Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
QUAD KNOPF INC 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
QUAD KNOPF INC

5110 W CYPRESS AVE
VISALIA, CA 93277-8303

2b Employer Identification Number (EIN) 94-2228472

2c Sponsor's telephone number 559-733-0440

2d Business code (see instructions) 541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	JANEL FREEMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	JANEL FREEMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

QUAD KNOPF INC

5110 W CYPRESS AVE
VISALIA, CA 93277-8303

3b Administrator's EIN
94-2228472

3c Administrator's telephone number
559-733-0440

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	207
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	130
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	215
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	345
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	345
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	332
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
QUAD KNOPF INC 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
QUAD KNOPF INC

D Employer Identification Number (EIN)
94-2228472

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	311068	345	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4775	1513

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

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

ANEES A AKHUND LUTCF
3530 W MINERAL KING
STE C
VISALIA, CA 93291

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4775	1513	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	80836
5	Current value of plan's interest under this contract in separate accounts at year end	5	3975978

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			7b	188837
c	Additions: (1) Contributions deposited during the year	7c(1)	4983		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4916		
	(4) Transferred from separate account	7c(4)	3114		
	(5) Other (specify below)	7c(5)	196		
	▶ LOAN PAYMENT				
	(6) Total additions			7c(6)	13209
d	Total of balance and additions (add **b** and **c(6)**)			7d	202046
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	39259		
	(2) Administration charge made by carrier	7e(2)	388		
	(3) Transferred to separate account	7e(3)	81125		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	120772
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	81274

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
QUAD KNOPF INC 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QUAD KNOPF INC

D Employer Identification Number (EIN)
94-2228472

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

WILSON MARKLE STUCKEY HA

26-3789391

(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?
10	ACCOUNTANT	10953	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	11605	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 ☐

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
QUAD KNOPF INC 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
QUAD KNOPF INC

D Employer Identification Number (EIN)
94-2228472

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE III SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-022	P	94920

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP BLEND SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-029	P	195058

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP BLEND SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-020	P	332588

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND EMPH BAL SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-006	P	2814

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN STOCK EMPH BAL SEP ACT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-032	P	5392

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN GOVT & HQ BOND SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-007	P	107190

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MONEY MARKET SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-024	P	136595

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP VALUE SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-031	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	121726
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP BLEND I SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-017	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	293052
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-027	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	217869
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MORTGAGE SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-005	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	537125
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	334735
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-016	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	377544
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-043	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	201109
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH II SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43421
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP VALUE III SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	151245

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43960
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	161565
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71496
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	93711
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	57658
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	473
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	665
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINT GRWTH STR SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-081	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31936
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS BAL STR SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-082	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	191917
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS CON STR SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-083	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2269

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LFPT EQ GROWTH STR SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-084	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73038

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS MOD STR SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-085	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94903

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
QUAD KNOPF INC 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QUAD KNOPF INC

D Employer Identification Number (EIN)
94-2228472

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	4832	32057
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3395276	3975978
(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)	485688	714286
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	188837	80836
(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	4074633	4803157
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4074633	4803157

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	23347	
	(B) Participants	2a(1)(B)	374780	
	(C) Others (including rollovers)	2a(1)(C)	44022	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		442149
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	1295	
	(F) Other	2b(1)(F)	4916	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6211
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4339	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4339
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		614498
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		186595
c Other income	2c		-438
d Total income. Add all **income** amounts in column (b) and enter total	2d		1253354
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	501773	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		501773
f Corrective distributions (see instructions)	2f		497
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	10954	
(2) Contract administrator fees	2i(2)	11606	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		22560
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		524830
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		728524
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: WILSON,MARKLE,STUCKEY,HARDESTY&BOTT (2) EIN: 26-3789391

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	0
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.)	4b		X	0
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	0
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	0
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	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.)	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
QUAD KNOPF INC 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QUAD KNOPF INC

D Employer Identification Number (EIN)
94-2228472

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

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**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 **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 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(es). 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Quad Knopf, Inc. 401(k) Savings Plan

Financial Statements

and

Supplemental Schedule

Year ended December 31, 2009

with

Report of Independent Auditors

Quad Knopf, Inc. 401(k) Savings Plan

Index to Financial Statements and Supplemental Schedule

Financial Statements

Report of Independent Auditors 1

Statement of Net Assets Available for Plan Benefits 2

Statement of Changes in Net Assets Available for Plan Benefits 3

Notes to Financial Statements 4

Supplemental Schedule

Schedule of Assets Held for Investment Purposes at End of Year 16

Transactions with parties-in-interest

Pursuant to the Employee Retirement Income Security Act of 1974 Rules and Regulations, there were no nonexempt or prohibited transactions with parties-in-interest.

WILSON
MARKLE
STUCKEY
HARDESTY
&BOTT LLP

CERTIFIED PUBLIC
ACCOUNTANTS

DONALD WILSON
ALAN MARKLE
CHARLES STUCKEY
DAVID HARDESTY
DAVID BOTT
DAVID BAILEY
MICHAEL SMITH

Report of Independent Auditors

To the Plan Administrative Committee for the
Quad Knopf, Inc. 401(k) Savings Plan

Quad Knopf, Inc. engaged us to audit the financial statements of the Quad Knopf, Inc. 401(k) Savings Plan (Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and a supplemental schedule as of December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the management of the Plan.

As permitted by 29CFR 2520.103-8 of the Department of Labor (DOL) 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 3, which Principal Life Insurance Company and Principal Trust Company, the custodians of the Plan assets, certified, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan administrator informed us that the custodians hold the Plan investment assets and executes investment transactions. The Plan administrator has obtained certification from the custodians, as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and we do not, express an opinion on the accompanying financial statements and supplemental schedule, taken as a whole. We have audited the form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under the ERISA.

Wilson Markle Stuckey Hardesty & Bott

Wilson Markle Stuckey Hardesty & Bott
May 28, 2010

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Quad Knopf, Inc. 401(k) Savings Plan
Statement of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Participant-directed investments, at fair value		
Guaranteed interest contracts	$ 80,836	$ 188,837
Pooled separate accounts	3,975,978	3,395,276
Registered investment company shares	714,286	485,688
Participant loans	32,057	4,832
Total participant-directed investments	4,803,157	4,074,633
Total assets	4,803,157	4,074,633
Liabilities		
Participant deferral and match refunds payable	2,605	497
Net assets available for benefits	$4,800,552	$4,074,136

See accompanying notes.

Quad Knopf, Inc. 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2009

Additions to net assets	
Investment income	
Net investment gains (losses)	$ 800,653
Dividends	4,339
Interest	4,916
Participant loan interest	1,295
Total investment income (loss)	811,203
Contributions	
Employer matches	23,347
Participant deferrals	374,780
Participant rollovers	44,022
Total contributions	442,149
Total additions to net assets	1,253,352
Deductions from net assets	
Participant benefits	501,773
Participant deferral and match refunds	2,605
Administrative expenses	22,558
Total deductions from net assets	526,936
Change in net assets	726,416
Net assets available for benefits,	
Beginning of year	4,074,136
End of year	$4,800,552

See accompanying notes.

Quad Knopf, Inc. 401(k) Savings Plan
Notes to Financial Statements
December 31, 2009

Note 1 – Description of the Plan

The following description of the Quad Knopf, Inc. (QKI) 401(k) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of its provisions.

General

QKI established the Plan effective January 1, 1990, and last amended and restated the Plan effective June 19, 2009. The Plan is a defined contribution profit sharing plan with a 401(k) arrangement. Employees of QKI and the related Quad Knopf, LLC may participate in the Plan after having attained age 21. Qualifying employees may enter the Plan on the first day of the month after becoming eligible. QKI automatically enrolls new employees, with a deferral rate of 6%, unless the new employee affirmatively elects a different percentage, including zero. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

A Plan committee, appointed by the Board of Directors of QKI, manages the Plan. Principal Life Insurance Company and Principal Trust Company, the Custodians, hold all the Plan investment assets. The Plan pays all Plan expenses, except settlor expenses, from forfeitures, when available. Otherwise, QKI pays the expenses. During the year ended December 31, 2009, the Plan paid expenses totaling $22,558.

Contributions, vesting and forfeitures

Participants may defer (pre-tax regular and post-tax Roth) up to the lower of 100% of their annual qualified compensation and the Internal Revenue Code (IRC) limit to the Plan. Participants that attain age 50 by the last day of the Plan year may defer additional amounts (“catch-up” contributions) to the Plan. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). Rollovers are not subject to Plan or IRC contribution limits. Participants are always 100% vested in their deferral, catch-up and rollover contributions and earnings thereon.

The Plan also provides for discretionary QKI matching contributions, determined by the Board of Directors of QKI. QKI allocates matching contributions as a percentage of participant deferrals and eligible compensation during each pay period. Participants not deferring during a pay period are ineligible for matching contributions for that pay period. Matching contributions and earnings thereon vest to participants at a rate of 50% per year, beginning with the second year of credited service. Participants become 100% vested, regardless of years of credited service attained, upon

Note 1 – Description of the Plan (continued)

death, disability, Plan termination or reaching retirement age. During the year ended December 31, 2009, QKI paid discretionary match contributions equal to 10% of participant deferrals not exceeding 6% of participant compensation.

The Plan also provides for discretionary QKI profit sharing contributions, determined by the Board of Directors of QKI. QKI allocates profit sharing contributions based on the relative eligible compensation earned by each eligible participant. An eligible participant for the discretionary QKI profit sharing contribution is one that QKI credited with at least 500 hours of service during or QKI employed at the end of the applicable Plan year. Profit sharing contributions and earnings thereon vest to participants at a rate of 50% per year, beginning with the second year of credited service. Participants become 100% vested, regardless of years of credited service attained, upon death, disability, Plan termination or reaching retirement age. During the year ended December 31, 2009, QKI made no profit sharing contributions.

The Plan may use unvested matching and profit sharing contributions and earnings thereon (forfeitures) to pay Plan administrative expenses or meet future matching and profit sharing contribution obligations. During the year ended December 31, 2009, the Plan accumulated forfeitures and earnings thereon totaling $77,842 and $49,179, respectively and allocated to fees and participants totaling $16,047 and $231,319, respectively. As of December 31, 2009 and 2008, the Plan held unallocated forfeitures and earnings thereon totaling $74,379 and $243,903, respectively.

Investments and allocation

The Plan credits accounts for each participant with their deferral, catch-up, rollover, matching and profit sharing contributions and charges accounts for each participant for investment and administrative fees and forfeitures. In addition, the Plan credits or charges accounts for each participant with their share of investment earnings or losses, based on their investment choices. Participants choose investment options for their deferral, catch-up, rollover, matching and profit sharing contributions from the investment options offered by the Custodians. As of December 31, 2009, the Custodians offered unallocated-fund guaranteed interest contracts, pooled separate accounts and registered investment company shares to participants. Participants may allocate their funds among all offered investment options. Participants may also transfer existing account balances among the available investment options. The Custodians pool individual participant funds directed by participants to the same investments on behalf of the Plan and the participants and allocates earnings based

Note 1 – Description of the Plan (continued)

on the investment amount of each participant. The Custodians invest and secures investments in unallocated-fund guaranteed interest contracts in and with the general investment assets of the Custodians and their affiliates. The Custodians and their affiliates own, control or sub-advise the investments of all the pooled separate accounts and registered investment company shares. Such investment transactions constitute party-in-interest transactions. The Custodians charge participants, reported as a reduction in investment income herein, for certain investment trading and management activities. The Custodians disclose such charges in prospectuses it makes available to participants.

Benefits

The Plan pays benefits to participants, beneficiaries or successor custodians upon termination, disability, death, retirement, serious financial hardship or for other reasons permitted by the IRC. The Plan may pay benefits to participants as an annuity, lump sum, rollover, direct transfer or in any combination thereof at the discretion of the Plan (or the participant when their balance exceeds $5,000). Certain payments may be subject to mandatory income tax withholding. The Plan limits benefits to each participant to the vested value of the account of each participant when the Plan pays the benefit. Participants may leave vested balances in the Plan. With certain limitations, participants forfeit unvested matching contributions and earnings thereon upon termination of employment.

Individual participant benefits will fluctuate based on contributions, investment earnings and losses, vesting and payment method and are only set when paid. Individual participants select investments for their accounts and nothing guarantees the earnings or indemnifies for the losses thereon. Individual participant accounts may lose value and future benefits may decrease.

Participant loans

Participants may borrow (by withdrawing a portion of their vested account balance) a minimum of $1,000 and a maximum of the lower of 50% of the vested account balance and $50,000 (less the highest outstanding loan balance during the past twelve months). The loans bear interest at rates similar to those issued by lending institutions under similar circumstances and the term of the loans cannot exceed five years (ten years when the participant uses the loan proceeds to buy the participant's principal residence). Participants make loan payments with deferrals of after-tax compensation. The Custodians reduce the loan balance with the principal portion of loan

Note 1 – Description of the Plan (continued)

payments and increases other investments of the participant with the principal and interest portion of loan payments. The remaining participant account balance secures the loan.

Income tax status

QKI last amended the Plan effective June 19, 2009, and patterned the amended plan after the "Prototype Standardized Profit Sharing Plan with CODA" of the Administrator. The Internal Revenue Service issued the latest determination letter for the "Prototype Standardized Profit Sharing Plan with CODA" on March 31, 2008. The favorable determination letter stated that the "Prototype Standardized Profit Sharing Plan with CODA," as then designed, complied with the applicable requirements of the IRC. Although QKI has since amended the Plan, the Plan management and tax counsel believe its current design, qualifications and operations comply with the applicable sections of the IRC and the related trust was tax-exempt as of December 31, 2009. Consequently, QKI did not include a provision for income taxes herein.

Effective January 1, 2009, the Plan adopted the provisions of Financial Accounting Standards Board (FASB) Interpretation Number 48 (FIN 48), "Accounting for Uncertainty in Income Taxes – An interpretation of FASB [Accounting Standards Codification (ASC) 740]."

Those provisions require management of the Plan to consider certain tax positions taken by the Plan. A tax position is a position taken in a previously filed tax return or a position management of the Plan expects to take in a future tax return that figures in measuring current or deferred income tax assets and liabilities for interim or annual periods. A tax position can result in a permanent reduction in income taxes payable, a deferral of income taxes otherwise currently payable to future years or a change in the expected realizability of deferred tax assets. A tax position also encompasses, but is not limited to:

1. A decision not to file a tax return.
2. An allocation or a shift of income between jurisdictions.
3. The characterization of income or a decision to exclude reporting taxable income in a return.
4. A decision to classify a transaction, entity or other position in a tax return as tax exempt.

Note 1 – Description of the Plan (continued)

5. The status of an entity, including its status as a pass-through or tax-exempt entity.

Evaluating a tax position requires management of the Plan to determine, for each tax position, whether it is more likely than not that, upon examination by taxing authorities, such authorities will uphold the tax position and, for each more-likely-than-not tax position, determine the highest benefit with a more than 50% likelihood of realization upon ultimate settlement. Accordingly, it is possible that tax positions taken on tax returns and related amounts recognized herein could vary.

The Plan files tax returns with the IRS and Department of Labor (DOL). The Plan recognizes interest and penalties related to income taxes and tax positions with interest and income tax expense, respectively. As of and for the year ended December 31, 2009, interest and penalties related to income taxes and tax positions were not material. As of December 31, 2009, management of the Plan believes that there are no tax positions of the Plan where it is reasonably possible that the total amount of unrecognized tax benefits will significantly increase or decrease within the period ending December 31, 2010. As of December 31, 2009, open tax periods subject to future examination by taxing authorities cover periods from January 1, 2006 through December 31, 2009.

Plan termination

Although it has not expressed any intent to do so, QKI has the right to discontinue future matching and profit sharing contributions at any time and to amend or terminate the Plan subject to the provisions of the ERISA. Under no circumstances may any vested Plan assets revert to QKI by Plan amendment or termination.

Note 2 – Summary of significant accounting policies

Basis of accounting

QKI prepares the Plan financial statements using accrual accounting. The Plan records deferral, catch-up, matching and profit sharing contributions in the period participants earn the related salary. The Plan records rollovers when received. The Plan records purchases and sales of investments on a trade-date basis and divi-

Note 2 – Summary of significant accounting policies (continued)

dends on the ex-dividend date. The Plan records expenses and other deductions when incurring the related obligation. The Plan records benefit payments when paid.

Investment valuation and income recognition

The Plan values investments herein at fair value, as determined by the Custodians and evaluated by the management of the Plan. The Plan uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets. Level 3 inputs consist of unobservable inputs that reflect internal judgments and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The Plan only uses Level 3 inputs when Level 1 or Level 2 inputs are not available.

The Plan bases fair value of registered investment company shares on unadjusted quoted prices in active markets for identical assets, which is a Level 1 input. The Plan bases fair value of pooled separate accounts (except Principal Real Estate Investors – U. S. Property) on the fair value of the underlying securities and other investments, using unadjusted quoted prices in active markets for identical assets (Level 1 inputs) and unadjusted and insignificantly adjusted quoted prices in active and inactive markets for identical and similar assets (Level 2 inputs). The Custodians use a third-party pricing service to determine the pricing for fair value determinations using Level 2 inputs. The Plan bases fair value of the pooled separate account, Principal Real Estate Investors – U. S. Property, on the fair value of the underlying investments and liabilities, which consist principally of commercial real estate and mortgage-backed loans. Commercial property is unique and mortgage-backed loans vary based on current interest rates, credit quality and other market factors. The Custodians uses various methods, including appraisals and third-party pricing services, to determine fair values. Accordingly, the Plan bases fair value on significant Level 2 and Level 3 inputs. The Plan bases fair value for unallocated-fund guaranteed interest contracts, which are not fully benefit-responsive investment contracts, on the premature surrender value following a nonqualifying event, a Level 3 input. The Plan bases fair value of participant loans on the amortized cost without

Note 2 – Summary of significant accounting policies (continued)

adjustment for current market interest rates, a Level 3 input.

As of December 31, 2009, fair value and input Levels of the Plan investments total as follows:

Investment	Fair value	Level 1	Level 2	Level 3
Guaranteed interest contracts	$ 80,836	$ –	$ –	$ 80,836
Pooled separate accounts	3,975,978	–	3,758,109	217,869
Registered investment company shares	714,286	714,286	–	–
Participant loans	32,057	–	–	32,057
Totals	$4,803,157	$714,286	$3,758,109	$330,762

During the year ended December 31, 2009, changes in the fair value of investments measured using Level 3 inputs total as follows:

	Level 3	Guaranteed interest contracts	Pooled separate accounts	Participant loans
Fair value, January 1, 2009	$484,830	$188,837	$291,161	$ 4,832
Realized gains and (losses) and unrealized appreciation and (depreciation), net	(95,609)	(438)	(95,171)	–
Interest	6,211	4,916	–	1,295
Purchases, (sales), issuances and (settlements), net	(64,670)	(112,479)	21,879	25,930
Fair value, December 31, 2009	$330,762	$ 80,836	$217,869	$32,057
Unrealized appreciation and (depreciation)	($ 95,155)	($ 438)	($ 94,717)	$ –

Note 2 – Summary of significant accounting policies (continued)

Fair values for securities and other investments that underlie Plan investments (selected by participants) in pooled separate accounts and registered investment company shares may decline significantly, including after December 31, 2009. Because participants select investments for their accounts and the Plan limits benefits to the balance of participant accounts when the Plan pays the benefit, QKI cannot estimate the affect of the market value decline on individual participants, but there is no affect on the ability of the Plan to pay benefits.

On September 26, 2008, the Custodian halted benefit payments (except due to disability, death, retirement and serious financial hardship) and transfers out of the pooled separate account, Principal Real Estate Investors – U. S. Property. The Custodian paid approximately 13% and 18% of the outstanding benefit payment and transfer out requests on January 29, 2010 and May 14, 2010, respectively. The schedule for future payments is unknown.

The Plan presents herein the net investment gain or loss given by the Custodians. The Custodians calculate the net investment gain or loss for pooled separate accounts and registered investment company shares by aggregating realized gains and losses and unrealized appreciation and depreciation using the method promulgated by the Department of Labor (DOL) and the instructions for the Form 5500, which varies from accounting principles generally accepted in the United States (US-GAAP). US-GAAP and DOL methods can produce timing differences between realized gains and losses and unrealized appreciation and depreciation when the Plan buys and sells pooled separate account units and registered investment company shares in different years. However, when aggregated and as presented herein, the net investment gain or loss is the same under US-GAAP and DOL methods.

Net investment gains and losses include interest, dividends and short- and long-term capital gains paid on pooled separate account investments. The Custodians pools and reinvests such earnings into additional units of the pooled separate account investments and allocates those units to participants based on their invested amounts. Consequently, the Plan records no interest, dividends or short- and long-term capital gains on pooled separate account investments, only the net investment gain or loss resulting from the change in value of the additional units of the pooled separate account investments acquired with the reinvested interest, dividends and short- and long-term capital gains.

Note 2 – Summary of significant accounting policies (continued)

Form 5500 variances

Differences between the amounts in the accompanying financial statements and in the Form 5500 for the Plan result from the accrual of participant deferral and match refunds (Note 6) presented herein but not in the Form 5500 and certain classification differences, all of which are immaterial. Accordingly, QKI presents no reconciliation herein.

Use of estimates

The Plan prepares its financial statements in accordance with US-GAAP. The preparation of financial statements in conformity with US-GAAP requires management to make estimates and assumptions that affect amounts and disclosures reported herein. Actual results could differ from those estimated.

Reclassifications

The Plan reclassified certain prior year amounts and disclosures to conform to the current year presentation.

Subsequent events

Management of the Plan has evaluated subsequent events through May 28, 2010, the date these financial statements were available for issuance.

Note 3 – Investments

A fair value (Note 2) schedule of assets held by the Custodians and invested in unallocated-fund guaranteed interest contracts, pooled separate accounts and registered investment company shares as of December 31, 2009 and 2008, follows. The schedule separately identifies investments representing 5% or more of the Plan net assets for either year. Participants self-directed all of the listed investments:

	2009	2008
Unallocated-fund guaranteed interest contracts		
The Principal Life Insurance Company		
Five Years	$ 80,836	$ 188,837

Note 3 – Investments (continued)

Pooled separate accounts		
The Principal Life Insurance Company		
Principal Global Investors – Bond and Mortgage	537,125	443,798
Principal Real Estate Investors – U. S. Property	217,869	291,161
Goldman Sachs Asset Management – Large Cap Blend I	293,052	257,625
Principal Global Investors – Large Cap S&P 500 Index	377,544	255,020
Principal Global Investors – Mid Cap Blend	332,588	233,877
Principal Global Investors – Diversified International	334,735	276,211
Others (individually less than 5% each)	1,883,065	1,637,584
Total pooled separate accounts	3,975,978	3,395,276
Registered investment company shares		
Other		
Others (individually less than 5% each)	714,286	485,688
Participant loans	32,057	4,832
Total investments	$4,803,157	$4,074,633

During the year ended December 31, 2009, net investment gains and losses (Note 2) of the investments totaled $800,653, as follows:

Unallocated-fund guaranteed interest contracts	
The Principal Life Insurance Company	
Five Years	($ 438)
Pooled separate accounts	
The Principal Life Insurance Company	
Principal Global Investors – Bond and Mortgage	94,797
Principal Real Estate Investors – U. S. Property	(96,858)
Goldman Sachs Asset Management – Large Cap Blend I	50,366

Note 3 – Investments (continued)

Principal Global Investors – Large Cap S&P 500 Index	76,998
Principal Global Investors – Mid Cap Blend	79,562
Principal Global Investors – Diversified International	72,617
Others (individually less than 5% each)	339,938
Total pooled separate accounts	617,420
Registered investment company shares	
Other	
Others (individually less than 5% each)	183,671
Net investment gain (loss)	$800,653

During the year ended December 31, 2009, participant loans had no net investment gains or losses.

Note 4 – Financial information certified by the Custodians

Principal Life Insurance Company and Principal Trust Company, as the Custodians, certified all of the information shown in the accompanying statement of net assets available for benefits as of December 31, 2009 and 2008, statement of changes in net assets available for benefits for the year ended December 31, 2009, supplemental schedule as of December 31, 2009, and Note 3, in accordance with Section 2520.103.8 of the DOL Rules and Regulations for Reporting and Disclosure under the ERISA, except for contributions, benefits, withdrawals and employer and participant contributions payable (Note 6). Independent auditors did not audit the information certified by the Custodians.

Note 5 – Terminated participants

As of December 31, 2009 and 2008, participants who were no longer employees of QKI had $980,176 and $764,243 remaining in their accounts, respectively. Vested balances totaled $913,066 and $736,126, respectively.

Note 6 – Participant match and deferral refunds payable

As of December 31, 2009, the Plan accrued participant match and deferral refunds totaling $2,605, payable to certain active participants to return to them excess match and deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan for the year ended December 31, 2009. The plan paid the refunds by March 15, 2010.

As of December 31, 2008, the Plan accrued participant match and deferral refunds totaling $497, payable to certain active participants to return to them excess match and deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan for the year ended December 31, 2008. The plan paid the refunds on February 18, 2009.

Note 7 – Late filing of Form 5500

QKI filed the 2007 Form 5500 by the extended filing deadline of October 15, 2008, but failed to attach audited financial statements or supplemental schedules. QKI filed an amended 2007 Form 5500, the 2007 financial statements and supplemental schedules within 30 days of issuance of the 2007 audit report, dated January 28, 2009.

QKI (and not the Plan) will pay any fine (which management believes will be waived with good cause). Management of QKI believes that the late filing of those financial statements and supplemental schedules will not jeopardize the tax-exempt status of the Plan.

Supplemental Schedule

Quad Knopf, Inc. 401(k) Savings Plan
EIN 94-2228472 PN #001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor and (c) Description of investment	(d) Cost	(e) Current value
	The Principal Life Insurance Company		
	Unallocated-fund guaranteed interest contracts		
*	Guaranteed interest – Five years – Matures 12-31-2009		$ 6,758
*	Guaranteed interest – Five years – Matures 12-31-2010		10,355
*	Guaranteed interest – Five years – Matures 12-31-2011		15,279
*	Guaranteed interest – Five years – Matures 12-31-2012		38,648
*	Guaranteed interest – Five years – Matures 12-31-2013		9,796
	Pooled separate accounts		
*	Principal Global Investors – Money Market		136,595
*	Edge Asset Management, Inc. – Government and High Quality Bond		107,190
*	Principal Global Investors – Bond and Mortgage		537,125
*	Principal Real Estate Investors – U. S. Property		217,869
*	Principal Management Corporation/Principal Global Investors – Principal LifeTime Strategic Income		473
*	Principal Management Corporation/Principal Global Investors – Principal LifeTime 2010		43,960
*	Principal Management Corporation/Principal Global Investors – Principal LifeTime 2020		161,565
*	Principal Management Corporation/Principal Global Investors – Principal LifeTime 2030		71,496
*	Principal Management Corporation/Principal Global Investors – Principal LifeTime 2040		93,711
*	Principal Management Corporation/Principal Global Investors – Principal LifeTime 2050		57,658
*	Principal Financial Advisors – Bond Emphasis Balanced		2,814
*	Principal Financial Advisors – Stock Emphasis Balanced		5,392

Quad Knopf, Inc. 401(k) Savings Plan
EIN 94-2228472 PN #001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor and (c) Description of investment	(d) Cost	(e) Current value
*	Russell Investment Group – Russell Life Balanced Strategy		191,917
*	Russell Investment Group – Russell Life Conservative Strategy		2,269
*	Russell Investment Group – Russell Life Equity Growth Strategy		73,038
*	Russell Investment Group – Russell Life Growth Strategy		31,936
*	Russell Investment Group – Russell Life Moderate Strategy		94,903
*	Principal Management Corporation/AllianceBernstein LP/Westwood Management Corp. – LargeCap Value III		151,245
*	Goldman Sachs Asset Management – Large Cap Blend I		293,052
*	Principal Global Investors – Large Cap S&P 500 Index		377,544
*	Principal Management Corporation/Goldman Sachs/LA Capital Management – MidCap Value I		201,109
*	Principal Global Investors – Mid Cap Blend		332,588
*	Principal Global Investors – Small Cap Blend		195,058
*	Principal Global Investors – Small Cap Value		121,726
*	Principal Global Investors and Barrow Hanley – Mid Cap Value III		94,920
*	Principal Management Corporation/Turner/Mellon/ Jacobs Levy – MidCap Growth III		43,421
*	Principal Global Investors – Diversified International		334,735
*	Principal Financial Group, Inc. – Common Stock		665
	Other indicated issuers		
	Registered investment company shares		
*	Fidelity Management and Research – Fidelity Advisor Equity Growth		107,420
*	Putnam Investment Management Company – Putnam Voyager		57,191

Quad Knopf, Inc. 401(k) Savings Plan
EIN 94-2228472 PN #001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor and (c) Description of investment	(d) Cost	(e) Current value
*	Vanguard Group – Vanguard Growth and Income		57,757
*	Wells Fargo Fund Management – Wells Fargo Advantage Growth		100,583
*	Fidelity Management and Research – Fidelity Advisor Mid Cap		67,569
*	Fidelity Management and Research – Fidelity Advisor Small Cap		66,413
*	AIM Investments – AIM Small Cap Growth		58,696
*	Janus – Janus Aspen Enterprise I		19,685
*	Putnam Investment Management Company – Putnam Global Equity		43,274
*	Templeton Asset Management – Templeton Growth		121,373
*	T. Rowe Price Associates, Inc. – T. Rowe Price Science and Technology		14,327
	Participant loans, 5.25%–9.25%	–	32,057
	Total assets held for investment purposes at end of year		$4,803,157

Column (d) "Cost" is omitted for all participant-directed investments.

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

QUAD KNOPF INC
401(K) SAVINGS PLAN
EIN 94 2228472
PLAN NUMBER 001
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Ins Company General Guaranteed Interest	$ 0.00	$ 80,835.72
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value III SA-R6	$ 0.00	$ 94,920.01
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap Blend Sep Acct-R6	$ 0.00	$ 195,057.77
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Blend Sep Acct-R6	$ 0.00	$ 332,588.05
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond Emph Bal Sep Acct-R6	$ 0.00	$ 2,814.24
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Stock Emph Bal Sep Act-R6	$ 0.00	$ 5,392.34
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Govt & HQ Bond SA-R6	$ 0.00	$ 107,189.68
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Money Market Sep Acct-R6	$ 0.00	$ 136,594.95
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap Value Sep Acct-R6	$ 0.00	$ 121,726.35
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap Blend I Sep Acct-R6	$ 0.00	$ 293,052.27
*	Principal Life Insurance Company	Pooled Separate Accounts Prin U.S. Property Sep Acct-R6	$ 0.00	$ 217,868.98
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond and Mortgage SA-R6	$ 0.00	$ 537,125.35
	Wells Fargo	Registered Investment Company Well Far Adtg Gr Inv Fund	$ 0.00	$ 100,582.60
	T. Rowe Price Funds	Registered Investment Company T Rowe Price Sci&Tech Fund	$ 0.00	$ 14,327.11
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Diversified Intl SA-R6	$ 0.00	$ 334,735.18

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

QUAD KNOPF INC
401(K) SAVINGS PLAN
EIN 94 2228472
PLAN NUMBER 001
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-R6	$ 0.00	$ 377,544.13
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R6	$ 0.00	$ 201,109.39
	Fidelity Investments	Registered Investment Company Fidelity Adv Mid Cap T Fund	$ 0.00	$ 67,568.72
	Putnam Investments	Registered Investment Company Putnam Voyager A Fund	$ 0.00	$ 57,190.53
	Vanguard Group	Registered Investment Company Vanguard Growth & Income Fund	$ 0.00	$ 57,756.59
	Fidelity Investments	Registered Investment Company Fidelity Adv Eq Growth Instl	$ 0.00	$ 107,419.77
	Putnam Investments	Registered Investment Company Putnam Global Equity A Fund	$ 0.00	$ 43,274.44
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP GROWTH III SA-R6	$ 0.00	$ 43,421.39
	Fidelity Investments	Registered Investment Company Fidelity Adv Small Cap T Fund	$ 0.00	$ 66,412.65
	Janus International Holding, LLC	Registered Investment Company Janus Aspen Enterprise I Fund	$ 0.00	$ 19,684.77
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LargeCap Value III SA-R6	$ 0.00	$ 151,245.13
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2010 Sep Acct-R6	$ 0.00	$ 43,959.77
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R6	$ 0.00	$ 161,565.48
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R6	$ 0.00	$ 71,496.37
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2040 Sep Acct-R6	$ 0.00	$ 93,711.07

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

QUAD KNOPF INC
401(K) SAVINGS PLAN
EIN 94 2228472
PLAN NUMBER 001
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2050 Sep Acct-R6	$ 0.00	$ 57,657.74
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime Strat Inc SA-R6	$ 0.00	$ 473.40
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Fin Grp, Inc. Stock SA-R6	$ 0.00	$ 664.98
*	Principal Life Insurance Company	Pooled Separate Accounts Russ LifePoint Grwth Str SA-R6	$ 0.00	$ 31,936.24
*	Principal Life Insurance Company	Pooled Separate Accounts Russ LifePoints Bal Str SA-R6	$ 0.00	$ 191,917.27
*	Principal Life Insurance Company	Pooled Separate Accounts Russ LifePoints Con Str SA-R6	$ 0.00	$ 2,268.75
*	Principal Life Insurance Company	Pooled Separate Accounts Russ LfPt Eq Growth Str SA-R6	$ 0.00	$ 73,038.29
*	Principal Life Insurance Company	Pooled Separate Accounts Russ LifePoints Mod Str SA-R6	$ 0.00	$ 94,902.95
	Franklin Templeton Investments	Registered Investment Company Templeton Growth R Fund	$ 0.00	$ 121,372.62
	AIM Investments	Registered Investment Company AIM Small Cap Growth Inv Fund	$ 0.00	$ 58,696.35
	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 9.25%	$ 0.00	$ 32,057.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)