supplemental Schedules**

December 31, 2011 and 2010

MOSS ADAMS_{LLP}

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator
Continental Graphics Employee Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Continental Graphics Employee Pension Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, line 4(i) - schedule of assets (held at end of year) as of December 31, 2011 and Schedule H, line 4(j) - schedule of reportable transactions for the year ended December 31, 2011. These financial statements and supplemental 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 as amended ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 6, which was certified by Charles Schwab Bank, 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, 2011 and 2010, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from 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 ERISA.

Moss Adams LLP

Seattle, Washington
July 26, 2012

**CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010**

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value	\$ 45,720,698	\$ 44,157,409
Cash and cash equivalents	<u>828,066</u>	<u>802,911</u>
Total assets	46,548,764	44,960,320
LIABILITIES		
Administrative expenses payable	<u>30,650</u>	<u>28,450</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 46,518,114</u></u>	<u><u>\$ 44,931,870</u></u>

**CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2011 AND 2010**

	<u>2011</u>	<u>2010</u>
INVESTMENT INCOME		
Net (depreciation) appreciation in fair value of investments	\$ (1,113,520)	\$ 4,537,710
Dividends	<u>1,126,147</u>	<u>770,754</u>
Net investment income	<u>12,627</u>	<u>5,308,464</u>
CONTRIBUTIONS		
Employer	3,035,094	2,200,000
Participant	<u>423,047</u>	<u>416,027</u>
Total contributions	<u>3,458,141</u>	<u>2,616,027</u>
DEDUCTIONS		
Distributions to participants and beneficiaries	(1,759,227)	(3,095,689)
Administrative expenses	<u>(125,297)</u>	<u>(139,825)</u>
Total deductions	<u>(1,884,524)</u>	<u>(3,235,514)</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,586,244	4,688,977
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>44,931,870</u>	<u>40,242,893</u>
End of year	<u>\$ 46,518,114</u>	<u>\$ 44,931,870</u>

Note 1 - Plan Description

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

General - The Plan is a defined benefit plan that covers all eligible employees of Continental Graphics Corporation (the "Company" or "Employer") who were hired prior to January 1, 2006, excluding leased and contracted employees and employees who are covered under a union-negotiated plan. To be eligible for participation in the Plan, the employee must be at least 21 years of age, have completed 90 calendar days of consecutive service and be scheduled to work 35 or more hours per week. Additionally, other employees are eligible if they have completed 1,000 hours of service in a 12-month consecutive period and attained age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Funding Policy - Contributions are required to be made by the Company and by participating employees. Employee contributions are one percent of annual earnings up to the Social Security taxable wage base, and three percent of earnings over this taxable wage base. The Company is funding on an annual basis both the normal cost and an amortization of the estimated unfunded prior service cost. The minimum funding requirements of ERISA were met in the 2011 and 2010 plan years. Company contributions totaling \$3,035,094 and \$2,200,000 were contributed for the plan years ended December 31, 2011 and 2010, respectively.

Benefits and Vesting - Participants are fully vested with regard to the accrued retirement benefits attributed to their accumulated contributions. Participants become fully vested in the portion of their accrued retirement benefits attributable to the Company's contributions upon completion of five years of vesting service, and also upon death, disability or upon reaching normal retirement age.

The Plan provides that the normal monthly retirement benefit at age 65 is equal to (a) 1 percent of the participant's highest five-year average monthly earnings up to his or her Social Security covered compensation and (b) 1 $\frac{3}{4}$ percent of the participant's same average monthly earnings in excess of his or her Social Security covered compensation, with both (a) and (b) multiplied by the number of years of service. Annual benefits may not exceed the lesser of \$195,000 adjusted for cost of living in accordance with Section 415 of the Internal Revenue Code or 100 percent of the participant's average compensation for the highest three consecutive compensated years while a participant was employed. Benefits generally begin after the normal retirement age of 65, although early retirement and benefit payments are possible after reaching age 55 and completing five years of service.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Investments and Investment Income - Investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date. The Plan assets are invested in a variety of mutual funds with various strategies and are valued using a market approach based on quoted market prices to represent the net asset value on the last trading day of the year. The Plan's investment in the money market fund is valued at amortized cost which approximates market value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments consists of including gains and losses on investments bought and sold, as well as held during the year.

Accumulated Benefits - The actuarial present value of accumulated plan benefits information in Note 4 is presented as of the beginning of the Plan year, as allowed by Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 960, *Plan Accounting – Defined Benefit Pension Plans*.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Certain expenses associated with the administration of the plan and trust, including actuarial fees, are paid by the Plan. The Company pays all other administrative expenses of the Plan, including accounting and legal fees, if necessary.

Risks and Uncertainties - The Plan utilizes various investments, including a money market fund and mutual funds. Such investments, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with such investments, it is at least reasonably possible that changes in the values of such investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

Note 3 - Fair Value of Financial Assets and Financial Liabilities

ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 for financial assets and financial liabilities are described below:

- Level 1** Values are based on unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.
- Level 2** Values are based on (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in nonactive markets; or (c) valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.
- Level 3** Values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement.

The preceding methods 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 following tables set forth by level within the fair value hierarchy a summary of investments by classes of assets on the basis of the nature and risk of the investments measured at fair value on a recurring basis at December 31, 2011 and 2010. As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize significant transfers between levels, if any, at the beginning of the reporting period.

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance as of December 31, 2011
Mutual funds				
Fixed income	\$ 14,944,346	\$ -	\$ -	\$ 14,944,346
Large cap	12,530,889	-	-	12,530,889
Small cap	6,757,064	-	-	6,757,064
Real estate	3,474,460	-	-	3,474,460
Non U.S. equity	8,013,939	-	-	8,013,939
Cash equivalents				
Money market fund	828,066	-	-	828,066
	<u>\$ 46,548,764</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 46,548,764</u>

**CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

Note 3 - Fair Value of Financial Assets and Financial Liabilities (Continued)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance as of December 31, 2010
Mutual funds				
Fixed income	\$ 13,454,278	\$ -	\$ -	\$ 13,454,278
Large cap	12,298,990	-	-	12,298,990
Small cap	6,843,318	-	-	6,843,318
Real estate	3,240,828	-	-	3,240,828
Non U.S. equity	8,319,995	-	-	8,319,995
Cash equivalents				
Money market fund	802,911	-	-	802,911
	<u>\$ 44,960,320</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 44,960,320</u>

Note 4 - Actuarial Present Value of Accumulated Plan Benefits

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

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

The most recent actuarial valuation was prepared as of January 1, 2011 and 2010 by Schwab Corporate Services. The actuarial cost method used to calculate the Plan costs is the unit credit method as defined by the Pension Protection Act of 2006 for 2011 and 2010. The significant assumptions underlying the computations are as follows:

- An assumed discount rate of 7.0%
- Interest on Employee Contributions of 5.0%
- Life expectancy determined by the fully generational RP-2000 tables
- Retirement age assumption is 65

**CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits was as follows:

	January 1, 2011	January 1, 2010
Vested benefits		
Participants currently receiving payments	\$ 5,655,286	\$ 5,266,234
Other participants	30,878,515	29,580,490
	<u>36,533,801</u>	<u>34,846,724</u>
Nonvested benefits	-	143,236
Total actuarial present value of accumulated plan benefits	<u>\$ 36,533,801</u>	<u>\$ 34,989,960</u>

Changes in accumulated plan benefits were as follows for the years ended January 1:

	January 1, 2011	January 1, 2010
Actuarial present value of accumulated plan benefits		
Beginning of period	<u>\$ 34,989,960</u>	<u>\$ 34,610,152</u>
Increase during the year attributable to		
Benefits accumulated (including the effect of noninvestment experience)	2,298,582	330,537
Interest due to the decrease in the discount period	2,340,948	2,342,449
Benefits paid	<u>(3,095,689)</u>	<u>(2,293,178)</u>
Net increase	<u>1,543,841</u>	<u>379,808</u>
Actuarial present value of accumulated plan benefit		
End of period	<u>\$ 36,533,801</u>	<u>\$ 34,989,960</u>

Note 5 - Plan Amendment

Effective December 2010, the Plan was amended to comply with the Heroes Earnings Assistance and Relief Tax Act of 2008 ("HEART Act") which provides additional benefits to members of the military, and it has no effect on plan assets. Participants should refer to the Plan document for details.

**CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

Note 6 - Information Certified by the Trustee

As a result of the Plan administrator's election of the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the following unaudited information relating to investments as of and for the years ended December 31, 2011 and 2010, included in the financial statements and supplemental schedules was prepared by Charles Schwab Bank (the "Trustee") and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate. This information has not been audited by the Plan's independent auditors as instructed by the Plan administrator:

- Money market fund and investments at fair value as of December 31, 2011 and 2010 and at cost as of December 31, 2011;
- Net (depreciation) appreciation in fair value of investments and dividend income for the years ended December 31, 2011 and 2010; and
- Investment transactions for the year ended December 31, 2011.

Note 7 - Significant Investments

The fair value of investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2011 and 2010, are as follows:

	2011	2010
Capital World Bond Fund	\$ 2,873,924	\$ 2,698,506
Cohen & Steers Realty Shares	3,474,460	3,240,828
Eaton Vance Large Cap Value Fund	*	4,474,164
EuroPacific Growth Fund	5,523,425	5,341,272
JP Morgan Core Bond Fund	6,363,749	5,355,433
Lazard Emerging Markets Port. Instl Shares	2,490,514	2,978,723
Northern Small Cap Value Fund	2,424,908	2,403,150
Oppenheimer Main Street Small Cap Fund	*	2,369,828
Schwab S&P 500 Index Fund	4,659,226	4,489,020
T. Rowe Price Blue Chip Growth Fund	3,433,661	3,335,806
T. Rowe Price Equity Income Fund	4,438,002	**
Vanguard Inflation Prot. Sec Adm. Fund	5,706,673	5,400,339

* These funds were liquidated during 2011.

** This is a new fund purchased in 2011.

Note 8 - Related-Party Transactions

Certain assets are invested in funds sponsored by the Trustee and, therefore, these transactions qualify as party-in-interest transactions.

Note 9 - Tax Status

The Plan received a favorable determination letter dated November 10, 2011 from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan and related trust continue to be tax exempt.

Accounting principles generally accepted in the United States of America requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator analyzed the tax positions taken by the Plan and concluded that as of December 31, 2011, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2005.

Note 10 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by Section 4044 of ERISA, generally to provide the following benefits in the order indicated below:

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

Note 10 - Plan Termination (Continued)

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

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

Note 11 - Subsequent Events

Subsequent events were evaluated through July 26, 2012, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
EIN: 95-4062554
PLAN #: 003
DECEMBER 31, 2011

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
*	Schwab Retirement Advantage Money Fund	Money market fund	\$ 828,066	\$ 828,066
	Capital World Bond Fund	Mutual fund	2,635,200	2,873,924
	Cohen & Steers Realty Shares	Mutual fund	1,841,256	3,474,460
	DFA US Small Cap Portfolio I	Mutual fund	2,503,561	2,309,759
	EuroPacific Growth Fund	Mutual fund	4,608,385	5,523,425
	Hartford Small Company Hls Fund	Mutual fund	1,227,202	2,022,397
	JP Morgan Core Bond Fund	Mutual fund	5,918,641	6,363,749
	Lazard Emerging Markets Port. Instl Shares	Mutual fund	1,792,330	2,490,514
	Northern Small Cap Value Fund	Mutual fund	1,453,880	2,424,908
*	Schwab S&P 500 Index Fund	Mutual fund	3,200,188	4,659,226
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	2,182,670	3,433,661
	T. Rowe Price Equity Income Fund	Mutual fund	4,873,309	4,438,002
	Vanguard Inflation Prot. Sec Adm.	Mutual fund	4,898,011	5,706,673
			<u>\$ 37,962,699</u>	<u>\$ 46,548,764</u>

* Represents an investment with a party-in-interest.

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
EIN: 95-4062554
PLAN #: 003
YEAR ENDED DECEMBER 31, 2011

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Single transactions					
Dimensional Fund Advisors	DFA US Small Cap Portfolio I	\$ 2,452,667	\$ -	\$ -	\$ -
T. Rowe Price	T. Rowe Price Equity Income Fund	4,790,650	-	-	-
Eaton Vance	Eaton Vance Large Cap Value Fund	-	4,790,651	3,244,234	1,546,417
Oppenheimer Funds	Oppenheimer Main Street Small Cap Fund	-	2,452,667	1,245,553	1,207,114

Identity of Party Involved	Description of Assets	Purchases		Sales		Net Gain (Loss)	
		Total Number of Transactions	Purchase Price	Total Number of Transactions	Selling Price		Cost of Asset
Series of transactions							
Dimensional Fund Advisors	DFA US Small Cap Portfolio	28	\$ 2,559,924	16	\$ 52,023	\$ 56,364	\$ (4,341)
Eaton Vance	Eaton Vance Large Cap Value Fund	11	78,559	3	4,794,951	3,247,223	1,547,728
Oppenheimer Funds	Oppenheimer Main Street Small Cap Fund	4	3,276	1	2,452,667	1,245,553	1,207,114
* Schwab	Schwab Retirement Advantage Money Fund	41	1,291,906	35	1,266,751	1,266,751	-
T. Rowe Price	T. Rowe Price Equity Income Fund	21	4,981,306	15	96,931	107,997	(11,066)

* Represents an investment with a party-in-interest.

**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).

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**▶ **File as an attachment to Form 5500 or 5500-SF.**

For calendar plan year 2011 or fiscal plan year beginning

01/01/2011

and ending

12/31/2011

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**

Continental Graphics Employee Pension Plan

B Three-digit
plan number (PN) ▶ 003**C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**

Continental Graphics Corp.

D Employer Identification Number (EIN)
95-4062554**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size:☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2011**2 Assets:**

a Market value.....	2a	44,960,320
b Actuarial value.....	2b	41,304,334

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	122
b For terminated vested participants.....	3b	349
c For active participants:		
(1) Non-vested benefits.....	3c(1)	0
(2) Vested benefits.....	3c(2)	29,064,673
(3) Total active.....	3c(3)	29,064,673
d Total.....	3d	42,398,706

4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	6.28 %
6 Target normal cost.....	6	2,342,769

Statement by Enrolled Actuary

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

**SIGN
HERE***Boris Chernyak*

07/10/12

Signature of actuary

Date

Boris Chernyak, EA, MAAA

11-06873

Type or print name of actuary

Most recent enrollment number

Charles Schwab & Co., Inc.

(330) 908-4604

4150 Kinross Lakes Parkway
Firm name

Telephone number (including area code)

Richfield

Address of the firm
OH 44286If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

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 (line 13 from prior year).....	1, 984, 357	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	1, 984, 357	0
10 Interest on line 9 using prior year's actual return of <u>13.84</u> %	274, 635	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		151, 884
b Interest on (a) using prior year's effective rate of <u>6.69</u> % except as otherwise provided (see instructions).....		10, 161
c Total available at beginning of current plan year to add to prefunding balance.....		162, 045
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2, 258, 992	0

Part III Funding percentages

14 Funding target attainment percentage	14	92.09 %
15 Adjusted funding target attainment percentage	15	92.09 %
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	104.93 %
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)
04/14/2011	478, 365		
07/13/2011	478, 365		
10/14/2011	478, 365		
12/27/2011	1, 600, 000		
07/01/2011		423, 047	
Totals		3, 035, 095	423, 047

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

	19a	19b	19c
a Contributions allocated toward unpaid minimum required contributions from prior years	0		
b Contributions made to avoid restrictions adjusted to valuation date		0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date			2, 896, 203

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?

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

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: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %	☐ 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 ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27** ☒ Yes ☐ No**Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contributions for all prior years..... **28****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 and excess assets (see instructions):

a Target normal cost (line 6)	31a	2,342,769
b Excess assets, if applicable, but not greater than 31a	31b	0

32 Amortization installments:

a Net shortfall amortization installment.....	Outstanding Balance	Installment
	3,353,364	551,728

b Waiver amortization installment..... 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 (lines 31a - 31b + 32a + 32b - 33)..... **34** 2,894,497

	Carryover balance	Prefunding balance	Total balance
--	-------------------	--------------------	---------------

35 Balances elected for use to offset funding requirement..... 0**36** Additional cash requirement (line 34 minus line 35)..... **36** 2,894,497**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 2,896,203**38** Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	1,706
--	------------	-------

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
---	------------	--

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... 0**40** Unpaid minimum required contributions for all years..... **40** 0**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)****41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

Age versus Service Scatter for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	1	1	5	-	-	-	-	-	-	-	7
30 to 34	1	2	17	12	-	-	-	-	-	-	32
35 to 39	1	1	19	31	8	-	-	-	-	-	60
40 to 44	1	2	15	43	25	7	-	-	-	-	93
45 to 49	4	4	19	41	25	30	3	-	-	-	126
50 to 54	5	4	32	45	28	23	6	-	-	-	143
55 to 59	6	2	19	21	17	23	2	3	-	-	93
60 to 64	-	1	8	22	20	8	3	2	1	-	65
65 to 69	-	-	2	2	9	6	-	-	2	-	21
over 70	1	-	-	1	1	1	-	-	-	-	4
Total	20	17	136	218	133	98	14	5	3	-	644

EIN: 95-4062554 Plan No. 003 Continental Graphics Employee Pension Plan
Schedule SB, line 32 – Schedule of Amortization Bases

<u>Date Established</u>	<u>Annual Installment</u>	<u>Years Remaining</u>	<u>Balance Outstanding¹</u>
01/01/2005	N/A	1	N/A
01/01/2006	N/A	2	N/A
01/01/2007	N/A	3	N/A
01/01/2008	N/A	4	N/A
01/01/2009	N/A	5	N/A
01/01/2010	N/A	6	N/A
<hr/>			
Total for bases existing prior to the valuation date	N/A		N/A
01/01/2011	551,728	7	3,353,364
<hr/>			
Total for all bases	551,728		3,353,364

¹ The current year installment is developed based on the amortization of the current year shortfall over the PPA segment rates (3.78% for the first five years and 6.31% for the next two years).

ACTUARIAL METHODS AND ASSUMPTIONS

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

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

Discount Rates – The assumed discount rate for ASC 960 is 7.00%. For ERISA contributions, the assumed discount rates on benefits paid in the future are based on the September 2010 PPA Segments rates:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments expected:</u>
1	3.78%	During first 5 years from the valuation date.
2	6.31%	During years 6-20 from the valuation date.
3	6.57%	During years 21 and beyond from the valuation date.

Interest on Employee Contributions – 5% compounded annually.

Salary Rates – 3.50 % per year.

Social Security Wage Base – 3.50% per year.

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

Withdrawal Rates -

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

Administrative Expenses – \$140,000 per annum.

Mortality for Lump Sums – The 2011 “applicable mortality” as defined under IRS Code Section 417(e).

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

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

ACTUARIAL METHODS AND ASSUMPTIONS (continued)

Disability Rates – None assumed.

Form of Payment – Lump Sum

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

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

Schedule SB, Part V – Summary of Plan Provisions

SUMMARY OF PLAN PROVISIONS

A summary of the major plan provisions is presented below

Plan effective date – October 1, 1963.

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

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

Definitions:

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

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

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

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

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

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

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

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

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

Schedule SB, Part V – Summary of Plan Provisions

SUMMARY OF PLAN PROVISIONS (continued)

Eligibility for Benefits:

Normal Retirement – Retirement from active service on NRD.

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

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

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

Amount of Benefits:

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

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

- For Continental Graphics Plan participants - the accrued benefit reduced 1/15th for each of the first five years and 1/30th for each of the next five years by which the Early Retirement Date precedes Normal Retirement Date
- For Printing Plan participants - the accrued benefit multiplied by the following percentages based on the retirement age:

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

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

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

Schedule SB, Part V – Summary of Plan Provisions

SUMMARY OF PLAN PROVISIONS (continued)

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

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

Forms of Benefit:

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

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

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

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

Benefit Limitations:

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

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
EIN: 95-4062554
PLAN #: 003
DECEMBER 31, 2011

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
*	Schwab Retirement Advantage Money Fund	Money market fund	\$ 828,066	\$ 828,066
	Capital World Bond Fund	Mutual fund	2,635,200	2,873,924
	Cohen & Steers Realty Shares	Mutual fund	1,841,256	3,474,460
	DFA US Small Cap Portfolio I	Mutual fund	2,503,561	2,309,759
	EuroPacific Growth Fund	Mutual fund	4,608,385	5,523,425
	Hartford Small Company Hls Fund	Mutual fund	1,227,202	2,022,397
	JP Morgan Core Bond Fund	Mutual fund	5,918,641	6,363,749
	Lazard Emerging Markets Port. Instl Shares	Mutual fund	1,792,330	2,490,514
	Northern Small Cap Value Fund	Mutual fund	1,453,880	2,424,908
*	Schwab S&P 500 Index Fund	Mutual fund	3,200,188	4,659,226
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	2,182,670	3,433,661
	T. Rowe Price Equity Income Fund	Mutual fund	4,873,309	4,438,002
	Vanguard Inflation Prot. Sec Adm.	Mutual fund	4,898,011	5,706,673
			<u>\$ 37,962,699</u>	<u>\$ 46,548,764</u>

* Represents an investment with a party-in-interest.

CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN
EIN: 95-4062554
PLAN #: 003
YEAR ENDED DECEMBER 31, 2011

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Single transactions					
Dimensional Fund Advisors	DFA US Small Cap Portfolio I	\$ 2,452,667	\$ -	\$ -	\$ -
T. Rowe Price	T. Rowe Price Equity Income Fund	4,790,650	-	-	-
Eaton Vance	Eaton Vance Large Cap Value Fund	-	4,790,651	3,244,234	1,546,417
Oppenheimer Funds	Oppenheimer Main Street Small Cap Fund	-	2,452,667	1,245,553	1,207,114

Identity of Party Involved	Description of Assets	Purchases		Sales		Net Gain (Loss)	
		Total Number of Transactions	Purchase Price	Total Number of Transactions	Selling Price		Cost of Asset
Series of transactions							
Dimensional Fund Advisors	DFA US Small Cap Portfolio	28	\$ 2,559,924	16	\$ 52,023	\$ 56,364	\$ (4,341)
Eaton Vance	Eaton Vance Large Cap Value Fund	11	78,559	3	4,794,951	3,247,223	1,547,728
Oppenheimer Funds	Oppenheimer Main Street Small Cap Fund	4	3,276	1	2,452,667	1,245,553	1,207,114
* Schwab	Schwab Retirement Advantage Money Fund	41	1,291,906	35	1,266,751	1,266,751	-
T. Rowe Price	T. Rowe Price Equity Income Fund	21	4,981,306	15	96,931	107,997	(11,066)

* Represents an investment with a party-in-interest.

The mortality for lump sums used to determine liability has been changed to conform to statutory constraints.

An expense assumption of \$140,000 per year was added to the Normal Cost. Previously an expense assumption of \$70,000 per year was added to the Normal Cost.

All other actuarial assumptions remained unchanged from the prior valuation

Schedule SB, line 19 – Discounted Employer Contributions

Val Date 01/01/2011
 Effective Rate 6.28%
 Increased Rate
 for Late
 Quarterly
 Installment N/A

Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to Which the contribution is Applied
04/14/2011	\$ 478,365	\$ 470,219	2011
07/13/2011	\$ 478,365	\$ 463,215	2011
10/14/2011	\$ 478,365	\$ 456,086	2011
12/27/2011	\$ 1,600,000	\$ 1,506,776	2011
Total	\$ 3,035,095	\$ 2,896,203	