

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2011 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 single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan	
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	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information —enter all requested information			
1a	Name of plan <u>THE GREAT LAKES LITHOGRAPH CO. EMPLOYEES' PENSION TRUST AND PLAN</u>	1b	Three-digit plan number (PN) <u>001</u>
		1c	Effective date of plan <u>12/28/1965</u>
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GREAT LAKES INTEGRATED</u> <u>4005 CLARK AVE.</u> <u>CLEVELAND, OH 44109-1128</u>	2b	Employer Identification Number (EIN) <u>34-0858735</u>
		2c	Sponsor's telephone number <u>216-651-1500</u>
		2d	Business code (see instructions) <u>323100</u>
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>GREAT LAKES INTEGRATED</u> <u>4005 CLARK AVE.</u> <u>CLEVELAND, OH 44109-1128</u>	3b	Administrator's EIN <u>34-0858735</u>
		3c	Administrator's telephone number <u>216-651-1500</u>
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.	4b	EIN
a	Sponsor's name	4c	PN
5a	Total number of participants at the beginning of the plan year	5a	<u>67</u>
b	Total number of participants at the end of the plan year.....	5b	<u>64</u>
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	<u>0</u>
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Part III Financial Information			
7	Plan Assets and Liabilities		
a	Total plan assets	7a	<u>2018701</u>
b	Total plan liabilities.....	7b	<u>0</u>
c	Net plan assets (subtract line 7b from line 7a).....	7c	<u>2018701</u>
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1)	<u>204624</u>
	(2) Participants	8a(2)	<u>0</u>
	(3) Others (including rollovers).....	8a(3)	<u>0</u>
b	Other income (loss).....	8b	<u>-115864</u>
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u>88760</u>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	<u>55091</u>
e	Certain deemed and/or corrective distributions (see instructions)....	8e	<u>0</u>
f	Administrative service providers (salaries, fees, commissions)	8f	<u>12693</u>
g	Other expenses.....	8g	<u>0</u>
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	<u>67784</u>
i	Net income (loss) (subtract line 8h from line 8c).....	8i	<u>20976</u>
j	Transfers to (from) the plan (see instructions)	8j	<u>0</u>

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1G 1I

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2012	DAVID ECKHARDT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2012	DAVID ECKHARDT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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>THE GREAT LAKES LITHOGRAPH CO. EMPLOYEES' PENSION TRUST AND PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GREAT LAKES INTEGRATED</u>	D Employer Identification Number (EIN) <u>34-0858735</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>2071655</u>
b	Actuarial value 2b <u>2071655</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>20</u> <u>1081480</u>
b	For terminated vested participants 3b <u>8</u> <u>319622</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>1555408</u>
(3)	Total active 3c(3) <u>35</u> <u>1555408</u>
d	Total 3d <u>63</u> <u>2956510</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>5.91</u> %
6	Target normal cost 6 <u>0</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>10/08/2012</u>
Signature of actuary	Date
<u>JULIUS SMETONA, F.S.A., E.A.</u>	<u>11-05589</u>
Type or print name of actuary	Most recent enrollment number
<u>DESALES ASSOCIATES</u>	<u>216-595-3940</u>
Firm name	Telephone number (including area code)
<u>29425 CHAGRIN BLVD.</u> <u>SUITE 307</u> <u>PEPPER PIKE, OH 44122</u>	
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)	42878	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	42878	0
10 Interest on line 9 using prior year's actual return of <u>10.50</u> %	4502	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		397
b Interest on (a) using prior year's effective rate of <u>6.59</u> % except as otherwise provided (see instructions)		26
c Total available at beginning of current plan year to add to prefunding balance		423
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	47380	0

Part III Funding percentages		
14 Funding target attainment percentage	14	68.46 %
15 Adjusted funding target attainment percentage	15	68.46 %
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	70.40 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2011	35831	0	08/10/2012	10000	0
07/18/2011	35831	0	08/17/2012	10000	0
10/11/2011	35831	0	08/24/2012	10000	0
01/06/2012	35831	0	08/31/2012	10000	0
07/24/2012	10000	0	09/07/2012	1300	0
08/03/2012	10000	0			
Totals ▶			18(b)	204624	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required 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	193906
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: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	932235	193542	
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	193542	
	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	193542	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	193906	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	364	
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		

2011 Schedule SB, Part 5

Summary of Plan Provisions

- | | |
|---|---|
| 1. Effective Date | December 28, 1965 |
| 2. Fiscal Year | January 1 |
| 3. Plan Year | January 1 |
| 4. Participation Date | Not applicable. Benefit accruals and participation were frozen as of December 31, 1998 . |
| 5. Normal Retirement Benefit | Frozen Accrued Benefit determined as of December 31, 1998. |
| 6. Normal Retirement Date | The later of age 65 or the fifth anniversary of participation. |
| 7. Accrued Benefit | Frozen Accrued Benefit determined as of December 31, 1998. |
| 8. Early Retirement Benefit | Accrued Benefit actuarially reduced for early commencement. |
| 9. Early Retirement Date | The later of age 60 and ten years of Vesting Service. |
| 10. Death Benefit | Vested survivor portion of a 50% joint and survivor annuity commencing at the later of the Participant's date of death or early retirement age. The death benefit is the actuarial equivalent of the Normal Form commencing at the Participant's Normal Retirement Date. Spouse must be married to a Participant for at least one year prior to death in order to be eligible for pre-retirement survivor benefits. |
| 11. Disability Benefit | Actuarial equivalent of Accrued Benefit commencing at Normal Retirement Age payable to a totally and permanently disabled Participant. |
| 12. Vesting Schedule | 100% vested after five Years of Service |
| 13. Vesting Service | A year of employment in which 1,000 hours are worked. |
| 14. Normal Form of Benefit | Ten-year certain and continuous annuity. The normal form for married participants is a 50% joint and survivor annuity that is actuarially equivalent to the ten-year certain and continuous annuity. |
| 18. Optional Forms
(actuarially equivalent to the Normal Form) | <ul style="list-style-type: none">▪ 50% and 100% joint and survivor annuity▪ Life annuity▪ Lump sum up to \$40,000 |

2011 Schedule SB, Line 26
Schedule of Active Participant Data

	Years of Credited Service										
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 99	Total
0 to 24	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	1	1	0	0	0	0	0	2
40 to 44	0	0	0	1	2	1	0	0	0	0	4
45 to 49	0	0	0	1	1	3	0	0	0	0	5
50 to 54	0	0	0	0	3	3	4	1	0	0	11
55 to 59	0	0	0	1	1	1	1	2	0	0	6
60 to 64	0	0	0	0	0	0	2	2	2	0	6
65 to 69	0	0	0	0	0	1	0	0	0	0	1
70 to 99	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	4	8	9	7	5	2	0	35

2011 Schedule SB, Line 32
Schedule of Amortization Bases

Date Shortfall Amortization Base <u>Established</u>	<u>Initial Balance</u>	<u>Initial Amortization Period</u>	<u>Remaining Amortization Period</u>	<u>Outstanding Balance as of January 1, 2011</u>	<u>Shortfall Amortization Installment</u>
January 1, 2008	397,821	7 years	4 years	254,967	66,538
January 1, 2009	425,374	7 years	5 years	338,261	71,629
January 1, 2010	30,845	7 years	6 years	28,230	5,155
January 1, 2011	310,777	7 years	7 years	<u>310,777</u>	<u>50,220</u>
Shortfall Amortization Charge:				932,235	193,542

SCHEDULE SB (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>	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.**

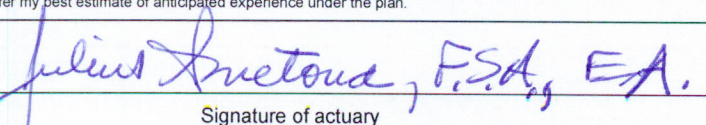
► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Great Lakes Lithograph Co. Employees' Pension Trust and Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Great Lakes Integrated	D Employer Identification Number (EIN) 34-0858735	
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	2071655
	b Actuarial value	2b	2071655
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	20 1081480
	b For terminated vested participants	3b	8 319622
	c For active participants:		
	(1) Non-vested benefits	3c(1)	0
	(2) Vested benefits	3c(2)	1555408
	(3) Total active	3c(3)	35 1555408
	d Total	3d	63 2956510
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	5.91%
6	Target normal cost	6	0

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary Julius Smetona, F.S.A., E.A. Type or print name of actuary DeSales Associates Firm name 29425 Chagrin Blvd. Suite 307 Pepper Pike OH 44122 Address of the firm	09/25/2012 Date 1105589 Most recent enrollment number 216-595-3940 Telephone number (including area code)
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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 V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46%
			☐ N/A, full yield curve used
b Applicable month (enter code)	21b		0
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	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	932235	193542	
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	193542	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	193542	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	193906	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	364	
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		

2011 Schedule SB, Line 19
Discounted Employer Contributions

Date Contribution Deposited	Amount	Plan Year to Which Contribution Allocated	Is Contribution Made to Satisfy Quarterly Requirement?	Quarterly Contribution Due Date	Effective Interest Rate	Penalty Interest Rate	Interest Discount	Discounted Contribution As of January 1, 2011
April 15, 2011	35,831	2011	Yes	April 15, 2011	5.91%	5.00%	582	35,249
July 18, 2011	35,831	2011	Yes	July 15, 2011	5.91%	5.00%	1,112	34,719
October 11, 2011	35,831	2011	Yes	October 15, 2011	5.91%	5.00%	1,560	34,271
January 6, 2012	35,831	2011	Yes	January 15, 2012	5.91%	5.00%	2,026	33,805
July 24, 2012	10,000	2011	No	N.A.	5.91%	N.A.	858	9,142
August 3, 2012	10,000	2011	No	N.A.	5.91%	N.A.	872	9,128
August 10, 2012	10,000	2011	No	N.A.	5.91%	N.A.	882	9,118
August 17, 2012	10,000	2011	No	N.A.	5.91%	N.A.	892	9,108
August 24, 2012	10,000	2011	No	N.A.	5.91%	N.A.	902	9,098
August 31, 2012	10,000	2011	No	N.A.	5.91%	N.A.	912	9,088
September 7, 2012	1,300	2011	No	N.A.	5.91%	N.A.	120	1,180
Totals:	204,624						10,718	193,906

Great Lakes Lithograph Company Employees' Pension Trust and Plan
EIN: 34-0858735
Plan Number: 001

2011 Schedule SB, Part 5 Statement of Actuarial Assumptions and Methods

Twenty-Four Month Segment Rates

January 2011

First Segment Rate	2.94%
Second Segment Rate	5.82%
Third Segment Rate	6.46%

Valuation Mortality Table

(Static mortality table for valuations in 2011)

Males

Pre-retirement

Post-retirement

Male RP-2000

Male RP-2000

Combined

Combined

Females

Female RP-2000

Female RP-2000

Combined

Combined

Actuarial Equivalence

Interest 7%

Mortality Unisex UP-84

Assumed Retirement Age 100% of Participants retire at age 65

Disability Rates None

Early Retirement Rates None

Salary Scale None

Termination Rates None

Form of Payment All participants are assumed to elect a ten-year certain and continuous annuity.

Marital Assumption 85% of male participants and 50% of female participants who are not receiving benefit payments are assumed to be married; wives are assumed to be three years younger than their husbands.

Pre-Retirement Death Benefit Valued explicitly

Expense Load None.

Asset Valuation Method Market Value of Assets.

Actuarial Cost Method Unit Credit

Asset Data Market value of assets as of January 1, 2011

Participant Data Supplied by the Company as of January 1, 2011.