

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan ☒ a single-employer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☒ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☐ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>003</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>10/01/1963</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>003</u>	1c	Effective date of plan	<u>10/01/1963</u>			
1b	Three-digit plan number (PN) ▶	<u>003</u>								
1c	Effective date of plan	<u>10/01/1963</u>								
2a	Plan sponsor's name (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>THE BOEING COMPANY AND CONSOLIDATED SUBSIDIARIES</u> <u>CONTINENTAL GRAPHICS CORP.</u> <u>4000 N. LAKEWOOD BLVD., MC800-0CDG</u> <u>LONG BEACH, CA 90808</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>95-4062554</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>562-608-2070</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>323100</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>95-4062554</u>	2c	Plan Sponsor's telephone number	<u>562-608-2070</u>	2d	Business code (see instructions)	<u>323100</u>
2b	Employer Identification Number (EIN)	<u>95-4062554</u>								
2c	Plan Sponsor's telephone number	<u>562-608-2070</u>								
2d	Business code (see instructions)	<u>323100</u>								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/02/2021	HEATHER HAYNES-O'BRIEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 961
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 398 6a(2) 406 6b 171 6c 317 6d 894 6e 44 6f 938 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics 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 Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>69617967</u>
	b Actuarial value	2b	<u>73678620</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>182</u>	<u>13540859</u>
	b For terminated vested participants.....	<u>377</u>	<u>14280676</u>
	c For active participants	<u>398</u>	<u>41860977</u>
	d Total.....	<u>957</u>	<u>69682512</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>5.65</u> %
6	Target normal cost.....	6	<u>800000</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	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>BORIS CHERNYAK, EA, MAAA</u></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>SCHWAB RETIREMENT PLAN SERVICES INC</u></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>4150 KINROSS LAKES PARKWAY</u> <u>RICHFIELD, OH 44286</u></div> <div style="text-align: center;">Address of the firm</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"><u>12/09/2020</u></div> <div style="text-align: center;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"><u>20-06873</u></div> <div style="text-align: center;">Most recent enrollment number</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"><u>330-908-4604</u></div> <div style="text-align: center;">Telephone number (including area code)</div>
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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, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2019
v. 190130**

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)	2949728	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)	2949728	0
10 Interest on line 9 using prior year's actual return of <u>-5.31</u> %	-156631	0
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>5.84</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)	2793097	0

Part III Funding Percentages

14 Funding target attainment percentage	14	101.72 %
15 Adjusted funding target attainment percentage	15	105.73 %
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	112.68 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/10/2020	7500000	0			
Totals ▶			18(b)	7500000	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	6772942

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is 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** 800000**b** Excess assets, if applicable, but not greater than line 31a **31b** 800000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**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** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 6772942**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 6772942**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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOEING COMPANY AND CONSOLIDATED SUBSIDIARIES	D Employer Identification Number (EIN) 95-4062554	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO., INC.
94-1737782

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

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

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

SCHWAB RETIREMENT PLAN SERV., INC.

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 21 64	TRUSTEE	368885	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONDUENT INCORPORATED

81-2983623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORD KEEPER	26730	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOEING COMPANY AND CONSOLIDATED SUBSIDIARIES		D Employer Identification Number (EIN) 95-4062554

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	121	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	0	81309777
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	4941	5
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	69612905	156277
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	69617967 81466059
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	45175 0
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	45175 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	69572792 81466059

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3064479
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3064479
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12059914
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15124393

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2288252	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2288252
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	350440	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	592434	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		942874
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3231126

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11893267
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MOSS ADAMS LLP

(2) EIN: 91-0189318

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

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

Part IV Compliance Questions

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

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		85000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4341540. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE BOEING COMPANY AND CONSOLIDATED SUBSIDIARIES</u>	D Employer Identification Number (EIN) <u>95-4062554</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>14</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

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

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

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

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

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



REPORT OF INDEPENDENT AUDITORS
AND FINANCIAL STATEMENTS
WITH SUPPLEMENTAL SCHEDULES

**CONTINENTAL GRAPHICS
EMPLOYEE PENSION PLAN**

December 31, 2019 and 2018

Table of Contents

	PAGE
Report of Independent Auditors	1–2
Financial Statements	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5–12
Supplemental Schedules	
Schedule H, line 4(i) – schedule of assets (held at end of year)	13
Schedule H, line 4(j) – schedule of reportable transactions	14

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditors

To the Plan Administrator
Continental Graphics Employee Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Continental Graphics Employee Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Charles Schwab Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executed investment transactions. The Plan administrator obtained certifications from the trustee as of December 31, 2019 and 2018, and for the years then ended, that the information provided to the Plan administrator by the trustee was complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The Schedule H, line 4(i) – Schedule of assets (held at end of year) as of December 31, 2019 and Schedule H, line 4(j) – Schedule of reportable transactions for the year ended December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Mess Adams LLP

Albuquerque, New Mexico
June 3, 2020

Continental Graphics Employee Pension Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2019	2018
ASSETS		
Investments, at fair value		
Mutual funds	\$ 156,277	\$ 69,612,905
Money market fund	5	4,941
Total investments	156,282	69,617,846
Non-interest bearing cash	-	121
Receivables		
Dividends	5,086	-
Pending trades	81,304,691	-
Total receivables	81,309,777	-
Total assets	81,466,059	69,617,967
LIABILITIES		
Administrative expenses payable	-	45,175
NET ASSETS AVAILABLE FOR BENEFITS	\$ 81,466,059	\$ 69,572,792

Continental Graphics Employee Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2019	2018
INVESTMENT INCOME (LOSS)		
Net appreciation (depreciation) in fair value of investments	\$ 12,059,914	\$ (6,811,292)
Dividends	3,064,479	2,755,242
Net investment income (loss)	15,124,393	(4,056,050)
DEDUCTIONS		
Benefits paid to participants	2,288,252	4,827,649
Administrative expenses	942,874	571,870
Total deductions	3,231,126	5,399,519
NET INCREASE (DECREASE)	11,893,267	(9,455,569)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	69,572,792	79,028,361
End of year	<u>\$ 81,466,059</u>	<u>\$ 69,572,792</u>

Continental Graphics Employee Pension Plan

Notes to Financial Statements

Note 1 – Plan Description

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

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

As a result of a resolution of the Board of Directors of the Company dated March 3, 2014, employee contributions and pay-based benefit accruals for participants in the Plan ceased effective January 1, 2016. As a result of this freezing of the employee pension contributions and accruals, beginning January 1, 2015, the Company made enhanced Company contributions to the Employee Savings Plan of Continental Graphics Corporation (Savings Plan) for eligible employees hired on or after January 1, 2006, as follows:

- 3% of eligible compensation for those under age 40
- 4% of eligible compensation for those age 40–49
- 5% of eligible compensation for those age 50 and over

Also, as a result of the freezing of the employee pension contributions and pay-based benefit accruals for participants in the Plan, effective January 1, 2016, the Company made additional Company contributions to the Savings Plan for all eligible Company employees who were participants in the Plan as follows:

- 9% of eligible compensation in 2016
- 8% of eligible compensation in 2017
- 7% of eligible compensation in 2018

Effective December 31, 2019, the Company was dissolved, and the Company's employees were integrated into The Boeing Company. Effective January 1, 2020, the Plan became a component plan of The Boeing Company Employee Retirement Plans Master Trust (the Master Trust). The Plan transferred assets into the Master Trust and owns a beneficial interest in the Master Trust investments. Sponsorship of the Plan was assumed by The Boeing Company.

Administration – Charles Schwab Bank (Schwab) was the trustee of the Plan.

Continental Graphics Employee Pension Plan

Notes to Financial Statements

Note 1 – Plan Description (continued)

Funding policy – Prior to January 1, 2016, employee contributions were required at one percent of annual earnings up to the Social Security taxable wage base, and three percent of earnings over the taxable wage base. The funding policy of the Plan is for the Company to contribute an amount that meets or exceeds the annual ERISA minimum funding requirements. The minimum funding requirements of ERISA were met in the 2019 and 2018 plan years. There were no employer contributions for the plan years ended December 31, 2019 and 2018.

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

The normal monthly retirement benefit at age 65 is equal to (a) one percent of the participant's highest five-year average monthly earnings prior to January 1, 2016, up to his or her Social Security covered compensation and (b) one and three-fourths percent of the participant's same average monthly earnings in excess of his or her Social Security covered compensation, with both (a) and (b) multiplied by the number of years of service prior to January 1, 2016. Annual benefits may not exceed the lesser of \$195,000 adjusted for cost of living in accordance with Section 415 of the Internal Revenue Code (IRC) or 100 percent of the participant's average compensation for the highest three consecutive compensated years while a participant was employed. Benefits generally begin after the normal retirement age of 65, although early retirement and benefit payments are possible after reaching age 55 and completing five years of service.

The accrued pension derived from participant contributions is equal to the actuarial equivalent of the participant's accumulated contributions, credited with interest compounded annually up to the earlier of the participant's normal retirement age or annuity starting date.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates – The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and uncertainties – The Plan's investments are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with such investments, it is reasonably possible that changes in the values of the investments will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

Continental Graphics Employee Pension Plan

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies (continued)

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

Valuation of investments and income recognition – The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability ("exit price") in an orderly transaction between market participants at the measurement date.

The Plan's investments in mutual funds, which are registered investment companies, and the money market fund are valued at the net asset value of shares held by the Plan at year end as quoted in an active market.

Purchases and sales of securities are recorded on a trade-date basis, and dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments consists of gains and losses on investments bought and sold as well as held during the year.

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

Payment of benefits – Benefits are recorded when paid.

Expenses – Certain expenses associated with the administration of the Plan and trust, including actuarial fees, and premiums to the Pension Benefit Guaranty Corporation (PBGC) are paid by the Plan. The Company pays all other administrative expenses of the Plan, including accounting and legal fees, as applicable.

Subsequent events – The Plan evaluated subsequent events through June 3, 2020, the date the financial statements were available to be issued.

Note 3 – Fair Value of Financial Assets and Financial Liabilities

ASC 820 established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1 – Values are based on unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Continental Graphics Employee Pension Plan

Notes to Financial Statements

Note 3 – Fair Value of Financial Assets and Financial Liabilities (continued)

Level 2 – Values are based on (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in non-active markets; or (c) valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.

Level 3 – Values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement.

The methods used by the Plan may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy a summary of investments by general types of assets measured at fair value on a recurring basis at December 31, 2019 and 2018. As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance as of December 31, 2019
Mutual funds	\$ 156,277	\$ -	\$ -	\$ 156,277
Money market fund	5	-	-	5
	<u>\$ 156,282</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 156,282</u>

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance as of December 31, 2018
Mutual funds	\$ 69,612,905	\$ -	\$ -	\$ 69,612,905
Money market fund	4,941	-	-	4,941
	<u>\$ 69,617,846</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 69,617,846</u>

There were no transfers to or from Level 3 during the years ended December 31, 2019 and 2018.

Continental Graphics Employee Pension Plan

Notes to Financial Statements

Note 4 – Actuarial Present Value of Accumulated Plan Benefits

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

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

The most recent actuarial valuation was prepared as of January 1, 2019. Had the valuation been performed as of December 31, 2018, there would be no material difference. The actuarial cost method used to calculate the Plan costs is the unit credit method. The significant assumptions underlying the valuation are as follows:

- Discount rate of 7%
- Life expectancy determined by the Pri-2012 base tables projected with MP-2019 mortality improvement scale
- Retirement age of 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2018, was as follows:

Vested benefits

Participants currently receiving payments	\$ 11,730,440
Other participants	<u>46,478,930</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 58,209,370</u>

Continental Graphics Employee Pension Plan

Notes to Financial Statements

Note 4 – Actuarial Present Value of Accumulated Plan Benefits (continued)

Changes in accumulated plan benefits were as follows for the year ended December 31, 2018:

Actuarial present value of accumulated plan benefits	
December 31, 2017	<u>\$ 58,117,620</u>
Increase (decrease) during the year attributable to	
Benefits accumulated (including the effect of	
non-investment experience)	1,071,901
Decrease in the discount period	3,899,266
Change in actuarial assumptions	(51,768)
Benefits paid	<u>(4,827,649)</u>
Net increase	<u>91,750</u>
Actuarial present value of accumulated plan benefits	
December 31, 2018	<u><u>\$ 58,209,370</u></u>

The change in actuarial assumptions for the year ended December 31, 2018, represents a change in the mortality assumption from the RP-2006 base tables projected with the MP-2018 improvement scale to the Pri-2012 base tables projected with the MP-2019 improvement scale.

The accumulated contributions of active participants are presented as of the beginning of the plan year. As of December 31, 2018 and 2017, the accumulated contributions of active participants, including interest credited on those contributions, were approximately \$5,700,000 and \$5,863,000, respectively. As of December 31, 2018 and 2017, the actual rates for which interest was credited on the contributions were 2.62% and 2.36%, respectively.

Note 5 – Information Certified by the Trustee

Schwab is the trustee of the Plan. The following summary of unaudited information included in the Plan's financial statements and supplemental schedules of assets (held at end of year) and reportable transactions was certified by Schwab as of and for the years ended December 31, 2019 and 2018. The information was furnished to the Plan administrator, and the Plan administrator has obtained certifications from Schwab that the following information is complete and accurate:

- Investments at fair value as of December 31, 2019 and 2018
- Non-interest bearing cash as of December 31, 2018
- Dividends and pending trades receivables as of December 31, 2019
- Investment income (loss) for the years ended December 31, 2019 and 2018
- Information contained in the supplemental schedules of assets (held at end of year) and reportable transactions

Continental Graphics Employee Pension Plan

Notes to Financial Statements

Note 6 – Tax Status

The Plan received a determination letter dated November 4, 2015, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since the date of the determination letter, however, the Plan administrator believes the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes the Plan's tax-exempt status has not been affected, and no provision for income taxes has been included in the Plan's financial statements.

Note 7 – Plan Termination

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

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

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

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

Continental Graphics Employee Pension Plan

Notes to Financial Statements

Note 8 – Subsequent Event

The recent developments surrounding the 2020 declaration of the global pandemic as a result of the spread of the novel coronavirus (COVID-19) have negatively impacted economic markets. The duration of the pandemic and the ongoing impact it will have on the fair value of the Plan's investments, the Plan's financial condition, accumulated plan benefits and changes therein are uncertain.

Supplemental Schedules

Continental Graphics Employee Pension Plan

EIN: 95-4062554, Plan #: 003

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

December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Vanguard Intermediate-Term Investment-Grade Admiral Fund	Mutual fund	\$ 9,421	\$ 9,639
	Vanguard Long-Term Bond Index Admiral Fund	Mutual fund	66,756	71,788
	Vanguard Long-Term Investment-Grade Admiral Fund	Mutual fund	71,534	74,850
	Vanguard Federal Money Market Investor Fund	Money market fund	5	5
			<u>\$ 147,716</u>	<u>\$ 156,282</u>

Continental Graphics Employee Pension Plan
EIN: 95-4062554, Plan #: 003
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
Series of transactions					
Vanguard Developed Markets Index Institutional Fund	Mutual fund	\$ 127,067	\$ 4,359,873	\$ 3,864,083	\$ 495,790
Vanguard Institutional Index Fund	Mutual fund	356,537	13,078,071	8,716,752	4,361,319
Vanguard Intermediate-Term Investment-Grade Admiral Fund	Mutual fund	122,852	4,065,739	3,976,229	89,510
Vanguard Long-Term Bond Index Admiral Fund	Mutual fund	467,250	25,066,713	23,309,102	1,757,611
Vanguard Long-Term Investment-Grade Admiral Fund	Mutual fund	1,232,315	25,459,828	24,344,024	1,115,804
Vanguard Real Estate Index Admiral Fund	Mutual fund	241,595	7,474,778	6,552,912	921,866

Continental Graphics Employee Pension Plan

EIN/ PN 95 – 4062554 / 003

charles
SCHWAB

Schedule SB, line 26 – Schedule of Active Participant Data

Age versus Service Scatter for Active Plan Participants:

	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	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	0
25 to 29	-	-	-	-	-	-	-	-	-	-	0
30 to 34	-	-	-	-	-	-	-	-	-	-	0
35 to 39	-	1	1	4	1	-	-	-	-	-	7
40 to 44	1	1	3	15	19	1	-	-	-	-	40
45 to 49	-	1	1	12	35	13	-	-	-	-	62
50 to 54	-	5	2	12	35	24	10	-	-	-	88
55 to 59	-	1	4	12	32	18	26	4	-	-	97
60 to 64	1	-	5	22	18	14	17	2	2	-	81
65 to 69	-	-	-	1	7	5	3	1	1	-	18
over 70	-	1	1	-	2	-	1	-	-	-	5
Total	2	10	17	78	149	75	57	7	3	-	398

Continental Graphics Employee Pension Plan

EIN/ PN 95 – 4062554 / 003

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

A summary of the actuarial methods and assumptions used in the valuation is presented below:

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

Asset Method - The Actuarial Value of Assets (Valuation Assets) is equal to a 3-year averaging method as described in IRS Notice 2009-22. Under this method, the Valuation Assets is the average of the current and two preceding valuation date Market Value of Assets, where the preceding two years include expected earnings at the lesser of the third segment rate for that year or 7.00%.

Funding Target Discount Rates - The assumed discount rates on benefits paid in the future are based on the September 2018 Segment rates reflecting the Funding Stabilization provisions under HATFA and its current regulations:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments expected:</u>
1	3.74%	During first 5 years from the valuation date.
2	5.35%	During years 6-20 from the valuation date.
3	6.11%	During years 21 and beyond from the valuation date.

The Effective Rate is the equivalent single interest rate that would result in the same funding target, and is 5.65% for the 2019 plan year. Previously, the September 2017 PPA Segment rates were used (Effective Rate of 5.84%).

Different interest rates were used in developing liabilities associated with the Maximum Tax Deductible Contribution. The interest rates that were used for the Maximum Tax Deductible contribution calculations were as follows:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments expected:</u>
1	2.28%	During first 5 years from the valuation date.
2	3.81%	During years 6-20 from the valuation date.
3	4.46%	During years 21 and beyond from the valuation date.

Interest on Employee Contributions – N/A

Salary Rates – N/A

Social Security Wage Base – N/A

Continental Graphics Employee Pension Plan

EIN/ PN 95 – 4062554 / 003

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SCHWAB

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

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

Disability Rates – None assumed.

Withdrawal Rates –

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

Administrative Expenses – \$800,000 per annum.

Mortality for Lump Sums – The 2019 “applicable mortality” as defined under IRS Code Section 417(e).

Mortality – The RP-2006 Tables, fully generational with scale MP-2017 as prescribed by the IRS.

Form of Payment – Lump Sum

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

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

Late Retirement – The following assumption was used to value Actuarial Increases for participants past their NRD but not in pay as of the valuation date:

Actives: Monthly benefits were actuarially increased from NRD to Valuation Date using Plan’s Actuarial Equivalence.

Deferred Vested: Late retirement increase was valued by applying 12.5% annual increase of monthly benefits from NRD, or termination date if later, to Valuation Date.



**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
(continued)**

CHANGES IN PRESCRIBED ASSUMPTIONS AND METHODS SINCE THE PRIOR VALUATION

The target liability interest rates have been changed to conform to statutory constraints.

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

All other prescribed actuarial assumptions remained unchanged from the prior valuation.

CHANGES IN NON-PRESCRIBED ASSUMPTIONS AND METHODS SINCE THE PRIOR VALUATION

The administrative expenses assumption was changed from \$140,000 last year to \$800,000 this year, reflecting the Plan Sponsor's decision to pay PBGC premiums from the plan's trust account.

All non-prescribed actuarial assumptions and methods remained unchanged from the prior valuation.

2019 FORM 5500 ATTACHMENT
SCHEDULE H, Part IV - 4J - FINANCIAL INFORMATION

Plan Sponsor: Continental Graphics Corporation
Sponsor's EIN: 95-4062554
Plan Name: Continental Graphics Employee Pension Plan
Plan Number: 003

SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	# of Purchases	(c) Purchase Price	# of Sales	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
Series of transactions							
Vanguard Developed Markets Index Institutional Fund	Mutual fund	4	127,067	29	4,359,873	3,864,083	495,790
Vanguard Institutional Index Fund	Mutual fund	8	356,537	29	13,078,071	8,716,752	4,361,319
Vanguard Intermediate-Term Investment-Grade Admiral Fund	Mutual fund	12	122,852	29	4,065,739	3,976,229	89,510
Vanguard Long-Term Bond Index Admiral Fund	Mutual fund	8	467,250	1	25,066,713	23,309,102	1,757,611
Vanguard Long-Term Investment-Grade Admiral Fund	Mutual fund	14	1,232,315	29	25,459,828	24,344,024	1,115,804
Vanguard Real Estate Index Admiral Fund	Mutual fund	6	241,595	29	7,474,778	6,552,912	921,866

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan Continental Graphics Employee Pension Plan	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Continental Graphics Corp.	D Employer Identification Number (EIN) 95-4062554	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>				
2 Assets:				
a Market value.....	2a	69,617,967		
b Actuarial value.....	2b	73,678,620		
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.....	182	13,540,859	13,540,859	
b For terminated vested participants.....	377	14,280,676	14,280,676	
c For active participants.....	398	41,860,977	41,860,977	
d Total.....	957	69,682,512	69,682,512	
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	5.65%		
6 Target normal cost.....	6	800,000		

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>12/09/2020</u> Date
Signature of actuary Boris Chernyak, EA, MAAA		2006873 Most recent enrollment number
Type or print name of actuary Schwab Retirement Plan Services Inc		330-908-4604 Telephone number (including area code)
Firm name 4150 Kinross Lakes Parkway Richfield OH 44286		
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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019
v. 190130

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)	2,949,728	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)	2,949,728	0
10	Interest on line 9 using prior year's actual return of <u>-5.31%</u>	-156,631	0
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>5.84%</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)	2,793,097	0

Part III Funding Percentages

14	Funding target attainment percentage	14	101.72%
15	Adjusted funding target attainment percentage.....	15	105.73%
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	112.68%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/10/2020	7,500,000	0			
			Totals ►	18(b)	18(c)
				7,500,000	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	6,772,942

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

Frequency breakdown of share of quarter of the year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is 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	800,000	
b Excess assets, if applicable, but not greater than line 31a	31b	800,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
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	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	6,772,942	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6,772,942	
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

Continental Graphics Employee Pension Plan

EIN/ PN 95 – 4062554 / 003

charles
SCHWAB

Schedule SB, line 19 – Discounted Employer Contributions

Valuation Date:	01/01/2019
2019 Effective Interest Rate (for 01/01/2019 – 09/15/2020):	5.65%
2020 Effective Interest Rate (for 09/15/2020 – 11/10/2020):	5.46%
Increased Rate for Late Quarterly Installment:	N/A

<u>Actual Contribution Date</u>	<u>Actual Contribution Amount</u>	<u>Discounted Contribution Amount</u>	<u>Plan Year to Which the Contribution is Applied</u>
11/10/2020	\$ 7,500,000	\$ 6,772,942	2019
Total	\$ 7,500,000	\$ 6,772,942	

Continental Graphics Employee Pension Plan

EIN/ PN 95 – 4062554 / 003

The logo for Charles Schwab, featuring the word "charles" in a script font and "SCHWAB" in a bold, sans-serif font, both in white on a blue square background.

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

All employees are assumed to retire at age 65.

Continental Graphics Employee Pension Plan

EIN/ PN 95 – 4062554 / 003

The logo for Charles Schwab, featuring the word "charles" in a script font above the word "SCHWAB" in a bold, sans-serif font, all within a blue square.

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions is presented below (please refer to the Plan Document for the detailed description):

Plan effective date – October 1, 1963.

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

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

Plan freeze – Effective on and after January 1, 2016, no Participant shall accrue additional benefits under the Plan.

Definitions:

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

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

Compensation – All remuneration for services performed by the Employee for the Company subject to Federal Income Tax withholding: including salary deferral reductions, excluding income for auto allowance, company paid life insurance and severance pay. Please refer to the Plan Document for further details. No Compensation earned after 12/31/2015 will be used in determining accrued benefits.

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

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

Continental Graphics Employee Pension Plan

EIN/ PN 95 – 4062554 / 003



Schedule SB, Part V – Summary of Plan Provisions (continued)

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

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

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

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

Eligibility for Benefits:

Normal Retirement – Retirement from active service on NRD.

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

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

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

Amount of Benefits:

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

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

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

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

Schedule SB, Part V – Summary of Plan Provisions (continued)

Late Retirement Benefit – The greater of

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

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

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

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

Forms of Benefit:

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

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

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

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

Continental Graphics Employee Pension Plan

EIN/ PN 95 – 4062554 / 003



Schedule SB, Part V – Summary of Plan Provisions (continued)

Benefit Limitations:

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

Changes in Plan Provisions:

There were no changes from the previous valuation.

2019 FORM 5500 ATTACHMENT
SCHEDULE H, Part IV - 4i - FINANCIAL INFORMATION

Plan Sponsor: Continental Graphics Corporation
Sponsor's EIN: 95-4062554
Plan Name: Continental Graphics Employee Pension Plan
Plan Number: 003

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Vanguard Intermediate-Term Investment-Grade Admiral Fund	Mutual fund	9,421	9,639
	Vanguard Long-Term Bond Index Admiral Fund	Mutual fund	66,756	71,788
	Vanguard Long-Term Investment-Grade Admiral Fund	Mutual fund	71,534	74,850
	Vanguard Federal Money Market Investor Fund	Money market fund	5	5
			<u>\$ 147,716</u>	<u>\$ 156,282</u>

Continental Graphics Employee Pension Plan

EIN/ PN 95 – 4062554 / 003



Schedule SB, line 24 – Change in Non-prescribed Assumption

The administrative expenses assumption was changed from \$140,000 last year to \$800,000 this year, reflecting the Plan Sponsor's decision to pay PBGC premiums from the plan's trust account.