

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 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan ☐ a foreign 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>TRANSCONTINENTAL PRINTING CORP. EES PENSION PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>12/27/1962</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSCONTINENTAL PRINTING COMPANY</u> <u>ONE PLACE VILLE-MARIE SUITE 3315</u> <u>MONTREAL, QUEBEC H3B3N2 CA</u>	2b Employer Identification Number (EIN) <u>31-0376310</u>		
	2c Sponsor's telephone number <u>514-954-2805</u>		
	2d Business code (see instructions) <u>323100</u>		
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN		
	3c Administrator's telephone number		
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		
5a Total number of participants at the beginning of the plan year	5a	<u>30</u>	
b Total number of participants at the end of the plan year	5b	<u>29</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		
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>2</u>	
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>2</u>	
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>0</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, 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	<u>Filed with authorized/valid electronic signature.</u> Signature of plan administrator	<u>10/06/2016</u> Date	<u>LISE WHITE</u> 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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1278180	1280092
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1278180	1280092
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	126640	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-22287	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		104353
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	48379	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	39812	
g Other expenses	8g	14250	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		102441
i Net income (loss) (subtract line 8h from line 8c)	8i		1912
j Transfers to (from) the plan (see instructions)	8j		

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:
1A 1I 3H

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

10 During the plan year:		Yes	No	N/A	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	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?	10d		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.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
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.....	10i				
j Did the plan trust incur unrelated business taxable income?	10j				

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) and line 11a below)..... ☒ Yes ☐ No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

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 line 12a or lines 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?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

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? ☐ Yes ☒ No

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)

Part VIII Trust Information

14a Name of trust WILMINGTON TRUST	14b Trust's EIN 510055023
14c Name of trustee or custodian WILMINGTON TRUST	14d Trustee's or custodian's telephone number 800-458-9269

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? ☐ Yes ☐ No

15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ☐ Design-based safe harbor method ☐ ADP/ACP test

15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No

16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ Ratio percentage test ☐ Average benefit test

16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

17a Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A

17b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).

17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number ____.

17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.

18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No

19 Were in-service distributions made during the plan year? ☐ Yes ☐ No

If "Yes," enter amount

20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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>TRANSCONTINENTAL PRINTING CORP. EES PENSION 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>TRANSCONTINENTAL PRINTING COMPANY</u>	D Employer Identification Number (EIN) <u>31-0376310</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>2015</u>	
2 Assets:	
a Market value	2a <u>1275947</u>
b Actuarial value	2b <u>1295767</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>7</u> <u>498742</u> <u>498742</u>
b For terminated vested participants	<u>21</u> <u>685393</u> <u>685393</u>
c For active participants	<u>2</u> <u>191775</u> <u>191775</u>
d Total	<u>30</u> <u>1375910</u> <u>1375910</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>6.32%</u>
6 Target normal cost	6 <u>61509</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>10/04/2016</u>
	Signature of actuary	Date
<u>LORI A. DEVORE</u>	Type or print name of actuary	<u>14-05257</u>
		Most recent enrollment number
<u>AON CONSULTING, INC.</u>	Firm name	<u>614-436-8100</u>
		Telephone number (including area code)
<u>445 HUTCHISON AVENUE, SUITE 900</u> <u>COLUMBUS, OH 43235-8619</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) 2015
v. 150123

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)	0	116534
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)	0	116534
10 Interest on line 9 using prior year's actual return of <u>3.09</u> %	0	3601
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.54</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance		0
12 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).....	0	120135

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	85.44 %
15 Adjusted funding target attainment percentage	15	81.94 %
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	83.65 %
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
04/15/2015	27125	0			
07/14/2015	27125	0			
10/15/2015	27125	0			
01/14/2016	27125	0			
09/06/2016	18140	0			
			Totals ►	18(b)	126640
				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	120580
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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 subject to 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	61509	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	200278	59046	
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	120555	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	120555	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	120580	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	25	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
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 an election was made to use PRA 2010 funding relief for this plan:			
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 SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59			1		1					
60-64										
65-69										
70+										

N-2

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2013 Plan Year

6.28%

2014 Plan Year

6.28%

Trust Expenses Included in Target Normal Cost

\$61,509

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	5.00%
61	5.00%
62	10.00%
63	5.00%
64	5.00%
65	30.00%
66	30.00%
67+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	0.00%	45	8.06%
16	0.00%	46	7.47%
17	0.00%	47	6.87%
18	26.68%	48	6.26%
19	26.68%	49	5.65%
20	26.68%	50	5.04%
21	26.68%	51	4.42%
22	26.68%	52	3.80%
23	26.68%	53	3.17%
24	26.68%	54	2.54%
25	26.68%	55	1.91%
26	22.75%	56	1.28%
27	18.83%	57	0.64%
28	18.19%	58	0.00%
29	17.55%	59	0.00%
30	16.90%	60	0.00%
31	16.26%	61	0.00%
32	15.61%	62	0.00%
33	15.04%	63	0.00%
34	14.47%	64	0.00%
35	13.90%	65+	0.00%
36	13.33%		
37	12.75%		
38	12.18%		
39	11.60%		
40	11.02%		
41	10.43%		
42	9.84%		
43	9.25%		
44	8.66%		

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Table 3

Disability Rates

Age	Rate	Age	Rate
18	0.04%	48	0.46%
19	0.04%	49	0.51%
20	0.04%	50	0.56%
21	0.04%	51	0.62%
22	0.04%	52	0.68%
23	0.04%	53	0.75%
24	0.04%	54	0.82%
25	0.04%	55	0.89%
26	0.05%	56	0.96%
27	0.05%	57	1.04%
28	0.05%	58	1.12%
29	0.05%	59	1.19%
30	0.06%	60	1.27%
31	0.06%	61	1.34%
32	0.07%	62	1.41%
33	0.08%	63	1.47%
34	0.09%	64	1.52%
35	0.10%	65	0.00%
36	0.11%	66	0.00%
37	0.13%	67	0.00%
38	0.14%	68	0.00%
39	0.16%	69	0.00%
40	0.18%	70	0.00%
41	0.21%	71	0.00%
42	0.24%	72	0.00%
43	0.27%	73	0.00%
44	0.30%	74	0.00%
45	0.34%	75+	0.00%
46	0.37%		
47	0.41%		

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 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2015 or fiscal plan year beginning		01/01/2015	and ending
		12/31/2015	
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)	
	☐ a one-participant plan	☐ a foreign 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 TRANSCONTINENTAL PRINTING CORP. EES PENSION PLAN		1b Three-digit plan number (PN) ▶	001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSCONTINENTAL PRINTING COMPANY ONE PLACE VILLE-MARIE SUITE 3315 MONTREAL QUEBEC CA H3B3N2		1c Effective date of plan 12/27/1962	
		2b Employer Identification Number (EIN) 31-0376310	
		2c Sponsor's telephone number 514-954-2805	
		2d Business code (see instructions) 323100	
3a Plan administrator's name and address ☒ Same as Plan Sponsor.		3b Administrator's EIN 3c Administrator's telephone number	
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	
5a Total number of participants at the beginning of the plan year		5a	30
b Total number of participants at the end of the plan year		5b	29
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		5c	
d(1) Total number of active participants at the beginning of the plan year		5d(1)	2
d(2) Total number of active participants at the end of the plan year		5d(2)	2
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		5e	0

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	Lise White, Manager	OCT. 6, 2015	Marie Alta Louis Lise WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Benefits		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1,278,180	1,280,092
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	1,278,180	1,280,092
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	126,640	
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	-22,287	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		104,353
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	48,379	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	39,812	
g Other expenses.....	8g	14,250	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		102,441
i Net income (loss) (subtract line 8h from line 8c).....	8i		1,912
j Transfers to (from) the plan (see instructions).....	8j		

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:
1A 1I 3H
- 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

10 During the plan year:		Yes	No	N/A	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? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			1,000,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		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.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.).....	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h				
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.....	10i				
j Did the plan trust incur unrelated business taxable income?.....	10j				

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) and line 11a below.) ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... 11a 0
- 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

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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

► **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 TRANSCONTINENTAL PRINTING CORP. EES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Transcontinental Printing Company	D Employer Identification Number (EIN) 31-0376310	

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>2015</u>			
2 Assets:			
a Market value	2a	1,275,947	
b Actuarial value	2b	1,295,767	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	7	498,742	498,742
b For terminated vested participants.....	21	685,393	685,393
c For active participants.....	2	191,775	191,775
d Total.....	30	1,375,910	1,375,910
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	6.32%	
6 Target normal cost.....	6	61,509	

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	<u>10/04/2016</u> Date
LORI A. DEVORE Type or print name of actuary		1405257 Most recent enrollment number
AON CONSULTING, INC. Firm name		614-436-8100 Telephone number (including area code)
445 HUTCHISON AVENUE, SUITE 900 COLUMBUS OH 43235-8619 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	116,534
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)	0	116,534
10 Interest on line 9 using prior year's actual return of <u>3.09%</u>	0	3,601
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.54%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 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)	0	120,135

Part III Funding Percentages

14 Funding target attainment percentage	14	85.44 %
15 Adjusted funding target attainment percentage	15	81.94 %
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	83.65 %
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
04/15/2015	27,125	0			
07/14/2015	27,125	0			
10/15/2015	27,125	0			
01/14/2016	27,125	0			
09/06/2016	18,140	0			
Totals ▶			18(b)	126,640	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	120,580

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72%2nd segment:
6.11%3rd segment:
6.81%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

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 subject to 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**

61,509

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

200,278

59,046

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**

120,555

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

120,555

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

120,580

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

25

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

0

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 an election was made to use PRA 2010 funding relief for this plan:**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 SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Schedule SB, line 15—Reconciliation of Difference Between Valuation Results and
Amounts Used to Calculate AFTAP

The AFTAP for the Plan was originally issued March 31, 2015 before the final contribution receivable for the 2014 plan year was made. The final valuation reflects the September 15, 2015 contribution receivable for the 2014 plan year. The inputs used in each certification are outlined below:

	3/31/2015 Certification	Final Valuation
Funding Target	\$ 1,375,910	\$ 1,375,910
Value of Plan Assets	1,247,614	1,295,767
Funding Standard Carryover Balance	0	0
Prefunding Balance	120,135	120,135
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
Certified AFTAP	81.94%	85.44%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.32%	Interest Adjusted Contribution
April 15, 2015	\$ 27,125	104	\$ 26,655
July 14, 2015	27,125	194	26,256
October 15, 2015	27,125	287	25,849
January 14, 2016	27,125	378	25,457
September 6, 2016	18,140	614	16,363
Total Contribution	\$ 126,640		\$ 120,580

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.50%	1.0000	1.38
56	2.50%	0.9750	1.37
57	2.50%	0.9506	1.35
58	2.50%	0.9269	1.34
59	2.50%	0.9037	1.33
60	5.00%	0.8811	2.64
61	5.00%	0.8370	2.55
62	10.00%	0.7952	4.93
63	5.00%	0.7157	2.25
64	5.00%	0.6799	2.18
65	30.00%	0.6459	12.59
66	30.00%	0.4521	8.95
67	100.00%	0.3165	21.20
Weighted Average			64.06

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2013 Plan Year

6.28%

2014 Plan Year

6.28%

Trust Expenses Included in Target Normal Cost

\$61,509

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	5.00%
61	5.00%
62	10.00%
63	5.00%
64	5.00%
65	30.00%
66	30.00%
67+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	0.00%	45	8.06%
16	0.00%	46	7.47%
17	0.00%	47	6.87%
18	26.68%	48	6.26%
19	26.68%	49	5.65%
20	26.68%	50	5.04%
21	26.68%	51	4.42%
22	26.68%	52	3.80%
23	26.68%	53	3.17%
24	26.68%	54	2.54%
25	26.68%	55	1.91%
26	22.75%	56	1.28%
27	18.83%	57	0.64%
28	18.19%	58	0.00%
29	17.55%	59	0.00%
30	16.90%	60	0.00%
31	16.26%	61	0.00%
32	15.61%	62	0.00%
33	15.04%	63	0.00%
34	14.47%	64	0.00%
35	13.90%	65+	0.00%
36	13.33%		
37	12.75%		
38	12.18%		
39	11.60%		
40	11.02%		
41	10.43%		
42	9.84%		
43	9.25%		
44	8.66%		

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Table 3
Disability Rates

Age	Rate	Age	Rate
18	0.04%	48	0.46%
19	0.04%	49	0.51%
20	0.04%	50	0.56%
21	0.04%	51	0.62%
22	0.04%	52	0.68%
23	0.04%	53	0.75%
24	0.04%	54	0.82%
25	0.04%	55	0.89%
26	0.05%	56	0.96%
27	0.05%	57	1.04%
28	0.05%	58	1.12%
29	0.05%	59	1.19%
30	0.06%	60	1.27%
31	0.06%	61	1.34%
32	0.07%	62	1.41%
33	0.08%	63	1.47%
34	0.09%	64	1.52%
35	0.10%	65	0.00%
36	0.11%	66	0.00%
37	0.13%	67	0.00%
38	0.14%	68	0.00%
39	0.16%	69	0.00%
40	0.18%	70	0.00%
41	0.21%	71	0.00%
42	0.24%	72	0.00%
43	0.27%	73	0.00%
44	0.30%	74	0.00%
45	0.34%	75+	0.00%
46	0.37%		
47	0.41%		

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	December 27, 1962
Effective Date of Last Amendment	June 20, 2009
Plan Year	January 1 to December 31
Employer Fiscal Year	November 1 to October 31
Employer ID Number	31-0376310
Plan Administrator's ID Number	31-0376310
Plan Number	001
Plan Administrator	Transcontinental Printing Corporation

Eligibility

All employees of the employer who work 1,000 hours a year or more are eligible to participate in the plan upon the attainment of age 21 or the completion of one year of service, whichever is later.

Service

Service shall equal total plan years of service with the employer. A year of service is credited for each year in which an employee works 1,000 hours. A partial year of service is granted for the initial employment (or return to employment following a break in service) and any period in which retirement occurs. The partial year equals the number of hours of service divided by 1,000 hours, not to exceed one. Benefit service prior to the plan year in which an employee attains age 18 shall be excluded.

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) A period of disability.
- (4) Jury duty.

Service was frozen as of June 20, 2009.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

Normal Retirement Date

Normal retirement date is the first day of the month immediately following attainment of age 65 and either 1) completion of five years of vesting service or 2) the fifth anniversary of participation in the plan, whichever is later.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for the individual's lifetime based on service to normal retirement date is 0.6% of the employee's average compensation up to the covered compensation limit plus 1.0% of his average compensation in excess of covered compensation multiplied by creditable service to a maximum of 30 years.

Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement or death his accrued benefit as of his delayed retirement date, based on his creditable service and average compensation at that date.

Average Compensation

Average compensation is equal to the highest average for the five consecutive calendar years out of the last 10 consecutive calendar years of compensation earned immediately preceding retirement, termination, or death, whichever occurs first.

Compensation after June 20, 2009 will not be considered.

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the same method as the normal retirement benefit, using average compensation and service as of the date of determination.

Early Retirement Benefits

Upon the attainment of age 55 and five years of vesting service, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the vested portion of the accrued benefit at his early retirement date. Payments may begin immediately, with the benefit being reduced 0.5% for each complete calendar month by which the payment date precedes the normal retirement date.

Death Benefit

In the case of a married participant who dies on or before his early retirement date, the survivor benefit shall be an amount computed as if the participant had separated from service on the date of his death, survived

Schedule SB Attachment (Form 5500)—2015 Plan Year
Transcontinental Printing Corporation Employees' Pension Plan
EIN: 31-0376310 PN: 001

to his early retirement date, commenced receiving payment of a joint and survivor annuity, then died on the day after his early retirement date.

In the case of a married participant who dies after his early retirement date, such survivor benefit shall be an amount computed as if such participant had begun receiving a joint and survivor annuity on the day before his death.

Severance Benefits

Upon the termination of employment after five or more years of vesting service, a participant is fully vested in his accrued benefit.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

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- (3) An adjusted benefit to be paid during the participant's lifetime with the same benefit to be continued to his spouse for her lifetime after his death.
- (4) An adjusted benefit to be paid for 120 months certain and thereafter for life.
- (5) For employees whose benefit begins prior to age 62, an increased benefit payable before age 62 and a reduced benefit payable after age 62 such that the combined monthly benefit from the plan and from primary Social Security benefits shall be as level as possible.

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- (6) A single sum cash settlement equal to the sum of the actuarial equivalent of the retirement benefit accrued as of December 31, 1991 and the actuarial equivalent of the retirement benefit accrued on or after January 1, 1992, provided that such amount as not more than \$5,000. If the sum is greater than \$5,000, then only the retirement benefit accrued as of December 31, 1991 is payable as a lump sum.

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For all options other than lump sum benefits, assumptions are based on the UP-1984 Group Annuity Mortality Table, weighted 80% male and 20% female, and 8% interest. For lump sum benefits, assumptions are based on the RP-2000 Combined Mortality Table as prescribed by the IRS for 2008 and the applicable three-tiered segment rates (with phase-in) for the third month immediately preceding the month in which the distribution is made.

Amendment or Termination of Plan

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Plan Changes Since the Prior Year

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59			1		1					
60-64										
65-69										
70+										

N-2

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 13,955	January 1, 2009	1	\$ 13,955
Shortfall	\$ 26,515	January 1, 2010	2	\$ 13,563
Shortfall	\$ 8,411	January 1, 2011	3	\$ 2,934
Shortfall	\$ (17,735)	January 1, 2012	4	\$ (4,745)
Shortfall	\$ 81,865	January 1, 2013	5	\$ 17,917
Shortfall	\$ 41,448	January 1, 2014	6	\$ 7,802
Shortfall	\$ 45,819	January 1, 2015	7	\$ 7,620

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Schedule SB, line 15—Reconciliation of Difference Between Valuation Results and
Amounts Used to Calculate AFTAP

The AFTAP for the Plan was originally issued March 31, 2015 before the final contribution receivable for the 2014 plan year was made. The final valuation reflects the September 15, 2015 contribution receivable for the 2014 plan year. The inputs used in each certification are outlined below:

	3/31/2015 Certification	Final Valuation
Funding Target	\$ 1,375,910	\$ 1,375,910
Value of Plan Assets	1,247,614	1,295,767
Funding Standard Carryover Balance	0	0
Prefunding Balance	120,135	120,135
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
Certified AFTAP	81.94%	85.44%

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.32%	Interest Adjusted Contribution
April 15, 2015	\$ 27,125	104	\$ 26,655
July 14, 2015	27,125	194	26,256
October 15, 2015	27,125	287	25,849
January 14, 2016	27,125	378	25,457
September 6, 2016	18,140	614	16,363
Total Contribution	\$ 126,640		\$ 120,580

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.50%	1.0000	1.38
56	2.50%	0.9750	1.37
57	2.50%	0.9506	1.35
58	2.50%	0.9269	1.34
59	2.50%	0.9037	1.33
60	5.00%	0.8811	2.64
61	5.00%	0.8370	2.55
62	10.00%	0.7952	4.93
63	5.00%	0.7157	2.25
64	5.00%	0.6799	2.18
65	30.00%	0.6459	12.59
66	30.00%	0.4521	8.95
67	100.00%	0.3165	21.20
Weighted Average			64.06

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Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	December 27, 1962
Effective Date of Last Amendment	June 20, 2009
Plan Year	January 1 to December 31
Employer Fiscal Year	November 1 to October 31
Employer ID Number	31-0376310
Plan Administrator's ID Number	31-0376310
Plan Number	001
Plan Administrator	Transcontinental Printing Corporation

Eligibility

All employees of the employer who work 1,000 hours a year or more are eligible to participate in the plan upon the attainment of age 21 or the completion of one year of service, whichever is later.

Service

Service shall equal total plan years of service with the employer. A year of service is credited for each year in which an employee works 1,000 hours. A partial year of service is granted for the initial employment (or return to employment following a break in service) and any period in which retirement occurs. The partial year equals the number of hours of service divided by 1,000 hours, not to exceed one. Benefit service prior to the plan year in which an employee attains age 18 shall be excluded.

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) A period of disability.
- (4) Jury duty.

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Service was frozen as of June 20, 2009.

Normal Retirement Date

Normal retirement date is the first day of the month immediately following attainment of age 65 and either 1) completion of five years of vesting service or 2) the fifth anniversary of participation in the plan, whichever is later.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for the individual's lifetime based on service to normal retirement date is 0.6% of the employee's average compensation up to the covered compensation limit plus 1.0% of his average compensation in excess of covered compensation multiplied by creditable service to a maximum of 30 years.

Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement or death his accrued benefit as of his delayed retirement date, based on his creditable service and average compensation at that date.

Average Compensation

Average compensation is equal to the highest average for the five consecutive calendar years out of the last 10 consecutive calendar years of compensation earned immediately preceding retirement, termination, or death, whichever occurs first.

Compensation after June 20, 2009 will not be considered.

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the same method as the normal retirement benefit, using average compensation and service as of the date of determination.

Early Retirement Benefits

Upon the attainment of age 55 and five years of vesting service, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the vested portion of the accrued benefit at his early retirement date. Payments may begin immediately, with the benefit being reduced 0.5% for each complete calendar month by which the payment date precedes the normal retirement date.

Death Benefit

In the case of a married participant who dies on or before his early retirement date, the survivor benefit shall

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be an amount computed as if the participant had separated from service on the date of his death, survived to his early retirement date, commenced receiving payment of a joint and survivor annuity, then died on the day after his early retirement date.

In the case of a married participant who dies after his early retirement date, such survivor benefit shall be an amount computed as if such participant had begun receiving a joint and survivor annuity on the day before his death.

Severance Benefits

Upon the termination of employment after five or more years of vesting service, a participant is fully vested in his accrued benefit.

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